

SU 1 - Concepts

LSEN
When teachers have to modify their teaching in order to assist the learner.
A simplified curriculum
extra time for assignments
special seat in the class
extra tuition
special encouragement

Barriers
Causes - intrinsic and / or extrinsic

Learners who experience barriers to learning
refers to grp of learners whose barriers hinder or prevent them from utilising their education in an optimal way.

Learning Problems
Manifested in all areas, certain learning areas / section of a learning area
Underachiever - gap betw achievement & capable of
Poor Achiever - lack good mental abilities
Disadvantaged - behind cause of social, economic / political circumstances
At-risk - dont normally have chance of success at school
poor env, language diff from school, disability

Disability and impairment
Disability - prevented or alleviated by creating a barrier free env through reconstruction of society. NOT by trying to 'cure / treat' it.
Impairment - persons with physical (body struc) and / or physiological (body function) impairments
Physiological I - chronic diseases etc
Sensory, Physical, Mental / Intellectual, Multiple Impairments

NCSNET/NCESS Report
identified these factors as
causes

Socioeconomic - lack of access to basic services

Discriminatory attitudes -
labelling -ve effect on self image of learners
categorisation, placed in special schools

Inflexible curriculum -
doesnt provide for diverse needs
inadequately trained teachers & teaching styles
irrelevant curriculum

Language and communication

Inaccessible & unsafe env

Inapplicable and inadequate provision of support services

A lack of empowering and protective policy

Lack of parental recognition and involvement

Disability
Env must provide for needs - wheelchair ramps

A lack of human-resources development
Lack of strategies, lack of on-going in-services training of teachers
leads to low self image, insecurity, lack of innovative practices in class

Knowing causes

1. We're in position to take preventative action
2. Gives an indication of how to help a learner

SU 2 - Causes of barriers

Extrinsic

Environment
Education
School
Language
Culture
Job Prospects

Intrinsic

physical / physiological impairments that could become disabilities if system of ed doesnt provide for these learners

personality factors - esp types of temperament and unsatisfied emotional needs

SU3 - Parents & Families of LSEN

Patterns of parental attitudes

Factors - parental attitudes towards child with impairment

Family Life-Cycle & Parental attitudes

Effect of birth of impaired child on family members

Effect on Family SA perspective

Guidelines for teachers

- Be conscious of parents feelings & behaviours
- Try to assist & support parents, better the co op betw parents & school - learner more motivated to learn
- Make time and space to conduct interviews
- Listen carefully & give eg of when learner has been successful
- 2 way exchange
- Discuss learning areas where there is difficulty & give hints to assist at home
- Helps them to become more involved - reinforce his successes, help with weaknesses
- Never blame parents for child's problems
- Emphasise partnership betw school & parents in course of teaching their child
- Emphasise +ve side at all times, comm what learner can do & methods that work for you

Articulate, assertive educated parents

Comm with self confidence - often masks real feelings

will seek independant advice

Does own research & collects info

Parents with B to L

Might find difficult to express thoughts, struggle to read correspondence & reports, are misunderstood

Usually understand probs but frustrated & guilty as child manifests same prob as them

Devote more time to explain learning supp to them & encourage to motivate their child

Angry but K parents

K but cant discuss in calm & collected way think they know better

Angry with teachers inside - feel dont know learner & not doing enough

Dont understand other learners also need teacher & resources not always freely available

Try to remain calm - just want to negotiate best ed for their child

Possible Beh patterns of parents - where teachers are concerned

Quarrelsome Parents

Confrontational & accuse teachers of not doing their work so often overlook child's problems

More intent on criticising system & court than attending problems

Submissive Parents

Accept everything they are told, info must be drawn out of them

No self confidence in front of pro ppl to share what they know

If dont agree, reserve their criticism

Keep feelings to self till reaching breaking point

Angry, Uninformed Parents

Same as angry but little K

Often not understand reason for problem & believe always right

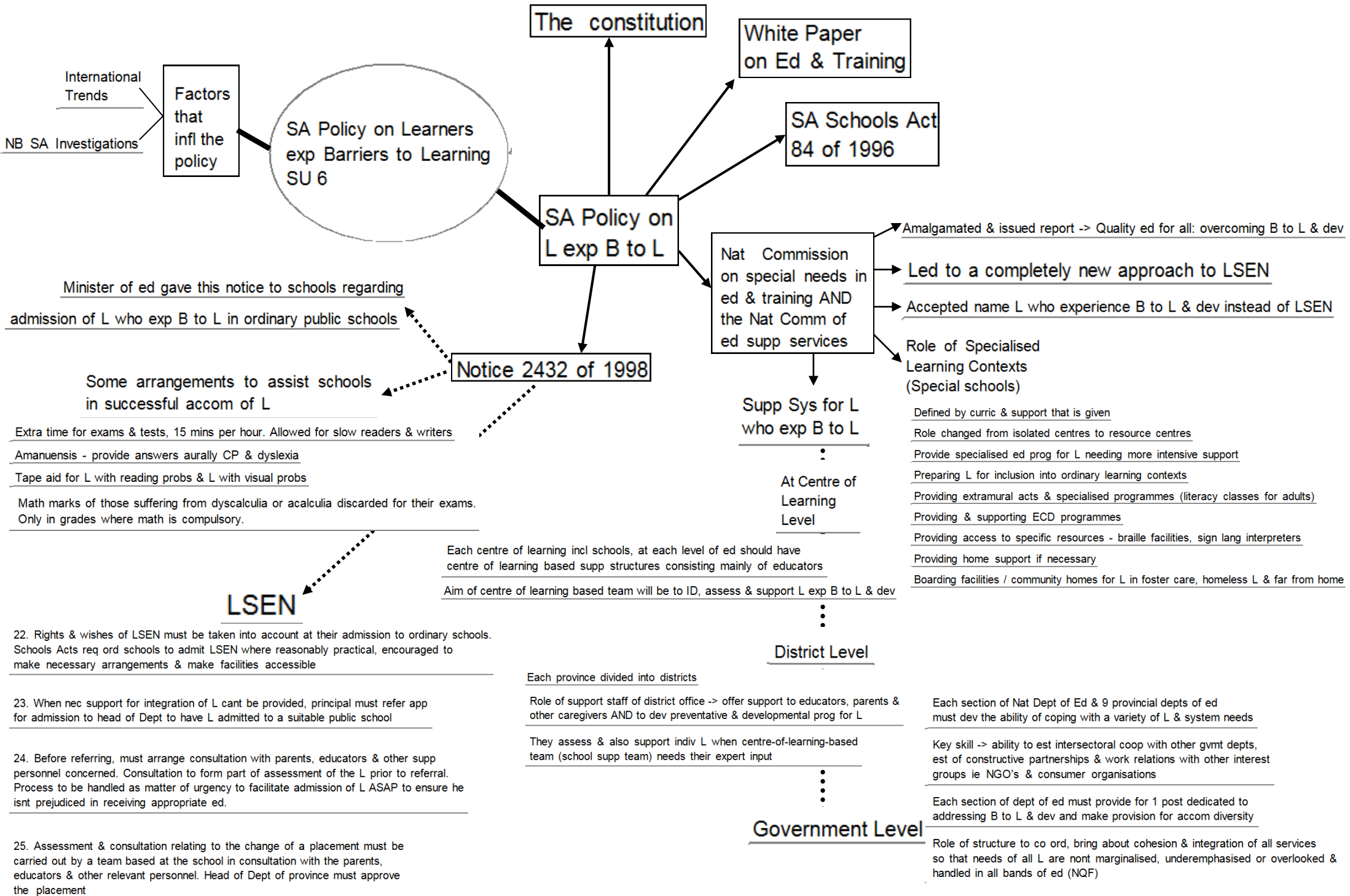
Most difficult parents to deal with

Do care deeply, dont understand support strategies used for their child

Uncaring Parents

Dont care if he has problems, place resp for learning support on teachers

No interest in homework / cont learn supp prog at home



International Trends
NB SA Investigations

Factors that infl the policy

SA Policy on Learners exp Barriers to Learning SU 6

The constitution

White Paper on Ed & Training

SA Schools Act 84 of 1996

SA Policy on L exp B to L

Nat Commission on special needs in ed & training AND the Nat Comm of ed supp services

Amalgamated & issued report -> Quality ed for all: overcoming B to L & dev

Led to a completely new approach to LSEN

Accepted name L who experience B to L & dev instead of LSEN

Role of Specialised Learning Contexts (Special schools)

- Defined by curric & support that is given
- Role changed from isolated centres to resource centres
- Provide specialised ed prog for L needing more intensive support
- Preparing L for inclusion into ordinary learning contexts
- Providing extramural acts & specialised programmes (literacy classes for adults)
- Providing & supporting ECD programmes
- Providing access to specific resources - braille facilities, sign lang interpreters
- Providing home support if necessary
- Boarding facilities / community homes for L in foster care, homeless L & far from home

Supp Sys for L who exp B to L

At Centre of Learning Level

District Level

Government Level

Minister of ed gave this notice to schools regarding admission of L who exp B to L in ordinary public schools

Some arrangements to assist schools in successful accom of L

Extra time for exams & tests, 15 mins per hour. Allowed for slow readers & writers

Amanuensis - provide answers aurally CP & dyslexia

Tape aid for L with reading probs & L with visual probs

Math marks of those suffering from dyscalculia or acalculia discarded for their exams. Only in grades where math is compulsory.

Notice 2432 of 1998

Each centre of learning incl schools, at each level of ed should have centre of learning based supp structures consisting mainly of educators

Aim of centre of learning based team will be to ID, assess & support L exp B to L & dev

Each province divided into districts

Role of support staff of district office -> offer support to educators, parents & other caregivers AND to dev preventative & developmental prog for L

They assess & also support indiv L when centre-of-learning-based team (school supp team) needs their expert input

Each section of Nat Dept of Ed & 9 provincial depts of ed must dev the ability of coping with a variety of L & system needs

Key skill -> ability to est intersectoral coop with other gvmnt depts, est of constructive partnerships & work relations with other interest groups ie NGO's & consumer organisations

Each section of dept of ed must provide for 1 post dedicated to addressing B to L & dev and make provision for accom diversity

Role of structure to co ord, bring about cohesion & integration of all services so that needs of all L are nont marginalised, underemphasised or overlooked & handled in all bands of ed (NQF)

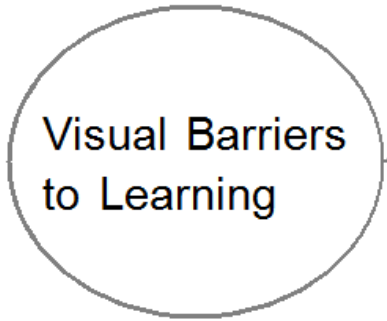
LSEN

22. Rights & wishes of LSEN must be taken into account at their admission to ordinary schools. Schools Acts req ord schools to admit LSEN where reasonably practical, encouraged to make necessary arrangements & make facilities accessible

23. When nec support for integration of L cant be provided, principal must refer app for admission to head of Dept to have L admitted to a suitable public school

24. Before referring, must arrange consultation with parents, educators & other supp personnel concerned. Consultation to form part of assessment of the L prior to referral. Process to be handled as matter of urgency to facilitate admission of L ASAP to ensure he isnt prejudiced in receiving appropriate ed.

25. Assessment & consultation relating to the change of a placement must be carried out by a team based at the school in consultation with the parents, educators & other relevant personnel. Head of Dept of province must approve the placement



A Signs
B Eye Conditions
C Assistance

1 Stimulation of the senses

Blind learners

Stimulate other senses
 Sense of hearing dev & sharpened
 Ability to listen, localise env sounds - orientate self in env
 Make optimal use of aud memory - listening & memory exercises

Sense of touch & kinaesthesia - to detect shape, line & texture & orient self in ltd space
 Very NB -> Braille reading & writing
 Dont spontaneously discover new obj cause there is no visual stimulus

Sense of smell & taste
Residual vision - use with other senses

Partially sighted

Enc to combine vision with non visual methods - leads to heightened efficiency
Teach to use residual vision fully - more used, better they function
Inclined to see globally - teach to observe finer details
Use hearing & touch tog to reinforce visual impressions

6 Language stimulation

Lags as not visually stimulated to reach out to objects
Need solid base of concrete exp before understanding lang that describes it
Talk to them - running commentary of whats going on around them
Describe & explain obj while they handle them
 Ordinary manip materials, social play with conversation, finger play stories -> best way to stimulate lang development

5 Classroom assist

Myopia & cataracts - front of class, repeat what is written back to them
Printed material - clear, attractive & meaningful, greatest contrast betw paper & print easiest to see. Black on white - large letters & good spacing
Hyperopia - back of class
Albinism - darker place in the class, curtains to avoid glare
Textbooks recorded on tape
Doors open / closed, clear pathways & no stray obj on floor

2

Orientation & Mobility

using the senses to est position & rel to other obj in env
Actual locomotion from st pt to anticipated destination

Laterality needs to be well est - taught L & R sides of the body
 which direction sounds are coming from & their realltion to obj in their env (directionality)

4

Socioemotional dev

Need not lack behind, depends on sighted ppl around them
Appear to show little respect for rights of others in a grp dont know what a group is & how many share teachers time and attention
Peers may tease - squint.. thick glasses.. may withdraw & become loners

3 Physical Dev

Trails behind cause not stimulated by sight to reach out to obj / move towards them
Taught by sound & touch to crawl and walk
Must be taught balance & posture
Phys mvmt also an escape valve for pent up emotions

A Causes

Conductive hearing loss

Caused by:

- * Blockage of wax / hardening
- * Blockage of auditory canal by obj
- * external otitis
- * Inflammation of the middle ear

Loss over all frequencies - helped by any form of sound amplification

Sensorineural hearing loss

Caused by:

- * can be hereditary
- * antenatal injury - illness of mom during pregnancy
- * Injuries, oxygen deficiency, Rh factor
- * Illness with high fever - measles, mumps, meningitis
- * Use of drugs, excessive quinine & aspirin

Deterioration of auditory cells of the organ of Corti / auditory nerve itself
Loss not usually the same on all frequencies

B Manifestation

Conductive Hearing Loss

Tendency to speak very softly

Often complain of cont buzzing sounds - tinnitus

Hear better than normal ppl in noisy surrounds

Sensorineural

Gradual deterioration from high to low frequencies

Unable to hear in noisy surrounds

Can hear speech but not understand it - many words will sound similar cause cant hear high frequencies

Need clear, slow speech

Auditory Barriers to Learning

C Identification

Learner often misinterprets instructions

turns head to listen

watches the teachers lips

speaks too softly / loudly

experiences unusual emotional problems

finds it difficult to assoc with friends

experiences problems with auditory memory

difficult to retell a story

avoids oral activities

Need audiometric examination

General

Hard of hearing - hearing aid & sit in front to see teachers face

Always face when speaking to them

Peer can take notes with carbon paper

Speak clearly, normal tone of voice & moderate pace

Use visual signs to gain attention

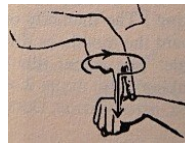
Ask questions to gauge understanding

Supplement oral info with visual aids

Limit movement & unnecessary gestures when talking

All spelling & vocab words in sentences - alone look alike to lip readers.

D Assistance



Signing

Sign may express a word, phrase / complete sentence

Is a visual manual communication system which uses manual gestures to convey meaning



Finger Spelling

Words can be spelled on the hand - resembles written word

Requires same level of maturity and language experience as to reading & writing

Sign Language



has a separate grammar that is not based on any written or spoken language

its a language in its own right



Speech reading (Lip reading)

To teach speech reading - need special training

Face the light - mouth & face

Speak as naturally as possible

Speak in complete sentences, dont add gestures

Expressive face easier to read



Hearing aids

amplifies all sounds incl background noises

Speech is often distorted & indistinct



Concepts

Intelligence

Ability to:

- * handle and apply abstract concepts
- * see connections & master new learning content
- * adapt effectively to new circumstances / situations

Intellectual

Disability

refers to limited intellectual ability

Criteria:

- * a notably subnormal level of intellectual functioning
- * accompanying problems regarding ability to adapt
- * problem must have manifested itself before 18yrs

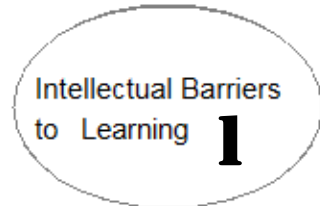
Mental capacity below what is regarded as normal

Most common disability

Hampers performance & greatly influences development & personality from an early age

Don't evoke sympathy & understand - look too normal

Cant keep up, dont know whats expected of them, fail to do what others do easily



Classification

Latest trends:

- * Mildly disabled not categorised / labelled - referred to as learners with learning difficulties
- * Degree of retardation isnt indicated - mildly + -> intellectually disabled
- * Inclusion -> intellectually disabled are taught in normal classes at ordinary schools

Previously:

- Mildly disabled
- Moderately and seriously disabled
- Profoundly disabled

Causes

(in / extrinsic)

Intellectually severely & profoundly disabled

Usually a syndrome present that is responsible

1. Chromosomal abnormalities
2. Genetic abnormalities
3. Prenatal, perinatal & postnatal factors
4. Brain, skull / spinal cord abnormalities

Intellectually Mildly Disabled

Genetic factors

Unfavourable env circumstances

- * malnutrition
- * poor medical services
- * a lack of stimulating learning conditions
- * lack of cognitive stimulation
- * unmotivated parents

If disabled because of intrinsic factors, extrinsic can aggravate or relieve the condition

CH of Intellectually Disabled

Dev CH

Learning CH

General

according to same pattern, not same pace
deficit increases with age

Cognitive dev

Rate slow, level below normal & specific deficits

Language dev

Lang deficits common
Vocab ltd, lacks variety, very concrete & emotional
Sentence construc simple & stereotyped
Poor articulation, voice errors common

Perceptual dev

Less precise, more superficial, also common
Dont see differences easily, prefer visual to auditory modalities

Motor dev

Milestones reached later, appear clumsy
Fine motor - diff mastering intricate skills

Affective dev

Due to repeated failures - often anxiety & tension
Cant easily assess sit / predict results of actions
Dont trust own efforts - dependent on others

Motivation

lack of inner vitality
experience failure often - discouraged to try again

Attention

take longer to attend
easier to distract, short attention span
lose interest cause cant concentrate for long

Conceptualisation

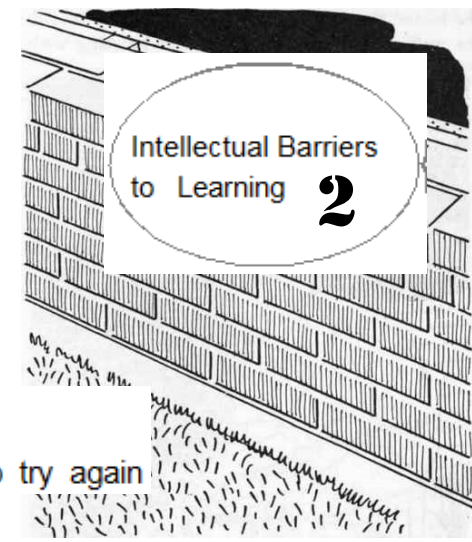
difficult cause perception is poor
slow with ops like grouping, sorting & arranging
thinking more concrete - cant think / reason ito abstract concepts

Memory

Short term - more problems than long
Hear >1 cope with small amounts of info

Transfer

Hard to transfer K to different situations wrt rules learnt, methods of solving problems and certain behaviour



Intellectual Barriers
to Learning 3

Guidelines for
the teacher

Identifying

Principles

- play lesser role in own development
- dont learn spontaneously like others
- dont observe relationship betw cause & effect
- cant apply what they know to new situations
- have special need for teachers attention - help & support

- Doesnt understand instructions quickly, needs repeated
- Doesnt easily follow stories without illustrations
- Difficult to learn recitations / songs
- Needs more time than others to complete a task
- Easily confused e.g. new daily programme
- Little variation in his drawing & playing patterns
- Often left out of games
- Finds fine motor co ord difficult
- Seems clumsy

Guidelines

- See that curric is suited to the child
- Divide longer assignments into small units - can master step by step
- Stress relevant info - cant determine relevant aspects of a problem
- Ensure child achieves success
- Praise child for each small section of a task completed
- Intentionally build up his self concept - let experience the fact that they can contrib in class
- Help overcome short term mem probs by ensuring info is fixed, do enough repetition
- Point out similarities & differences
- Speak clearly & use words they can understand





Physical barriers to learning

Def

is a persistent but not unchanging disorder of posture & movement due to a dysfunction of the brain before its growth and dev are completed

no direct relation between intelligence & degree of CP

Cerebral Palsy

Causes

Pre peri or post natal factors

Anything that prevents the brain from getting an adequate supply of oxygen from the blood can cause brain damage

Types

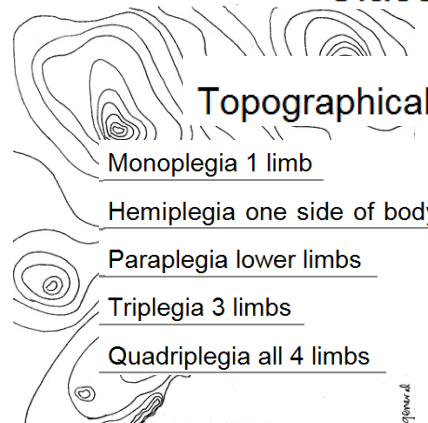
Neurologically related

- Spina bifida
- Paraplegia & quadriplegia
- Epilepsy
- Cerebral Palsy
- Postpoliomyelitis

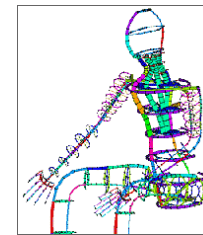
Physical disabilities of the skeleton & muscles

- Amputations
- Deformed limbs
- Burn lesions

Classification



Physiological (mvmts)



- Spasticity Muscular stiffness, contract when should relax
- Athetosis Lack of muscular control - repeated involuntary & exaggerated mvmts. Walking in bus - reckless driver
- Cerebellar ataxia balance disturbed, cant control fine motor
high stepping duck walk
- Rigidity & tremor excessively spastic
- Mixed group different combos of above

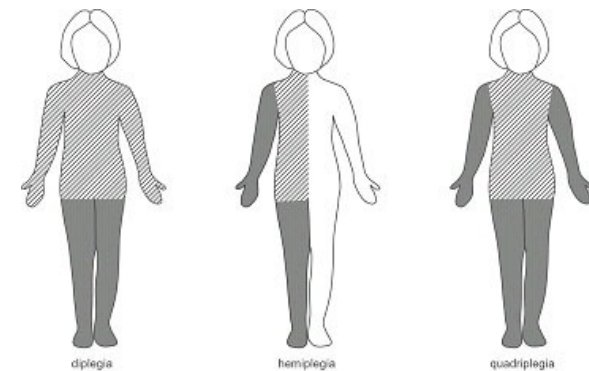
Classroom Assistance

Young learners

- Arrange furniture for ease of movement
- Store apparatus & put activities within easy reach
- Org floor & table games which CP can manage to enc participation
- Provide aids so can help self - prestik to hold paper etc
- Give tasks & responsibilities
- Create a phys & emotionally secure space -> will enc exploration

School learners

- Make class & other areas easily accessible
- Build up their self esteem - persons of worth with potential
- If on meds, ensure taken regularly
- Be prepared to improvise
- Difficulty handwriting - typewriter
- If write extremely slowly - allow oral exams & tests



less affected areas
more affected areas

What is?

Discharge of abnormal electrical act in the brain

Electricity mounts up, stimulates / irritates the neurons
-> epileptic seizure

Momentary 'electrical storm' in the brain

Some symptom free

Body falls to ground, stiffens. Sudden contractions of all muscles on both sides of the body. Eyelids, jawbone tightly set, eyes partly open, breathing stops - goes blue

Massive convulsions rapid then slow down

Breathes, colour returns, deep coma -> muscles relax

Enables to recover after exhaustion of body & brain



ID child with epilepsy

About

Be familiar about various kinds to id symptoms that could indicate epilepsy

Observe all learners closely

Interview parents:

History, pregnancy, normal birth, problems encountered

Past & current med probs - head injuries, poisoning

Unexplained falling, headaches, colic, staring, breath holding nightmares... may be seizure manifestations

ID hidden / disguised epilepsy

Sudden problems like spells of bad temper, aggressiveness, vandalism, swift mood changes - may suffer from irritation in the brain. Symptoms take the place of actual epileptic seizures

Seizures



Classification

Generalised seizure

Partial seizure

Secondary generalised seizure

Types

Petit Mal / Absence

Generalised, no warning - loses consciousness

Absence - short, sudden immobility - vacant stare
Often confused with daydreaming
Black out / learner switches off
Misses part of work during absence so repeat often

Convulsive General

1 > convulsions - myoclonic convulsions

Tonic convulsive - hypertension of muscles

Usually an aura before - tingling / moving spots of light etc

Partial seizures

Involve section of the brain

Focal motor / Jackson / Postural

Epilepsy as a barrier to learning

1

Observation & Reporting

If notice any deviation - observe carefully & objectively

Describe beh manifestations in a factual report

Observe how regularly beh happens and note it

If have a seizure note:

What happened just before?

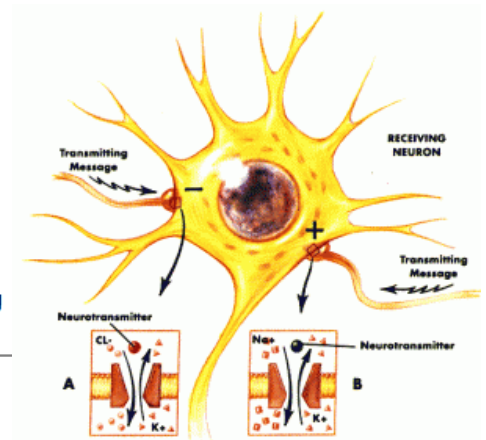
How did the seizure commence?

What happened during the seizure?

What happened after?

Note if any slight seizures occur - staring eyes, not quite with it, suddenly looked confused, signs of varying ability to do something
Note if happen in specific circumstances

Notes to principal to discuss tactfully with parents
Teacher provide only facts, not own diagnosis



Assistance



Intro

Teachers told beforehand, otherwise can be upsetting & traumatic for teacher & learners

Inbetween, handled like any other learner

Sensible help & guidance can enable most to be 'normal epileptics'



During partial seizures

Diminution of consciousness, aware of goings on but actions confused & aimless. Dont react when addressed

Observe - if due to a seizure, dont try make him act differently

Lead back to chair, never force

May have headache, nausea / confused. Pamper, comfort & let rest



During tonic clonic

Prepare other learners, dont use term epilepsy

Dramatise - learner faints / nauseous so prepared when it happens

Look out for warning signs, so can isolate him, safe place can lie down & get injured

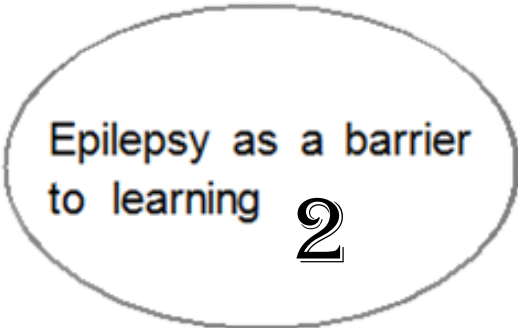
Try prevent from falling, move obj away where can injure self

Never try hold learner & prevent mvmts of his body - could injure muscles / joints

Can turn on side to prevent choking

Unnecessary to put something in mouth

Check clothes are loose, esp around neck & waist



Epilepsy as a barrier to learning 2

What the teacher should do when a learner

Before the seizure:

The teacher should be aware of the learners in their class who suffer from epilepsy. They should treat the learners normally so that they can lead lives as close to normal as possible. The teacher should know which symptoms to look for and prepare the other learners in the class for when a classmate does have a seizure. Being careful not to use the term 'epilepsy' but rather to just say that the learner has seizures at times.

During the seizure:

No restraints should be applied to the learner – just let the seizure take its course. The surrounding area should be made safe and anything which could cause injury must be removed. The learner should be placed on their side, in the lateral recovery position. The airway should be kept open with the tongue out of the way. Any secretions and vomit should be allowed to drain freely from the learners mouth.

After the seizure:

The learner should be kept in the lateral recovery position. Make sure that the learner is warm and comfortable. The learner should be allowed to rest until he/she is ready to continue with the lesson or go home. The teacher should call for medical assistance if it is the learners first seizure or if severe seizure occur at regular intervals, if the learner is choking or has sustained an injury. The parents should be alerted of the seizure.

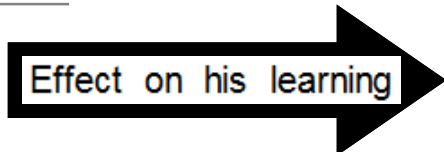
Only differ - have seizures

If not treated correctly can become disturbed, esp teasing / rejection

Could become aggressive fighters / -ve, withdrawn & stubborn

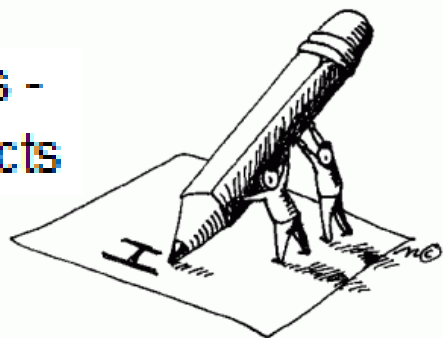
Treat & guide sympathetically but firmly

If reassured, feelings of security strengthened



Effect on his learning

Manifestations - School Subjects Language



Assistance to
learners who
display -ve beh

Spoken

Sentences short, content insignificant

Avoid conversations

Difficulty following conversations

Dont always understand instructions

Limited vocab

Use incorrect past tense & plural forms

Reading

Dont know what sounds letters stand for

Dont recognise words on sight

Read slowly, vocalise words

Either add / leave out words

Misread the text

Cant recount wha they have read

Written

Sentences are short & rudimentary

Same sentence structure is repeated:

The flower is very pretty

The boy is very sad

Sentence construction is deficient (word order)

Spacing of letters / words incorrect / deficient

Can verbalise a proper sentence but not write it down correctly

Cant take dictation

Handwriting

Letters poorly formed

Letters formed incorrectly - rotations, inversions etc

Line quality is poor - shaky, pressure too light / heavy

Incorrect pencil grip & poor writing posture

Letters dont line up with each other

Irregular spacing of words & letters

Learning Problems
as a Barrier

1

Manifestations Behaviour

Learner must feel teacher is there for them

Inform parents of beh problems and advice how to handle

Start with +ve CH, place -ve in context with the +ve

Explain how the beh probs detract from the +ve CH & harm his progress at school

Be tactful, involve them as equals in deciding on a plan of action & advise handling at home

Be patient, not sarcastic towards / ignore

Make aware you accept them despite their -ve behaviour

Always be consistent

Structure the daily events in the life of the family

External positive motivation for good performance

Preschoolers dependent on teacher's support, approval, sympathy, acceptance & interest - vital to performance at school



Learning problems can cause behavioural problems - learning (primary) beh (secondary)

Behavioural probs can cause learning probs - beh (primary) learning (secondary)

NB to analyse learning prob & assoc beh to see how one affects the other

Insecurity, withdrawal, daydreaming, tearfulness, stomachache, not wanting to go to school - manifestations of avoidance because cant cope with schoolwork

Excessive sweating of the hands, enuresis, encopresis

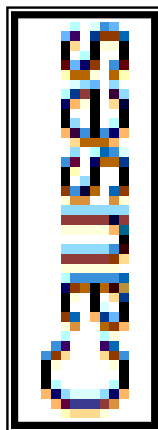
Excessive dependence & approval seeking of teacher

Incomplete & untidy work

Attention problems

Perseveration - diff to switch attention to another task - tell same story over & over, repeat letters / words when writing

Ecological Factors



Cultural Env
 Changes in his env continually make demands on him
 i.e. poverty & family disintegration -> weakens ability to learn adequately
Few opps to build up general K needed for cognitive support
 Reject values held up by the school & prefer to id with a criminal subculture, known for alternative / abnormal use of language

School
 Quality of interpersonal work relations betw learners & teacher is decisive for his total development as at school most of day
 If rejected / neglected by teacher - ignored by learners due to learning difficulties / beh - social unpopularity -> sense of rejection which leads to low self image = withdrawal & unsatisfactory progress
 Inadequate teaching - methods & subj matter not suited to abilities & needs -> frustration & reject teaching events
 Poor teaching - insufficiently trained, lacks teaching skills to convey info logically too strict (fear her) / too indulgent (ridicule her)
 Language medium - need to master new language at same time as new subject matter

Home env
lang dev, basic skills, general K -> critically infl by parents
Comm within family NB -> dev lang & other skills - perception
 Lack of basic necessities - food clothing causes physical discomfort
 Leads to psychic discomfort -> ability to pay attention & learn
 Parents then also no energy to give attention to learners cognitive & intellectual development
 Any kind of neglect, poor interpersonal relationships & conflict -> emotional blocks -> prevents learning

Social Problems
Emotional & cognitive dev based on social interaction with peers
Good interpersonal rel ensure dev of self confidence & +ve self image
Poor rel lead to emotional problems & inability to learn adequately
Perform well - may be ostracised - teachers pet who seek favour with the teachers
Others join groups who scorn / reject school system
For acceptance - deliberately neglect school work

Emotional Problems

Affects ability to concentrate & may undermine their motivation

- Problems may arise due to:
- * Sense of continual failure at school
 - * Conflict at home
 - * Poverty
 - * A -ve attitude to school in the home env, low self esteem, depression, anxiety & passive withdrawal.

Mostly aware of their inability to perform

If cultural background differs from most learners & understanding of language being taught in inadequate -> serious emotional problems

Develop low self image, inclined to be anxious & intimidated by task of mastering different subjects

Often display hostile & aggressive behaviour as reaction to own sense of inadequacy

Feel rejected & believe no one understands / wants to understand them

Due to hostility - readily align self with criminal subcultures

Physical Problems



Visual and hearing problems

Ill health
 incapacitate so impossible to learn
 Allergies, sugar imbalance, asthma etc
Intellectual disability

Neurological dysfunction

Percep probs are a general symptom of a learning disability

Auditory perceptual skills

Visual perceptual skills substances in the brain

Biochemical imbalance

Boys often not ready for formal school, physical & cognitive dev slower than girls

Gender differences

Boys then difficult to pay attention for long cont periods & to handle writing materials & books

In school emphasis on neatness, modesty & obedience - easier for girls. So teachers find boys naughty & disobedient

Undernutrition

Malnutrition & underfeeding at early stage of life causes anatomical & biochemical changes in the brain which could lead to a dysfunction causing learning difficulties

Incidence is high in communities of poverty & neglect - progress affected

Learning Problems as a Barrier **2**



Learning Problems Assistance

Concept

Involves the analysis of mistakes
Observation of behaviour
Determining the cause of the mistakes & behaviour of each learner

Individual Assistance

ADV

DISADV

Only few learners benefit, where many could

Has become a luxury, learner taken to private practitioners
Ed psych, OT's, remedial teachers etc

Majority totally dependent on class teachers

Specific Assistance School Subjects

Easy to apply

1 at a time -> each problem can be dealt with intensively

Progress at own pace & allowed to finish each assignment

Now necessary -> large no with learning problems at present
Learners in grp of 5 benefit more than indiv assistance

Large no's can be assisted

Learn skills of social interaction

Adjust more readily to classroom situation

Lang dev promoted & communication skills learned

Enhances his motivation because accepted by grp - improves self image

Assist and support each other - teacher can help indiv with specific problems

Group Assistance

DISADV

Cant always attend to all probs of each learner

Can be hard to assemble a sufficiently homogenous group

Some tend to withdraw in group situations

Teacher needs special mgmt skills & intensive planning

Lang Spoken

Allow time for informal conversation

Parents - make time daily for general conversation

Read stories - become aware of written lang & lang structures & extends vocab

Stories - can be discussed, acted out, draw & discuss

Never criticise - inhibits spontaneous conversation among them

Correct by reformulating without a comment

ADV

Planning Assistance Programs

Accompaniment of learners to deal with their learning problems

Teaching plan with a shift of emphasis

Content & methods adjusted to learners needs

Attitude towards learners

Determines extent of learner's success

Duty to ignore -ve behaviour & attitudes of learners
Behave +vely, maintain attitude of genuine acceptance towards them

Guard against losing patience with
beh probs, inattentive, works slowly

Patience & acceptance vital - more likely then
to work to the best of their ability

Reading

Encouraged to read when can enjoy it - allow relaxed atmosphere

Read stories - realise written different from spoken

Most NB learning to read, gaining info is secondary

Ensure competence in recognising & understanding the words

Should understand direct & concrete info communicated
by the text when they read. Ask questions about the text.

Allow time to become familiar with high frequency words -
can then recog on sight & sounds of the letters

Handwriting

Practiced by repetition of penstrokes used in forming the letters

Can be made to music & with other rhythmic exercises

Writing movements should be flowing & relaxed

Guiding lines can be drawn for them

Most NB to cultivate their pride in their work - shown by
spacing words evenly, not scribbling or erasing and
by keeping books neat and tidy

Teacher's Role

Org of class & lesson

If hold each other back, separate groups

Scholastic competitive separated from those with learning problems
Could have -ve impact on self image

Restless, hyperactive & concentration problems - away from windows & doors

Work scheduling - dont expect calm written work just after breaks

Never compare, should compete with self

Spelling & Written

Crucial - know letter sound relationship, use varied playful techniques

Be able to analyse words & sentences & apply simple spelling rules

After new spelling structure learned, expose to other of the same - mellow, yellow

Learn to use the words in written sentences

Importance of Emotional Stability in young L

Emotional life has huge infl on their total dev so also on social rel, cognitive dev, personality & motivation

Emotional & Behavioural Problems as Barriers

1

Emotional Stability

+ve feelings - contentment, happiness, perseverance and self confidence

These are easily adaptable, fit in well at preschool & enjoy challenges / new situations.

Naturally encourages est of social rel

Prerequisite for cognitive dev - feel safe & secure & so participate with enthusiasm in acts

Are willing to venture & play freely - climbing apparatus

Can exercise a degree of control over their emotions & can express in socially acceptable ways

General Emotions

Temper Difficult for them to control their rage
Conflict over toys / wishes not fulfilled / failed attempts

Anxiety & Fear Animals / imaginary characters (ghosts) / dark / robbers
When left alone / separated from parents
Shy / fear looks the same in 3yr old

Jealousy Normal reaction to loss of love, security & attention
Not always openly displayed - enuresis, complaining, crying, aggressive actions

Curiosity Naturally intensely curious - they use sensory exploration & ask endless Q

Joy & Happiness Humour - love jokes, funny hats

Unhappiness when lose something precious to them

Love towards people, pets, objects that give them pleasure

Emotional Instability

Mood is overwhelmed by -ve feelings
-> fear, anxiety & uncertainty

Quickly become unsure & tense in difficult situations & overreact

Dont feel free to join activities / make friends easily, reluctant to explore new worlds

Irritatingly clingy / pleasing to gain attention

Difficult to separate from mom, cry, dont let teacher out of sight

Use escape mechanisms - aggression, regression, withdrawal, repression

Teachers attitude should show love, respect, caring receptivity & acceptance -> contrib to boost in self confidence & more +ve self concept

Dramatising, free play & acts -> good ways to give expression to their feelings / get rid of emotional stress & frustrations



Emotional Problems Preschool

Mechanisms they may use to cope with stress

Withdrawal, denial, thematic play & child art, anxious clinging
Fear, regression, compensatory beh, psychosomatic symptoms

May also develop learning problems - dont participate

Behaviour Problems

Emotional & Behavioural Problems as Barriers

2

Usually a need for attention

Learn from experience - get adults undivided attention through their behaviour

For them -ve attention better than none

Prosocial

Positive social interaction

Imitation, healthy competition, cooperation, sympathy, empathy
social approval, readiness to share

Antisocial

-ve social act that evokes antagonism in others

Common - selfishness, taking other's property, telling untruths, aggression

Concern -> negativity, aggression, bossiness, selfishness, egocentricity, destructiveness

Most -ve part of normal dev

If hurt self or others, put others in danger -> take immediate action

Be sensitive to scapegoat who gets blame for everything

Serious when:

- * occur to a serious extent over a period of time
- * symptoms appear to worsen
- * occur in conjunction with social aggression
- * they -vely influence his development

Assistance

Behaviour
Modification
Techniques

Reinforcement +ve reinforcement

Ignoring { attention seeking child
-ve ignored +ve receives attention

Time-out { Only special circumstances
Aggressive beh - warned 3x then removed from group

Self chosen time out

Prevention

Redirection

Discussion / conversation

Special time { Slot for alone time with problem child
Ask what he would like to do

Star chart



Why?

It is a human right.

It makes good educational sense.

It makes good social sense.

It promotes the right to learn and live together.

It promotes acceptance of diversity.

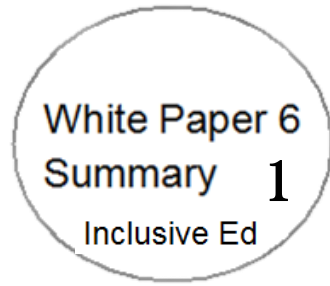
It builds respect for one another.

It supports a uniform and responsive education and training system.

It supports the removal of all elementary discrimination.

It supports positive interaction and learning from one another.

It helps to build a rehabilitative and supportive society.



What is?

In this White Paper inclusive education and training:

acknowledges that all learners and young people can learn and that all learners and young people need support

accepts and respects the fact that all learners are different in some way and have different needs, which are equally valued and are an ordinary part of our human experience

enables education structures, systems and learning methodologies to meet the needs of all learners .

acknowledges and respects differences in learners, whether due to age, gender, ethnicity, language, class, disability or HIV status .

is broader than formal schooling and acknowledges that learning also occurs in the home and community, and within formal and informal modes and structures .

is about changing attitudes, behaviour, teaching methodologies, curricula and the environment to meet the needs of all learners .

is about maximising the participation of all learners in the culture and the curricula of educational institutions and uncovering and minimising barriers to learning .

is about empowering learners by developing their individual strengths and enabling them to participate critically in the process of learning

Long Term Goal

Our long-term goal is the development of an inclusive education and training system that will uncover and address barriers to learning and recognise and accommodate the diverse range of learning needs.

Short - Medium Term Goals

Our short-term to medium-term goals will lay the foundation for the kind of education and training system we wish to build over the next twenty years and will therefore focus on strategic areas of change.

to build capacity in all education departments

to strengthen the capacity of all advisory bodies

to establish district support teams

to improve the quality of special schools and convert them into resource centres

to identify, designate and establish full-service schools, adult centres, and further and higher education institutions

to establish institutional level support teams

to establish mechanisms at community level for the early identification of severe learning difficulties

to develop the professional capacity of all educators in curriculum development and assessment

to ensure quality assurance and quality improvement

to mobilise public support

to develop and pre-test the resourcing instruments of programmes

Challenges for T

Support inclusion.

Advocate and raise awareness

Embrace diversity

Change perceptions and attitudes

Address the needs of all learners

Accept people who are facing challenges

Accept people who are different

Stop discrimination.

Intro
Child Care Commandments

For Self Actualisation

For Praise & Recognition

For +ve Self Concept & an Understanding of the Life World

To Belong

Needs

To be free from Intense Feelings of Guilt

For Love & Affection

can only be met through meaningful, stable, continuous, dependable & loving rel with mom, then dad

parents also need to exp above

initial rel form the basis of all subsequent rel

end results - healthy dev of personality, ability to respond meaningfully to affection shown

parental love to be unconditional

- exp through all interactions
- where punishment given
- otherwise exp it as conditional
- separate deeds from person - beh was #, still love you

parents A to child impacts his self image. To accept self 1st needs approval & acceptance from others

Manifestations of lack love & affection in home

- often want to sit next to T
- demand demo of love & affection
- lying often
- exhibit delinquent beh
- unusual affection towards dolls, animals or toys
- cry easily & frequently ill
- feelings of being unwanted & rejected

Too much love & affection -

- scared to venture into unknown.
- Wrapped in cotton wool
- problems becoming independant

Bad care in EC -> expect bad effects later in life

Want to belong to a peer group & associate with friends

Manifestations

- will verbalise need - I wish somebody would invite me..
- tend to remain on fringe of group acts
- feels rejected - remains observer
- may act aggressively -force way into grp. Accepted may decline

T may not respond appropriately - not listening to L / see nonverbal beh

His feelings

- loneliness
- insecurity & depression
- wanting to be accepted unconditionally
- feeling different cause not accepted by others

Security (& economic)

derived from stable rel within family - mom, dad, siblings

Factors for

- familiar place
- known routine
- availability of familiar obj / cherished possession
- stable marital relationship
- reasonableness & predictability - defining limits
- need to test limits - consistent discipline

Parents saying 'when you were younger' he is able to create a mental pic of himself now & then. Enables him to dev a personal identity

Irrational fears - often cause of insecurity and anxiety

Obsessive compulsive neurotic beh patterns - result of need to feel secure

As gains insight into beh - basis for moral insight laid

Factors for dev of internal ctrl

- consistent expectations
- consistent punishment & logically related to offence
- open & democratic family env

Parents & T not to deal with financial matters in front of L, can have -ve emo effect

If exp economical insecurity - affect rel with others - poor & wealthy

To be free from Feelings of Fear

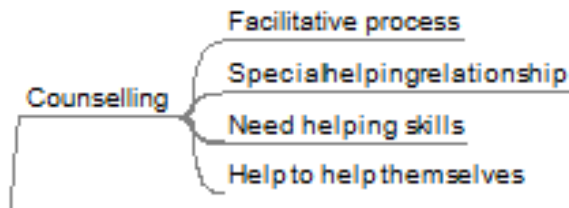
For Responsibility

For Sharing & Self Respect

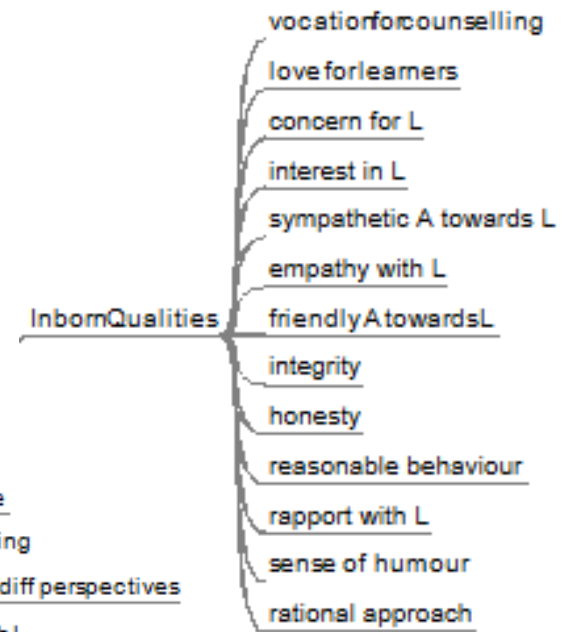
For New Experiences

Pringle's Emotional Needs Model
 Appendix O

Counselling
Techniques for
Teachers
Appendix P



Counsellor



Short Term
Counselling
Model

Assessment & Interviews see photocopies

Counselling
Techniques for
Teachers
Appendix P

Preparation Phase
 Try to understand his problem see learner profile - home & academic record
 Make sure interview room well equipped opposite, welcoming atmos

Meeting & getting Acquainted
 words, expressions & actions indicate willingness to help
 you & L are equals - solve problem together
 greet, sit, reassure its confidential
 explain counselling process, L gives details of problem, L try find own solution, cant solve for him but can give suggestions if needed

Responses to
process / factors

Exploratory Stage
 Explore problem with L
 Explain Q are to understand problem, need to help him
 Help to see from another perspective
 Can you give me an idea of how you see the sit?
 How do you see the other person in the sit?
 Can ask for fuller explanation to further understanding
 L can see you are listening carefully & making effort to find out how problem affecting him
 Now can ask / say
 It seem to me that...
 How did you feel when...
 Why do you think x did this...

Values
 reflection of personal preferences
 suited to kind of life lead
 Never impose - recognise & respect differences

Action Stage
 Help L monitor his feelings, ideas & beh. All contrib to solution
 Addressing & setting goals, choosing methods of achieving them, monitoring progress & evaluating results
 Accompany L through process till sit improved

Referrals
 some cases you can't handle
 team approach allows you to refer difficult cases to professionals
 don't waste time, help those with less serious problems

Termination Stage
 problem worked through
 counselling must end on high note
 sum up whole process / ask L what has changed in his / her life
 I am pleased that you managed to...

Resistance & Reluctance
 young embarrassed to talk about thoughts
 if not voluntary - resist - only weak go to head doctor
 explain it takes courage to speak about personal probs
 reluctance (late / dont come / attitude) = slow progress
 tell me halfway cause understand reluctance cause think you going to tell them what to do
 explain they know self best so cant tell what to do
 tell unhappiness shows need for support & are willing to if let you

Counselling Contract
 Way to get them to do something in a certain time span
 task is form of awareness exercise
 are informal
 havent done it, discuss why, helps formulate more suitable contract for next time