











# With Children in the

#### Mainstreaming and Inclusion of children with Developmental Disabilities in Learning in Ethiopia





London Interdisciplinary Social Science Doctoral Training Partnership







# **SESSION 1**

What are Developmental Disabilities?, Myth Busting, Rights, Inclusion, Raising Child Peers' Awareness

## Learning Outcomes

- Understanding developmental disabilities and recognising common misconceptions
- Understanding the right and need of children with developmental disabilities for education, inclusion, and equal treatment
- Knowing how to promote inclusion in the classroom by raising peers' awareness of developmental disabilities

#### Developmental Disabilities

Delays or differences in child development that cause a significant impact on the child's day-today functioning, cognition, behaviour and communication, such as autism, intellectual disabilities, attention-deficit hyperactivity disorder and communication disabilities.

## TASK A

Among the child descriptions in your manuals, which children do you think might have a developmental disability?

## TASK B

Among the statements in your manuals, which ones are true and which are false?

#### Addisu

Addisu is 6 years old. He has difficulties hearing and speaking. He usually understands what people are telling him only when he can see the speaker's face or when the speaker is talking loudly. He also uses fewer words and pronounces them less well than other children his age. The doctors say it's because he has been able to hear less speech than other children. In fact, his speech is getting better now that adults and peers make sure to speak more loudly around him. NOT A DEVELOPMENTAL DISABILITY

#### Tizita

Tizita is 7 years old. She is a very playful and friendly child but she only communicates using few words or short simple sentences. Sometimes she makes sounds that imitate names of things. She may cry, scream or shout when she needs or wants something. She also has difficulties with completing everyday tasks and activities by herself, for example, feeding, dressing, toileting. She is slower to learn things compared to children of the same age.

DEVELOPMENTAL DISABILITY

## Aklilu

Aklilu is 9 years old. He always does very well in oral tests and all his teachers say he is very smart. However, he has trouble reading and writing. When reading out loud, he reads very slowly and gets some words wrong, but you have noticed that he reads better if the writing is bigger and more precise. When writing, he makes many more mistakes than his classmates, and often swaps Amharic characters within a word. NOT A DEVELOPMENTAL DISABILITY

#### Samrawit

Samrawit is 5 years old. She speaks the same amount of other children, and even uses many difficult words that she reads in books, but she stutters while talking. This means that she often repeats initial consonant sounds of a word a few times before saying the word. Sometimes she also repeats other sounds within words.

NOT A DEVELOPMENTAL DISABILITY

#### Lami

Lami is 6 years old and he is in a wheelchair. He does not move much and cannot complete some everyday tasks on his own, for example dressing and toileting, drinking or feeding with liquid foods. He speaks the same amount of other children, but has difficulties pronouncing words well. Sometimes he makes sudden movements with his arms or neck without any apparent reasons. The doctors say that he has difficulties controlling his muscles, including those of the mouth for eating and speaking. NOT A DEVELOPMENTAL DISABILITY

## Gelila

Gelila is 10 years old. She used to do very well at school, but she has quite suddenly stopped paying attention in class. She also used to be very friendly but now she often isolates herself from her classmates in break times. In class, she is often grumpy and answers rudely to classmates and teachers. Sometimes when at school she bursts into tears without any apparent reasons and refuses to answer when asked about it. NOT A DEVELOPMENTAL DISABILITY

## Tsehay

Tsehay is 6 years old. He does not like to play with other children. He prefers to play by himself. He often repeats the same type of play, activity, or game and may get upset when interrupted. He is very good at keeping his belongings neat. When you call his name, he often doesn't respond, despite not having any hearing difficulties. He sometimes flaps his hands or bangs his head on the wall. He does not like loud noises and may cover his ears when there is one.

DEVELOPMENTAL DISABILITY

TASK B

Child development is the process of growing and acquiring new skills.

All typically developing children acquire the same skills at the exact same age.

Children with developmental disabilities acquire some skills much later than other children, or do not acquire them.

## TASK B

Developmental disabilities are punishments for wrongdoing by parents or ancestors, or are curses caused by witchcraft or being possessed by evil spirits.

Developmental disabilities can be caused by bad parenting.

Developmental disabilities are diseases and can be contagious.

Children with developmental disabilities can learn.

Children with developmental disabilities have no difficulties learning.

Children with developmental disabilities can learn new skills, but not academic subjects.

Children with developmental disabilities can have difficulties in day-to-day activities.

TASK B

Children with developmental disabilities cannot make it in life or be productive members of the society.

Children with developmental disabilities can have difficulties interacting with others.

All children with developmental disabilities misbehave.

Children with developmental disabilities need less love and patience than other children

TASK B

Children with developmental disabilities have a right to quality education.

Principals can decide whether or not to include children with developmental disabilities in their school.

What experiences can you share about working with children with developmental disabilities?

What hopes for the future?

What methods would you use to raise other children's awareness and prevent bullying of children with developmental disabilities?

## Raising Children's Awareness

- Children who bully peers with disabilities may not understand these disabilities or they may have negative beliefs.
- Awareness raising can start by helping children understand that everyone has strengths and weaknesses and all deserve to be respected and include.
- There are many kinds of difficulties children can have and many different experiences of exclusion.
- Explain a particular child's differences in a way that promotes acceptance.

Extracurricular Awareness Activities

- Students leading mini-medias can be given materials to produce awareness-raising programmes.
- Inclusion clubs for discussions about inclusion and/or doing activities together.



## Active Promotion of Inclusion

- You can use role play of social situations to teach social skills and kindness.
- You can use group work to promote children's interaction.
- You can select and train "guardian angels", "mentors" or "buddies" to care for children with developmental disabilities and support their inclusion.
- You can praise children's positive interactions with peers with developmental disabilities.

### Be a Role Model!

- Show patience, kindness and love to children with developmental disabilities.
- Show other children that you trust children with developmental disabilities to take on responsibilities.

# **SESSION 2**

Awareness of Needs, Needs Assessment, Identification and Referral

## Learning Outcomes

- Understanding common needs of children with developmental disabilities in school and classroom environments
- Recognising and assessing needs of individual children with developmental disabilities in your class
- Identifying developmental concerns in undiagnosed children and referring them to health services

# A Variety of Features

## Cognitive Functioning

- Reasoning
- Problem solving
- Logic
- Planning
- Learning
- Memory
- Focus

## Practical Skills

- Daily living skills
- Self-care skills
- Playing
- Using objects

## Communication

- May have difficulty understanding communication
- May understand language very literally
- May not speak at all, speak very rarely or only be able to speak a few words or sentences
- May have difficulties in communicating through gesturing and pointing

## Social Behaviour

- May not follow class rules or game rules
- May struggle taking turns
- May lack understanding of others' feelings/intentions
- May say/do inappropriate things

## Behavioural Difficulties

- May be easily distracted or forgetful
- May be very talkative
- May move around a lot
- May have emotional outbursts

## Sensory Sensitivity Needs

## Under Sensitive

- May not notice the pain
- May hold objects very close to see, smell or hear them
- May make small repetitive movements
- May be distressed by touch, sounds, bright lights, smells

Over

Sensitive

 May get easily distracted by images, sounds, movement

#### Structure Needs



- Welcoming furniture and furnishings
- Quiet corner
- Labels on areas and equipment

- Lesson timetable
- Scheduling of activities
- Try to avoid sudden changes

Time

Explain inevitable changes

# ACTIVITY 2

Dawit joined your regular class in fifth grade. He finds it hard to focus in class, he is always chatting with other peers, cannot find his books and pencils and often interrupts the teacher.

He seems clever and can complete difficult exercises when focused but often makes silly mistakes in his work and sometimes leaves tasks incomplete. Often, when this happens, he has wasted a great amount of the time assigned for the task while looking out the window or at the posters on the walls. He is very good in debating and physical education, and he loves to make jokes.

Dawit

At lunchtime he skips the queue for food and in the playground he is often left out of the games since he does not follow the rules. You have been informed that in the school transport, he talks throughout and often gets up: this makes the driver angry, but Dawit seems to not understand it and he reacts by laughing.

#### Thomas

Thomas is seven years old and has joined your special unit class. To communicate, he only uses very simple words to describe things that he wants, but he finds it difficult to say complete sentences. For example, when Thomas is hungry, he will rub his tummy and say "hungry" or "food". You have been trying for a few months to teach him the alphabet: when you say the names of the letters, he repeats them, but he seems to forget them a moment later.

He is a really loving child who likes to be hugged. However, a few times when he was hugged he unexpectedly jumped back and started crying.

He can eat dry biscuits when he brings them from home, but he has trouble eating and drinking anything else on his own. His mum told you he also needs help dressing himself in the morning. He is not yet toilet trained. l ili

Lili is in a fourth-grade regular class. Her grandmother, who is raising her, told you that she often does school work for most of her time at home. However, she only achieves lower-thanaverage grades. She seems to do better in tasks where she needs to match or cross a given answer, but she can rarely answer open-ended questions.

Sometimes she understands instructions in strange ways. For example, once when you wanted her to take her book from the bag and said "take out your book", she took the book and ran outside the class.

She doesn't really like to play with other kids. She often plays the same game over and over by herself, either with toys from the classroom or with pens, little stones and other objects. She can do that for a long time! Sometimes she also hold and looks at them very closely, or smell the, or place them in her mouth.

# Dawit

#### Thomas



# ACTIVITY 3

#### **Role Play!**

If you are not assigned a role, please observe and/or simulate quiet students in the play.

# Lidya

## Terefe

# Tesfaye

#### Mariam

# Kidist

## ACTIVITY 4

When you know about a child's diagnosis, what can you do to understand the child's needs from the beginning so that you can prevent as much as possible the critical situations seen in the role play scenarios?

Student:	
Grade:	
Teacher:	
Profile	Strategies and Accommodations
Motor difficulties	
Support needs for activities and daily living skills: list all activities and needs	
Intellectual difficulties	
Understanding difficulties	
Communication: How does the student	
communicate?	
Verbally Gestures	
Sign Language	
Pictures/Objects	
None of the above	
Any other:	
Sensory needs	
Social difficulties	

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Stressors: list the events or situations the student may find stressful	
Behaviour (list any peculiar behaviour)	
Other needs	
Strengths: list the activities, games and sports the student does well	
Reinforcers: list the highly preferred reinforcers (items, activities, etc.)	
Dislikes: list the things (items, activities, etc.) the student dislikes	
Interests: List the activities, games and sports the student enjoys	

#### ACTIVITY 5

#### Health Referral Form

Student: School: Grade: Parent/Caregiver: Teacher completing the form: Date of form completion:

How long have you known the child for?\_

Are you referring the child for an injury or physical health concern/pain? Y / N

If you have answered Yes, please describe the injury and event when it happened or the health concern in the box below.

Are you referring the child for a disability concern? Y / N

If you have answered Yes, answer the question below by completing the checklist.

What concerns do you have about the child? Please cross all that apply:

- $\hfill\square$  Vision difficulties
- □ Hearing difficulties
- □ Motor difficulties
- Seizures
- Difficulties reading
- □ Difficulties counting
- □ Cognitive difficulties
- □ Difficulties understanding
- □ Communication difficulties
- $\hfill\square$  Social interaction difficulties

- □ Difficulties playing, performing daily living activities, or other activities
- $\hfill\square$  High sensitivity to sensory stimuli
- $\hfill\square$  Low sensitivity to sensory stimuli
- $\hfill\square$  Attention difficulties, getting distracted
- Very talkative when not required or allowed
- $\hfill\square$  Wanders when not required or allowed
- Behavioural outbursts
- Unexplained repetitive behaviours
- □ Other <u>behavioural</u> difficulties
- □ Other concerns. Please write your concern:\_

If you can provide more context or clarification of your concerns briefly do so in the box below. Please indicate your recommendations for the teacher (for example, does the child need to sit closer to the teacher / board, what support they need)

Are you happy for the teacher to contact you? If so, please include your phone number:

# **SESSION 3**

General Teaching and Assessment Adaptations, Lesson plans, Creating and Using Teaching Resources

#### Learning Outcomes

- Understanding the aim and definition of teaching and assessment adaptations
- Choosing and applying adaptations based on children's needs and lesson outcomes
- Planning lessons that employ varied and inclusive teaching methods
- Exploring how low-budget available materials can be used in teaching

### ACTIVITY 1

Based on the needs of children with DD we have been discussing in previous sessions, how do you think you could adapt the teaching content, method and environment to meet their needs?

And their assessment/evaluation?

#### ACTIVITY 2

# What are teaching adaptations?

- All children, regardless of disabilities, have different interests, learning abilities, levels of understanding
- Adapting the curriculum and teaching method means teaching in a way that gives all children an opportunity to learn
- It involves selecting content, presenting it and promoting learning of it in such a way that it becomes accessible to all children
- You can do this by presenting the content in a variety of ways and allowing for learning at multiple levels

#### Addressing Individual Needs

In a regular class, you do not need to know every child's needs in detail and adapt content to individuals.

#### BUT

 It helps to know individual needs of kids with disabilities to ensure that adaptations meet their special needs.

#### Visual learning



#### How Children Learn

Auditory learning



Kinesthetic / Tactile learning



#### How to Engage Children

- Group work
- Pair work
- Projects
- Songs
- Rhymes
- Stories
- Role play
- Games
- Crafts
- Considering children's interests

## Gestures & Board Writing

- Accompanies oral explanation
- Visual learning

#### Read Texts Out Loud

- Auditory learning
- All children can follow

#### Written & Colour-coded Handouts

- Visual learning
- All children can have notes of key concepts

#### Flashcards & Concrete Objects

- Visual learning
- Kinesthetic/tactile learning



## Stories, Songs & Rhymes

- Auditory learning
- Engage attention
- Mnemonics

## Posters of Key Concepts

- Visual learning
- Kinesthetic and interactive learning

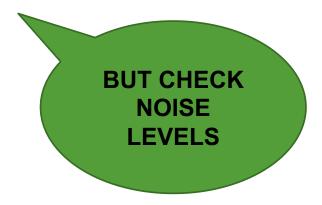


#### Role Plays & Other Games

- Kinesthetic learning
- Engage attention

#### Group Work & Pair Work

- Engage attention
- Kinesthetic and interactive learning
- Peer support



#### Addressing Different Academic Levels

- Children all have different academic levels and abilities, also depending on subjects
- Having clarity on key competencies (skills & concepts) can prevent weak learners from trying to learn too much and end up learning nothing
- Try to present content at multiple levels
- Ensure that children know what are the key pieces of information to know and skills to have

# Adapting Your Communication

- Do not talk with your back to the class
- Talk clearly using simple words
- Use concrete day-to-day examples
- Use one-step instructions
- Peer support and mediation

### Hirut

Hirut joined first grade this year. She is very quiet and rarely responds to the teacher's questions. She does not follow instructions, it appears she does not quite understand them. She does attempt to do what she observes other students do, such as copying what the teacher writes on the board. However, she seems to have difficulties holding her pencil firmly and writes very slowly, so she often cannot copy all words on the board.

#### Bereket

Bereket is in fourth grade. In previous years he has done well academically but now seems to be finding more difficulties in mathematics. He also gets tired quickly when the teacher explains a lesson, and he tries to chat with other students. He is very good in writing and telling stories.

### Adapting Assessments

- Allowing responses orally instead of in writing
- Allowing responses in other methods (drawing, pointing to answers)
- Dividing tasks/assignments into parts given one at a time
- Permitting additional time for students to complete assignments or tests when needed
- Including group assessments
- Giving frequent quizzes (every other day, weekly) on specified topics instead of one long unit test

Outcome	Content/ Language	Learning Activities and
Competencies	Item	Resources
<ul> <li>Students will be able to:</li> <li>exchange greetings</li> <li>say sentences that express their personal details</li> <li>name some classroom objects</li> </ul>	<ul> <li>Good morning/ afternoon</li> <li>Greetings and telling</li> </ul>	<ul> <li>Greet and tell your name and father's name first.</li> <li>Ask the students to exchange greetings and tell their names and grade in turn.</li> <li>Teach some greetings in a song.</li> <li>Name classroom objects and ask children to repeat the name of objects.</li> <li>Show pictures of the objects and ask students to name them</li> </ul>

This would be quite a long lesson, that could be divided in two lessons, one for greetings and personal details and one for objects.

# Suggestions









Concrete resources are very helpful to enhance engagement and understanding of all children and often particularly of children with DD.

#### Discussion

What other day-to-day objects could you have used for your class?

Has this activity given you further ideas on resources you could use in you English lesson plan from Activity 4?

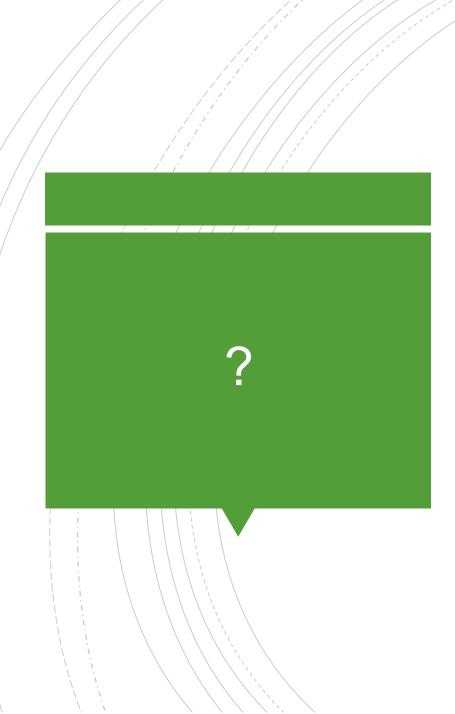
# **SESSION 4**

**Understanding Behaviour, Behavioural Management** 

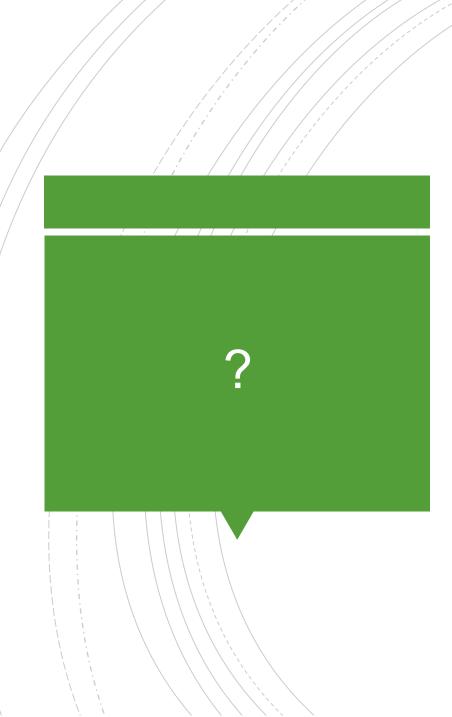
# Learning Outcomes

- Understanding that behavioural challenges usually have a function and/or reason that can be addressed
- Identifying and addressing the reasons and functions of individual children's behavioural challenges
- Managing behavioural challenges and promoting positive behaviour

Challenging behaviour is any behaviour that stops a child from being with other people, learning new skills, or is harmful for her/him or others.



Based on your experience, what are common challenging behaviours that children with developmental disabilities display?



Based on your experience and some of the content from the previous sessions, what are common reasons for these challenging behaviours in children with developmental disabilities?

# There's Always a Reason

- All children show challenging behaviour.
- It may be due to discomfort, for example an unexpected change, frustration with a task, sensory overload or lack of stimulation, hunger, etc.
- Challenging behaviour always has a reason and/or a scope.
- New challenging behaviours may show new discomfort, such as an illness or emotional disorder

### Behaviour as Communication

- The child may not be able to communicate the discomfort or need.
- The child may communicate the discomfort or need through behaviour.
- Teaching the child alternative ways to communicate it may reduce the behaviour.

# Other Functions

- Seeking attention
- Seeking control or choice
- Wanting an object or activity

### Reinforcement

- If a child obtains what he/she wants through a behaviour he/she is more likely to repeat it.
- Giving the child attention can reinforce attentionseeking challenging behaviour.
- Ignoring it is a good strategy.

# Day-to-Day Strategies

- Attention-seeking challenging behaviour: give attention regularly when not displaying the bahaviour.
- Control-seeking challenging behaviour: regularly provide acceptable choices.
- Activity/object-seeking challenging behaviour: include breaks or time for preferred activities and objects in your session.

# Observing and Understanding

- Observe challenging behaviours
- Identify what happens before, during, after
- Identify a pattern
- Modify what happens before and after

#### **Role Play!**

What are the reasons and functions of the challenging behaviour displayed by the child in the role-played scenario?

How could you prevent or limit the challenging bahaviour in the future?

# Scenario A, Scene 1

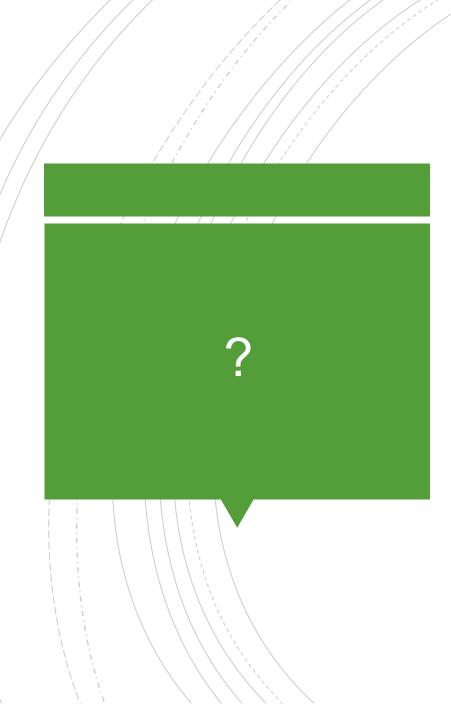
DURING	AFTER
Where did the behaviour happen? In class	How long did the episode last? 1 minute
<ul> <li>What did he/she do?</li> <li>Refused to comply</li> <li>Laid on floor</li> <li>Ran</li> <li>Screamed</li> <li>Cried</li> <li>Threw objects</li> <li>Hit or bit someone</li> <li>Hurt self</li> <li>Took objects without permission</li> <li>Other/Explain: He took the classmate's bag and threw it</li> </ul>	<ul> <li>What happened then?</li> <li>Took a break</li> <li>Removed from room</li> <li>Got a reward</li> <li>Missed an expected reward</li> <li>Missed an expected reward</li> <li>Time out</li> <li>Extra tasks</li> <li>Ignored</li> <li>Peers/adults laughed</li> <li>Preferred activity</li> <li>Other/Explain: The classmate also got time out</li> </ul>
	Where did the behaviour happen? In class         What did he/she do?         □ Refused to comply         □ Laid on floor         □ Ran         □ Screamed         □ Cried         ⊠ Threw objects         □ Hit or bit someone         □ Hurt self         ⊠ Took objects without permission         □ Other/Explain: He took the classmate's bag

# Scenario A, Scene 2

BEFORE	DURING	AFTER
What happened first?	Where did the behaviour happen? In class	How long did the episode last? 10 minutes
<ul> <li>Asked for something</li> <li>Got it</li> <li>Did not get it</li> <li>Did not get it</li> <li>Someone came in</li> <li>Unexpected change</li> <li>Subject transition</li> <li>Activity transition</li> <li>Noise</li> <li>Intense light</li> <li>Quiet time</li> <li>Comment/request by adult or peer</li> <li>Other/Explain: The principal came in and asked the children how their test was going</li> </ul>	<ul> <li>What did he/she do?</li> <li>Refused to comply</li> <li>Laid on floor</li> <li>Ran</li> <li>Screamed</li> <li>Cried</li> <li>Threw objects</li> <li>Hit or bit someone</li> <li>Hurt self</li> <li>Took objects without permission</li> <li>Other/Explain:</li> </ul>	What happened then?□Took a break□Removed from room□Got a reward□Missed an expected reward□Time out□Extra tasks☑Ignored☑Peers/adults laughed□Preferred activity□Other/Explain:

# Scenario A, Scene 3

BEFORE	DURING	AFTER
What happened first?	Where did the behaviour happen? In class	How long did the episode last? 5 minutes
<ul> <li>Asked for something</li> <li>Got it</li> <li>Did not get it</li> <li>Someone came in</li> <li>Unexpected change</li> <li>Subject transition</li> <li>Activity transition</li> <li>Noise</li> <li>Intense light</li> <li>Quiet time</li> <li>Comment/request by</li> </ul>	What did he/she do?          Mat did he/she do?         Refused to comply         Laid on floor         Ran         Screamed         Cried         Threw objects         Hit or bit someone         Hurt self         Took objects without permission	<ul> <li>What happened then?</li> <li>Took a break</li> <li>Removed from room</li> <li>Got a reward</li> <li>Missed an expected reward</li> <li>Time out</li> <li>Extra tasks</li> <li>Ignored</li> <li>Peers/adults laughed</li> <li>Peers/adults got angry</li> </ul>
adult or peer <ul> <li>Other/Explain: I <ul> <li>assigned students a</li> <li>new task</li> </ul> </li> </ul>	☐ Other/Explain:	<ul> <li>Preferred activity</li> <li>Other/Explain:</li> </ul>



What are the reasons and functions of the challenging behaviour displayed by the child in the observations below?

How could you prevent or limit the challenging bahaviour in the future?

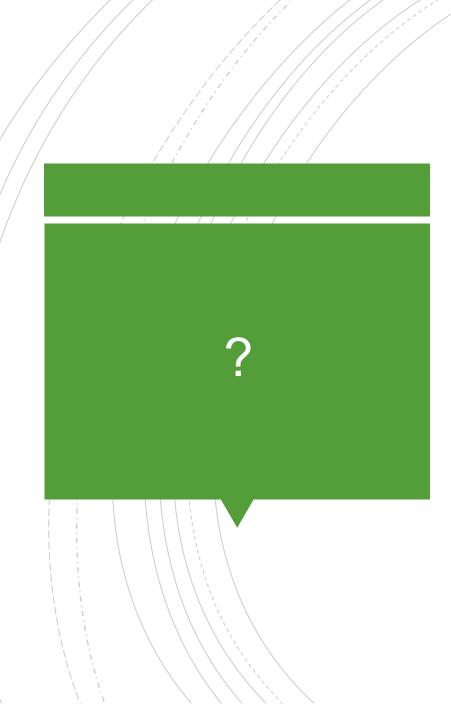
# Scenario B, Scene 1

BEFORE	DURING	AFTER
What happened first?	Where did the behaviour happen? In class	How long did the episode last? 5 minutes
<ul> <li>Asked for something</li> <li>Got it</li> <li>Did not get it</li> <li>Someone came in</li> <li>Unexpected change</li> <li>Subject transition</li> <li>Activity transition</li> <li>Noise</li> <li>Intense light</li> </ul>	What did he/she do?         Refused to comply         Laid on floor         Ran         Screamed         Cried         Threw objects         Hit or bit someone         Hurt self	<ul> <li>What happened then?</li> <li>Took a break</li> <li>Removed from room</li> <li>Got a reward</li> <li>Missed an expected reward</li> <li>Time out</li> <li>Extra tasks</li> <li>Ignored</li> </ul>
<ul> <li>Quiet time</li> <li>Comment/request by adult or peer</li> <li>Other/Explain:</li> </ul>	<ul> <li>Took objects without permission</li> <li>Other/Explain: She ran around the class</li> </ul>	<ul> <li>Peers/adults laughed</li> <li>Peers/adults got angry</li> <li>Preferred activity</li> <li>Other/Explain: I told her off</li> </ul>

# Scenario B, Scene 2

# Scenario B, Scene 3

BEFORE	DURING	AFTER
What happened first?	Where did the behaviour happen? In class	How long did the episode last? 5 minutes
<ul> <li>Asked for something</li> <li>Got it</li> <li>Did not get it</li> <li>Someone came in</li> <li>Unexpected change</li> <li>Subject transition</li> <li>Activity transition</li> <li>Noise</li> <li>Intense light</li> <li>Quiet time</li> <li>Comment/request by adult or peer</li> <li>Other/Explain: doing a test</li> </ul>	<ul> <li>What did he/she do?</li> <li>Refused to comply</li> <li>Laid on floor</li> <li>Ran</li> <li>Screamed</li> <li>Cried</li> <li>Threw objects</li> <li>Hit or bit someone</li> <li>Hurt self</li> <li>Took objects without permission</li> <li>Other/Explain: was biting her own hand</li> </ul>	<ul> <li>What happened then?</li> <li>Took a break</li> <li>Removed from room</li> <li>Missed an expected reward</li> <li>Did not get a reward</li> <li>Did not get a reward</li> <li>Time out</li> <li>Extra tasks</li> <li>Ignored</li> <li>Peers/adults laughed</li> <li>Preferred activity</li> <li>Other/Explain: I asked what was happening</li> </ul>



What are the reasons and functions of the challenging behaviour displayed by the child in the observations below?

How could you prevent or limit the challenging bahaviour in the future?

Based on your experience, what strategies can you use for managing challenging behaviours and promoting positive behaviour?

# Class Rules

- Limited in number
- Specific and easy to understand
- Focused on the positive
- Visible
- Taught and reiterated regularly
- Linked to known consequences

# Corporal Punishment

- Ineffective
- Harmful
- Illegal

#### Time-Out Strategies

- Time-out strategies remove rewards and preferred activities from children and/or remove the children from a preferred situation.
- Time-out must be limited in time.
- It must not deprive the child of key learning.
- It must not give positive reinforcement.
- Avoid punishing children for behaviours they cannot control.

#### Rewards

- Verbal praise
- Token
- Object
- Preferred activity

#### Alternative Behaviours

- Alternative communication strategies
- Going to a quiet corner
- Raising Hand
- Playing with small objects
- Pleasant smells
- Moving as allowed

#### Calming Child

- Identifying signals of discomfort can help you prevent the behaviour.
- Children may enter an intermediate agitated state before challenging behaviour.
- Possible signs are repetitive sounds, fast repetitive movements, becoming disengaged, looking around.
- To calm a child, you can provide attention, praise and encouragement, you can offer the child a break or a preferred activity, ask if they need to go to the toilet, remind the child of an alternative behaviour.

#### DISCUSSION

### **SESSION 5**

Safeguarding, Sexual and Reproductive Health

#### Learning Outcomes

- Understanding safeguarding needs of children with developmental disabilities and applying appropriate safeguarding strategies
- Understanding and recognising puberty in children with developmental disabilities
- Adapting sexual and reproductive health training to the needs of children with developmental disabilities

#### ACTIVITY 1

What can be the health and safety risks for children with developmental disabilities at school and in the community?

#### ACTIVITY 2

#### Vulnerability

- Multiple safety concerns in each child's life
- Children with developmental disabilities may be more vulnerable to some
- They may have reduced awareness of dangers posed by elements in the environment and objects
- They may have a reduced perception of pain
- They may seek out sensory sensations through potentially harmful behaviours

### Protecting the Child

#### Supervising children

- Environment adaptations: hiding plugs, soft furnishings, removing dangerous items, etc.
- Child behaviour: teaching about dangers, behavioural management strategies
- Your actions: avoid corporal punishment and administering medications

#### Running Away

- Some children with developmental disabilities may run away
- Preventive strategies: supervision and behaviour management
- Contact-information cards and bracelets can facilitate safe return

#### Daily Life Safety Measures

- Crossing the road safely
- Recognising unsafe environments
- Recognising harmful and abusive actions
- Knowing the risks of sigarettes, kchat, alcohol

## Safeguarding & Reporting

- Safeguarding also involves recognising existing situations that harm or may harm the child and acting appropriately
- Some may be directly observed
- For others, you will need to regularly check and recognise the signs
- If children feel safe, they may tell you too

#### Neglect

- Family does not meet the child's basic physical and psychological needs
- The child may be dirty, shabby compared to siblings, or show signs of deterioration in health/development

#### Emotional Abuse

- People convey to the child that he/she is inadequate, unloved, worthless
- Bullying, isolating, criticising, terrorising, ignoring, shaming

#### Physical Abuse

- Violence, usually happening repeatedly by people within the child's circle
- Signs may include unexplained bruising, broken bones, bruises, bites, burns and scratches
- An adult carrying out abuse may appear overly severe and harsh

#### Sexual Abuse

- Any act that forces or entices a child or young person to participate in sexual activities, even if the child does not understand what is happening
- There may be no violence involved
- It often involves someone the child knows and that tells the child to keep the relationship a secret
- Physical signs may include difficulty walking or sitting down, or unexplained pregnancy or sexually transmitted disease
- Other signs: fear or unusual attachment to a person, dislike of a location, unexpected sex knowledge
- Girls may be more at risk, but it could also happen to boys

#### Reporting

- Report suspected harmful situations even if you are not sure
- You can call the police, even anonymously
- Use the school's reporting system
- Ensure children know how to report

#### Reporting in Your School

#### ACTIVITY 3

Based on your experience, what topics should all adolescents be taught about in sexual and reproductive health education?

#### ACTIVITY 4

#### Vulnerability to Abuse

- All children may be vulnerable to abuse
- Children with developmental disabilities may be more due to difficulty in social communication
- They may also have a greater desire to be socially accepted
- Puberty can be a stressful and confusing time

#### SRH Education

- Parents should be the primary source of SRHE for their adolescents, but school provides important opportunities.
- All people have the right to receive knowledge about sexuality in a way that they can understand, obtain high standard sexual health care, marry, have children and pursue a satisfying, safe and pleasurable sexual life.
- The most important thing to adapt SHRE will be knowing the child. his/her unique world, and their perspective on sexual feeling and its management.

#### Teaching Body Parts and Sex

- Adolescents with developmental disabilities may have fragmented understanding of their physical identity.
- They may need to be taught about their body parts, that these parts belong to them and are part of them, and that they have functions.
- You can start from basic body parts, then teach about genitalia and other private body parts.
- You can teach about sex by demonstrating body parts unique to males and to females.

#### Personal Hygiene

- Remind adolescents to clean their teeth, wash their hands, face, hair and bodies and wear clean clothes.
- Teach adolescent girls about periods: what they look like and how to keep menstrual hygiene and use sanitary pads.

#### Private Parts and Spaces

- All adolescents need to learn what is private: body parts, spaces, behaviours, communication
- Some adolescents with developmental disabilities may have a distorted understanding of privacy
- No body parts are "public" but some are more private: penis, vagina, mouth, buttocks and breasts
- Some places are private, others are public: appropriate behaviours differ

#### Appropriate Interpersonal Behaviour

- Boundaries
- Relationships
- Appropriate touch
- Communicating emotions
- Recognising emotions
- Recognising intentions
- Strangers and trusted circles

#### Stranger and Trusted Circle

- Complex topic, to be taught consistently
- Teach that people may have different intentions from the ones that they are making explicit
- Teach about the dangers that can be posed by both strangers and trusted circles
- Teach to report abuse, even when done by a trusted person that says to keep it a secret

#### Sexual Intercourse

- Teach about intercourse if relevant to the child
- Have a positive attitude
- Use the strategies discussed
- Teach any important content

### **SESSION 6**

**First Aid** 

#### Learning Outcomes

- Recognising first-aid in emergency incidents relative to developmental disabilities
- Knowing how to provide first-aid in emergency incidents relative to developmental disabilities

#### ACTIVITY 1

# In Case of Emergency

- Provide initial first-aid
- Ask a specific student to call the designated first-aid member of staff
- Ask a specific student to call an ambulance

#### Nosebleed

- Child must lean forward slightly
- Pinch the soft part of the nose 10-15m
- Apply something cold

#### Open Wounds and Burns

- Minor (e.g. cuts or scrapes):
  - Clean with soap and water
  - Cover with clothing
  - If bleeding, apply pressure
- Heavy bleeding:
  - Do not wash
  - Apply pressure
- Object inside: do not remove
- Burns: keep under cold running water (not ice) for at least 20 minutes

## Sprains, Bumps, Broken Bones, Head Injury

- Apply wrapped ice or cold water up to 20m
- Sprains, bumps, etc.: keep elevated
- Broken bones: do not move
- Head injury: monitor signs of concussion

## Unresponsive and Breathing

- Fainted but breathing normally:
  - Lay child on the back
  - Elevate legs
  - Loosen tight clothing
- Breathing with difficulty:
  - Lay child on the side
  - Tilt head back
  - Loosen tight clothing

## Unresponsive and Not Breathing

- Lay child on the back
- 5 rescue breaths
- 30 chest compressions (one hand)
- Cycles of 2 rescue breaths + 30 compressions

# Chocking

- Don't give food or drinks
- Encourage coughing
- Up to 5 firm hits between shoulder blades
- Heimlich maneuver: stand behind and press firmly above belly button
- If unconscious and not breathing: rescue breaths and chest compression cycles

## Asthma and Allergic Reactions

- Child must be upright
- Reassure child
- If available, use inhaler (asthma)

or auto-injector (allergy)



- Stay with child and monitor breathing
- If unconscious and not breathing: rescue breaths and chest compression cycles



## Seizures

- Seizures are not contagious
- Protect the child from injuries
- Do not light matches
- Do not restrain
- Don't give food or drinks or put anything in the mouth
- If first seizure or lasts over 5 minutes, call emergency help

## Panic Attack

- Child can sit or lie down
- Reassure the child
- Slow deep breaths
- If first time or in doubt, call medical emergency

## SESSION 7 (SNE and KG Teachers)

Features of Different Diagnoses, Assessment of Level of Support Needs and Skills

## Learning Outcomes

- Understanding common features of different developmental disabilities diagnoses
- Recognising the importance of a special unit by levels
- Understanding severity categories of developmental disabilities
- Assessing the severity of needs and skills level of individual children in the special unit to identify the appropriate class group

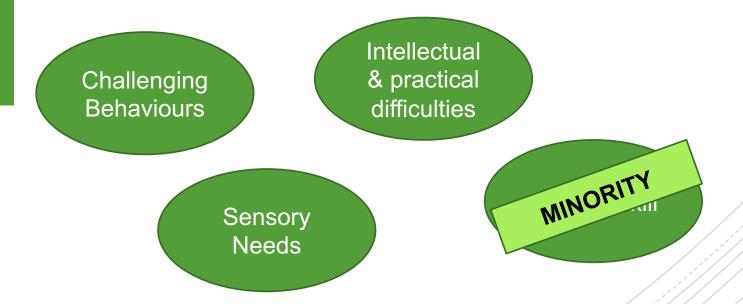
# Notes of Caution

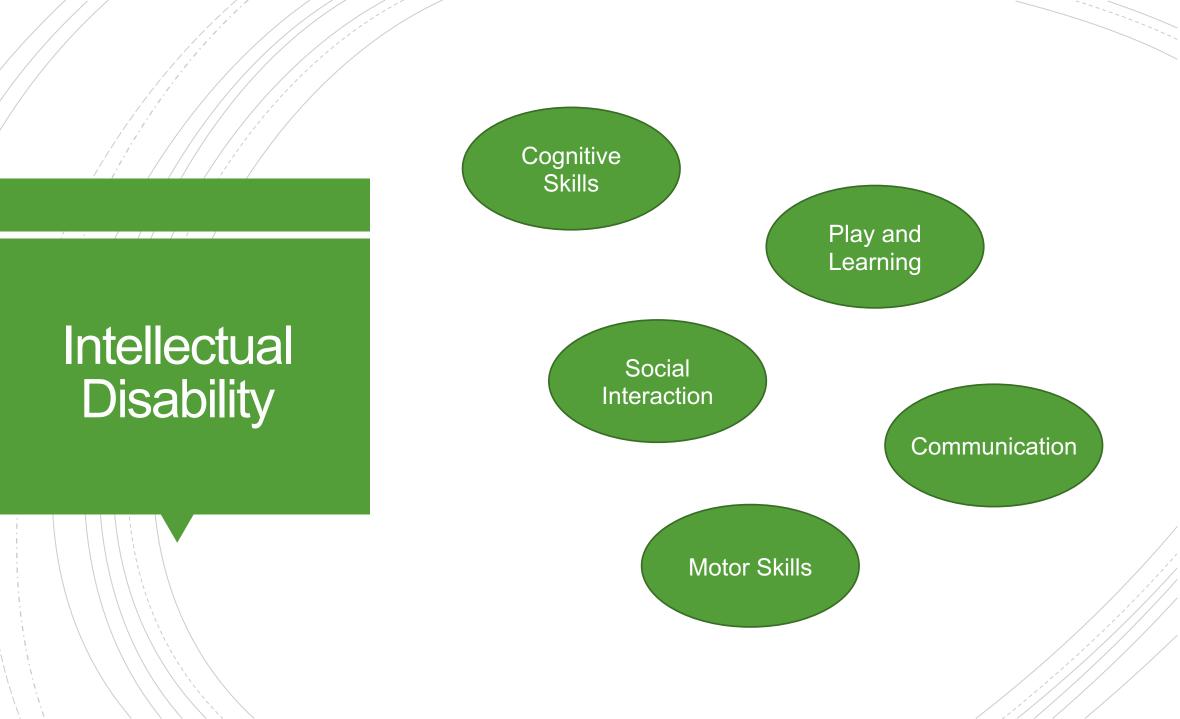
- Children with the same diagnosis may have quite different needs
- A diagnosis may be inaccurate
- A diagnosis may only cover one of multiple developmental disabilities
- Individualised needs assessment is important

## **Autism**

Difficulties in Social Communication and Social Interaction Repetitive Behaviours and Routines and Restricted Interests

- Difficulties in communicating
- Difficulties in understanding communication
- Difficulties with social skills
- Single fix interest
- Repetitive movements and play
- Difficulties with change





## ADHD

#### Inattention

- Forgetful
- Difficulties in paying attention
- Difficulties in focus

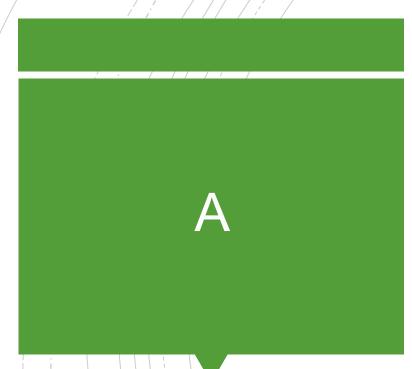
#### Hyperactivity/ Impulsivity

- Difficulties in controlling behaviour
- Excessive talking
- Excessive movements
- Impulsive talking or acting

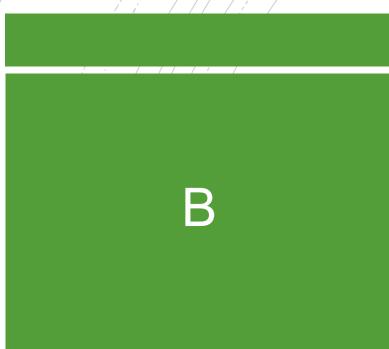
- Difficulties in communicating verbally in written and oral form
  - Absence of intellectual difficulties

Language Disability





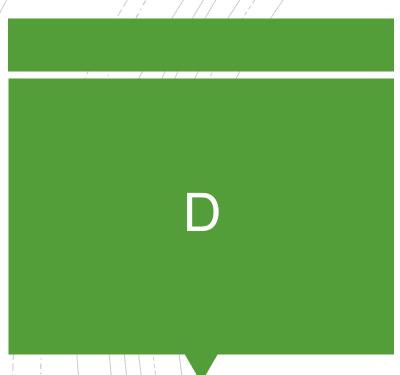
- 10 years old
- Can count and knows and recognises letters
- Cannot read or write
- Has major difficulties in simple maths operations, logic, memory
- Is not toilet trained
- Communicates verbally in simple sentences
- Understands simple communication and explicit instructions
- No behavioural concerns



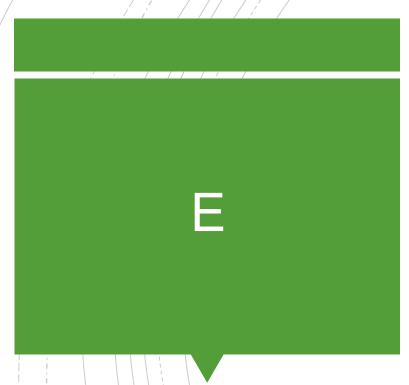
- 8 years old
- Produces sounds but does not speak
- Has minimal movement and difficulties sitting up
- Cannot communicate using gestures
- Cannot hold objects, feed himself/herself etc.
- Is not toilet trained
- Screams and cries several times a week
- Smiles when hugged and when hears music/ sees nice visuals



- 9 years old
- Has learnt the alphabet but not numbers
- Cannot read or write
- Has difficulties in coordination and holding objects
- Communicates verbally in simple sentences
- Has difficulties understanding questions and instructions
- Seems unaware of class rules and social rules
- Often puts objects in his/her mouth



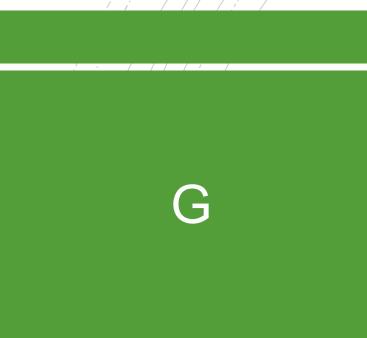
- 10 years old
- Has no cognitive difficulties and no major practical difficulties
- Can understand verbal communication
- Does not speak
- Can write and communicate in writing
- Can communicate using picture templates
- Is over sensitive to sensory stimuli most of the time
- Few instances of intense crying and screaming in the past year



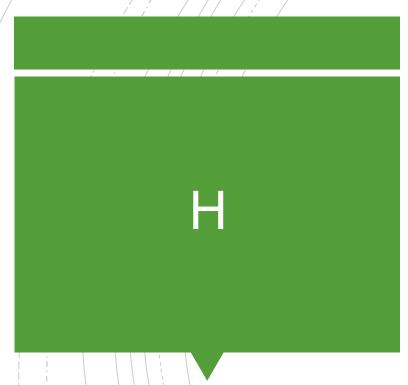
- 10 year old
- Has difficulties in logic and memorising
- Enjoys listening to the teacher and learning
- Has difficulty feeding
- Is not toilet trained
- Can communicate verbally in full sentences
- Can understand simple communication and explicit instructions
- No behavioural concerns



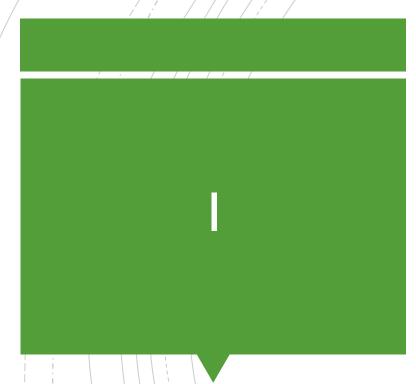
- 7 years old
- Has learnt numbers but not the alphabet
- Cannot eat food that is not dry without support
- Communicates verbally, but does not use gestures
- Has difficulties understanding implicit parts of instructions
- Has no other difficulties in understanding communication
- At times makes inappropriate remarks
- Likes to look intensely at bright lights and at objects that move



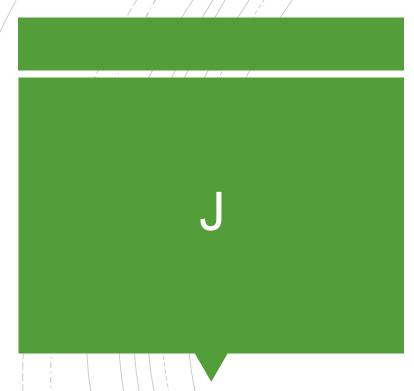
- 10 year old
- Can read but not write
- Needs visual reminders or mindmap to recall simple information
- Has difficulty feeding
- Is not toilet trained
- Can communicate verbally in full sentences
- Can understand simple communication and explicit instructions
- No behavioural concerns



- 11 years old
- Has not learnt the alphabet or numbers
- Has difficulty sitting up and holding objects
- Is not toilet trained
- Communicates verbally in one-word and two-word sentences
- Loves singing (using few words and sounds without meaning)
- Understands simple explicit instructions
- No behavioural concerns



- 12 years old
- Can read and write, though slowly
- Has no practical difficulties
- Cannot answer questions on a text after reading or hearing it
- Needs visual reminders or mindmap to recall simple information
- Can communicate verbally in full sentences
- Understands simple explicit instructions
- Screams and cries whenever many people are talking



- 11 years old
- Has average grades and no signs of cognitive difficulties
- Sometimes leaves tasks incomplete
- Has no practical difficulties
- Has no communication difficulties
- At times makes inappropriate remarks
- Gets distracted/ starts talking to peers during lessons frequently
- Stands up and walks around without permission

## Support Needs



## MODERATE

SEVERE

## PROFOUND

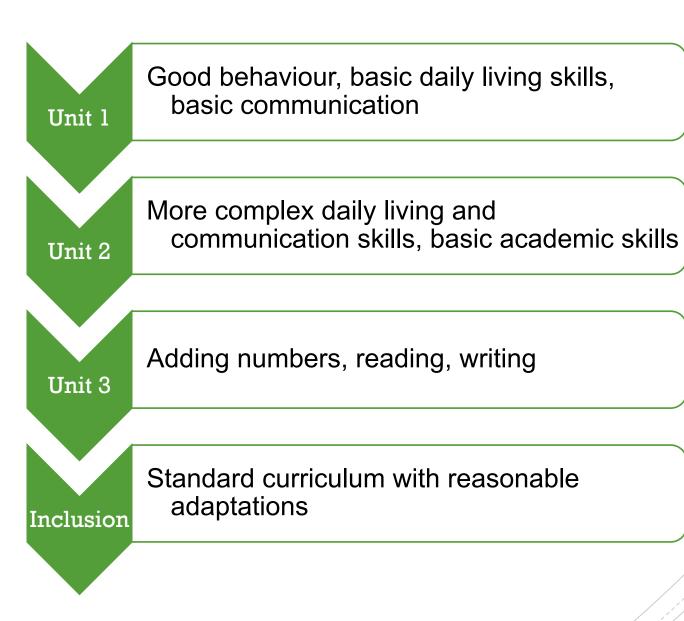
## Mild and Moderate

- Sufficiently independent communication and daily living
- Possible challenging behaviours and social difficulties
- Less mature language, cognition and learning (with slower learning in moderate developmental disabilities)
- Children with moderate developmental disabilities may need some support with daily living skills (usually only for fine motor skills for mild developmental disabilities)

## Severe and Profound

- Difficulties in understanding, communication and daily living limit independence
- Learn with long-term step-by-step individualised training
- Often have additional physical or sensory disabilities

## Possible School Levels



## Considerations

- Age
- Existing difficulties
- Priorities (including for the family)
- What the child can achieve
- Placement of children with other disabilities

# **SESSION 8**

Teaching Daily-Living Skills, Chores, Safety Skills, Vocational Skills and Communication

## Learning Outcomes

- Understanding the aim and features of activity routines
- Using routines to teach self-care, daily-living, vocational and other skills
- Using routines to support communication development
- Training children to use potty and toilet

My other children would often try to play with Hussen, and sometimes they would get upset when he did not play. At other times they would ignore him, which made me feel sad for Hussen. While my eldest daughter and son would play imaginative games together with the toys, Hussen seemed to be content to spend a lot of time lining up household things in rows on the floor.

Over time, I learned that playing together is an important way that Hussen can connect with me, but I did not know how to play with him at first. Then I learned how to play with him so we could really play together. At first, I felt pretty silly, and I was not sure what to do. It has been a long time since I was a child! In the past I would try to play pretend with him, but he did not seem to understand that.

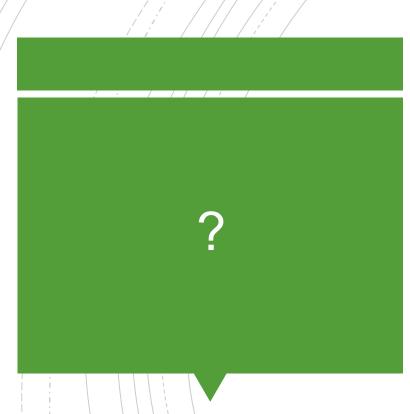
Hussen loves building things. Now I know that the way to play is to look and listen to find out what he is interested in.

I can imitate what he does with the toys or I can show him a new appropriate way to play with a toy. Over time I found ways to engage with Hussen in play and to start having fun in our shared playtime. I also learned that I can use the same strategies that I use in play to build routines in other daily activities. I have made routines where I look and listen for Hussen's communication and his actions. When we wash dishes, I let him go first. He starts to wash a dish, and then I can imitate him and show him a word "wash!".

When we come home from the market, Hussen likes to help me unpack the bags. He takes an item out of the bag, and then I can imitate. I show him words like "take out" and "bread" that I want him to learn to say on his own. We go back and forth until all the items are out of the bags. This is our grocery routine.

Sometimes Hussen still gets "stuck" looking at something or lining things up in a row on the floor. When this happens, I show him a new way we can build towers and many times he starts building again.

Sometimes he still suddenly gets very frustrated when I try to show him another way to play, and he pushes me away. This means he is tired or wants to stop, so we take a break or try something different for a while. I know it is important that play should be fun and enjoyable for him.



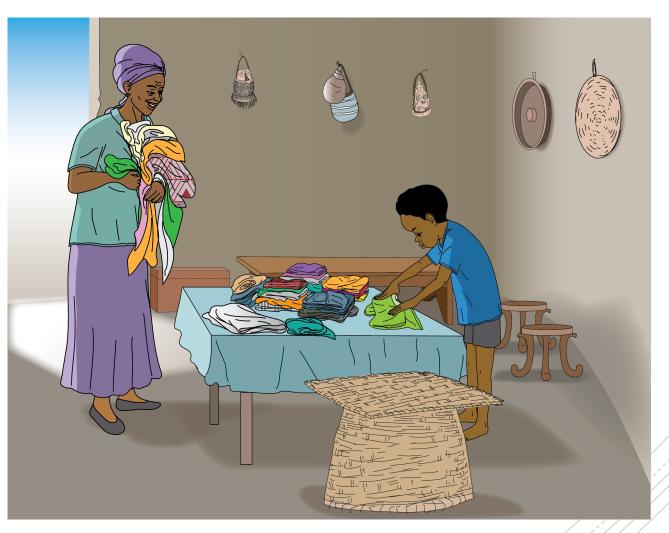
What has the caregiver changed in her attitude that has had an impact in the child?

How does the caregiver engage the child?

How does this method also support the child's learning?

# Tools to Teach Skills

Routines are tasks made of multiple simple steps that the adult and child do together regularly













# How to Teach a Routine

- Break down the skill into manageable steps
- Teach one step
- Move on to the next step

# How to Teach a Step

- Get the child's attention
- Show the step and say the chosen verbal label
- Repeat the verbal label if needed
- Give help at the needed level
- Reward the child

# Additional Health and Motor Difficulties

- Be mindful that progress may be slow
- Give children a chance to learn
- Adapt activities to their needs

### Skill Teaching Plan Example

Child/Children: Elsa

Activity: Wash hands

Step	Orde r	Teach How?
Wet hands with water	1	Materials: Running water or jar with water + sink or bowl Do: Wet my own hands Say: "Water"
Wash with soap	3	Materials: Soap Do: Wash my own hands with soap Say: Soap
Rinse hands with water	1	Materials: Running water or jar with water + sink or bowl Do: Wet my own hands Say: "Water"
Dry hands	2	Materials: Towel or fabric Do: Dry my own hand Say: "Dry"

# Planning a Routine

# Communication Learning Steps

Current communication	Next steps
Eye gaze or body movements	Use any gesture to ask; make a sound
Grabs, reaches or pulls you by the hand	Point to ask; make a sound
Points to ask	Point or show to share interest; make a sound
Use any gesture to share interest	Other gestures to share interest; make a sound
Makes sounds	Try to make sounds more often; shape a sound into 1 word
1 word	Add more words; combine 2 words
2 words together	Add more words; combine 3 words
3 or more words together	Longer sentences

# How to Teach Communication

- Recognise communication attempts
- Show an improved way (for example point and say)
- Give an opportunity for imitation
- Repeat the improved way
- Fulfill the child's request
- Teach more communication once the child has mastered the way you have shown

# Creating Communication Opportunities

- Place items out of reach
- Give choices
- Give 3-4 blocks, food bits, etc., then wait
- Create experiences and surprises
- Initiate engaging communication

### Teaching Toilet Use

- Teach the communicate their need
- Teach a regular toilet pattern
- Teach toilet use step by step through a routine
- You can use visuals
- You can make the toilet a pleasant environment
- Always take childen to the toilet when you understand that they need it

# **SESSION 9**

**Documenting your Work** 

# Learning Outcomes

- Understanding the importance of documenting your work
- Developing Individualised Education Plans (IEPs) for children in the special unit
- Using IEPs for individual assessments and wholegroup teaching plans

# Why Documenting?

- Quicker informed decisions on lesson plans, adaptations, evaluations
- Self-evaluation and improved teaching practice
- Others can continue the work done

# Children's Files

- Referral form
- Diagnostic information
- Other communications from health services
- Notes of parents' meetings
- Needs assessment forms
- Individualised Education Plans

|--|

Student: Grade:	
Teacher:	
	Goals
1. 2. 3. 4. 5.	



Goal 1		
Objectives/Steps		Strategies
	Goa	al 2
Objectives/Steps		Strategies
	Goa	al 3
Objectives/Steps		Strategies
Additional Needs		
Assistive Devices		

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Student:				
Grade:				
Teacher:				
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Goal 1			
Objectives/Steps	Strategies		
	Goal 2		
Objectives/Steps	Strategies		
	Goal 3		
Objectives/Steps	Strategies		
Additional Needs			
Assistive Devices			

# Regular Use of IEPs

- Update full IEPs every year, re-evaluate class allocation and set new goals
- Observe and assess throughout the year to:
  - Assess progress rate
  - Assess achievement of objectives and goals
  - Move on to teaching new skills and setting new goals

# Haile

	evel 2 of Special Unit
Teacher:	
	Profile
Motor di	fficulties
None	
Support	needs for activities and daily living skills: list all activities and needs
Gets lost	looking for the toilet, needs to be accompanied
Can wea	r simple clothes and use zips with adult's support
Cannot ti	ie shoe laces and close and open buttons even with support
Cleans te	eeth with adult guiding hand
Can hold	I pencil, but only draws with adult guiding hand
Intellect	ual difficulties
Has diffic	culty memorising colours and the alphabet
Does not	t currently understand the difference between 1, 2 and 3
Understa	anding difficulties
Struggles	s to understand instructions even when fully explicit
Commu	nication: How does the student communicate?
Verbally	(note: with single words)
Gestures	5
Sign Lan	guage
Pictures/	Objects
None of t	the above

### Sensory needs

Does not like water. When cleaning teeth, cries if the water touches the exterior of his lips or elsewhere on the face. Has learnt to wash hands but cries at home when his body has to be washed.

### Social difficulties

Likes to be alone and gets distressed in large groups.

Does not show any great social difficulties when interacting with others in small groups, beyond difficulties in communication (only single words) and in maintaining eye contact (may often look elsewhere).

Stressors: list the events or situations the student may find stressful

Washing, being in crowds and large groups.

### Behaviour (list any peculiar behaviour)

Good behaviour usually

Cries when distressed

Bites his hand when bored

#### Other needs

None noted

Haile

# Haile

Strengths: list the activities, games and sports the student does well Toileting and washing hands Holding pen Interacting in small groups Clapping hands Singing (humming, with no words or few words)
Reinforcers: list the highly preferred reinforcers (items, activities, etc.) Colourful objects Balls Going outside
<b>Dislikes: list the things (items, activities, etc.) the student dislikes</b> Water and washing Staying seated for long times (makes him bored and he bites his hand)
Interests: List the activities, games and sports the student enjoys Colours Playing with the ball Listening to music

# Whole-Class Plans

- Year Plans
- Unit Plans
- Lesson Plans

Time Period	Dates	Class	Number of Children

Goals	Objectives
1)	1a
	1b
	1c
2)	2a
	2b
	2c
3)	3a
	3b
	3c

Relevant Support Needs and Strengths	General Strategies
Child: Need/ strength:	

# Whole-Class Plans

Time Period	Dates	Class	Number of Children	Time Period	Dates	Class	Number of Children
Unit 1		Level 2	8	Unit 2		Level 2	8

Goals	Objectives	Goals	Objectives	
1) Cleaning teeth independently	1a 1b 1c	1) Learning the alphabet	1a 1b 1c	
2) Holding pencil	2a 2b 2c	2) Learning names of colours and objects	2a 2b 2c	
3) /	3a 3b 3c	3) /	3a 3b 3c	

Relevant Support Needs and Strengths	General Strategies	Rele	evant Support Needs and Strengths	General Strategies
Child: Haile Need/ strength: sensitivity to water			trength:	
Child: Haile Need/ strength: can already clean teeth with support and hold pencils		Child: H Need/ s	laile	
Child: Need/ strength:		Child: Need/ s	trength:	
Child: Need/ strength:		Child: Need/ s	trength:	

# **SESSION 10**

Self-evaluation, Working with and Supporting Caregivers, Self-care

### Learning Outcomes

- Understanding and applying useful self-evaluation strategies
- Knowing how to work with caregivers and provide them with information to promote children's learning and well-being
- Identifying caregivers' needs
- Knowing how to support caregivers and refer them to support services
- Knowing and applying useful safe-care strategies

#### Self-evaluation Strategies

- Observe and take notes
- What went well?
- What went wrong?
- Consider your style: behaviour, words, tone
- Be objective, not self-critical
- Ask for feedback
- Revise training contents and reflect

In what ways can you collaborate with caregivers for the benefit of children with developmental disabilities?

#### How can caregivers help?

- Providing information
- Collaborating in setting priorities
- Supporting children's learning at home
- Teaching children skills that can be taught less effectively at school

#### Promoting Collaboration

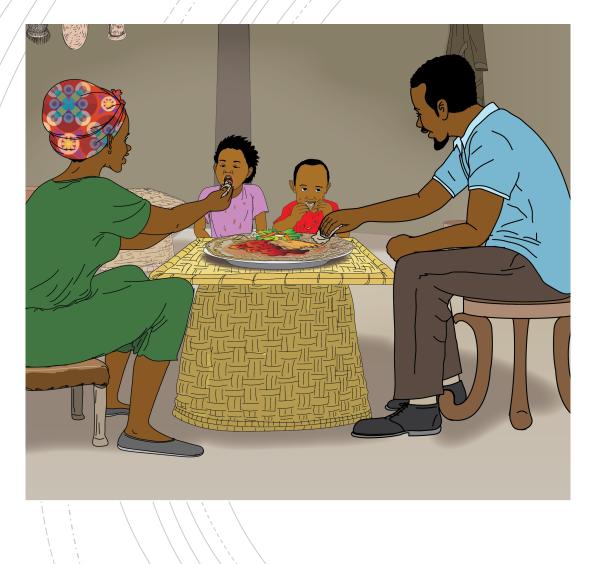
- Be honest, open and non-judgmental
- Explain the restricted school conditions and the need for greater practice for the child
- Explain that often these are daily activities in which the caregivers can incorporate teaching
- Help caregivers visualise improvements
- Manage expectations

#### What to Teach Caregivers

- Teaching strategies for skills
- Steps for key skills (for example toilet use)
- Teaching strategies for communication
- Importance of SRH training how to teach it
- Teaching safety and to recognise dangers
- Making and using visuals and materials
- Nutrition

## Nutrition

- Grains, legumes, nuts/oilseeds, fruits, vegetables and milk products everyday
- Meat/fish/eggs 3-6 times per week
- Minimum of 8 large glasses of clean water per day
- Limited sugars, sweets, soft-drinks and salt



### Tips for Disliked Foods

- Blending
- Cooling
- Cooking differently
- Hiding in preferred food
- Being creative!



### Supporting Caregivers' Wellbeing

- Raise awareness and support acceptance
- Meet caregivers regularly
- Be empathic
- Stress the importance of wellbeing and time for themselves
- Help caregivers reach out to each other
- Refer to health services those who need further support

#### Self-care

- Focus on the positives and celebrate small wins
- Turn to colleagues for support
- Talk of your feelings with family and friends
- Get 7-8 hours sleep
- Eat regularly and healthily
- Exercise and engage in pleasant activities
- Meditate / focus on your breathing

#### Breathing Exercise