

What little children need to grow

A book of stories about children for adults



by

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Message from the GDE

Dear Colleagues

My years in office have seen Special Needs Education in Gauteng focus firstly on the roll out of Education White Paper 6 by revitalising selected schools and improving on the early identification of learners and concomitantly improving the support of both Institutional and District level support to those pilot districts. Secondly, attention has been given to adapting the curriculum for learners with barriers to learning with a view to increasing the competency of educators in developing and implementing Individualised Education Support Plans (IESP) and Individualised Learning Programmes (ILPs) for specific disabilities. This overall effort would support the provincial task of ensuring that “No child is left behind”.

Thus this resource must be seen in the light of the above. Whilst we cannot forget the learners in special schools we must also ensure that those in the mainstream schools are identified timeously and that the ensuing interventions to prevent and/or minimise the effects of barriers to learning are put in place.

This manual on early identification and intervention is one of several resources developed in the Directorate: Inclusion and Special Schools to improve educators’ competency in dealing with the diverse and complex field of barriers to learning and development. In doing so, it will promote the notion, that educators are the first line of defense in identifying and addressing barriers. It also supports the essential fact that they are a critical part of support services in the education system.

This manual is by no means a comprehensive resource but rather a piece of architecture that will hopefully improve over time as information, hints, strategies and interventions increase through the critical inputs of the practitioners on the ground.

I sincerely hope that educators will derive benefit from the manual in its attempts to foster the notion of early identification as an essential tool in the process of providing for the individual education support needs of our learners.

In the interest of the child

Hermanean Laaurwen



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Dear Educator

What do you have to do to grow a tree? You have to plant a seed which you then have to feed and water. With good care a seed will grow into a sapling. Saplings are tender and easy to destroy. They have to be supported and protected from harm. If saplings are well cared for they will grow into beautiful, strong, healthy trees.

Children are like trees. If we want them to grow up into healthy, productive adults then we have to care for them, protect them, love and nurture them. The first 5 years of a child's life are the most important for developing a foundation for learning and living. Unfortunately, many learners do not get the correct physical, social or emotional care in their early years. This lack can create barriers to learning.

As an Early Childhood Development (ECD) teacher you have the privilege of working with children during this important stage. It is your responsibility to find out as much as possible about all the children in your care and how best to teach them. This means being able to understand and teach all children, even those experiencing barriers to learning. With the right support, every child has the chance of succeeding and reaching their potential. The purpose of this book is, therefore, to share knowledge and skills as a way to help you teach all of your learners to the best of your ability and help them learn to the best of their ability.

HOW THIS BOOK IS ARRANGED

Section 1: Learning through stories

In this section you will read stories which will explain a number of physical, social and developmental barriers to learning. You will get information on each type of barrier and how it affects development and learning. You will learn how to identify these barriers, especially those you cannot see, like hearing deficits or abuse. Finally you will get ideas about how to support these learners in class.

Section 2: Fun and Games

This section is full of practical activities and games to develop Gross and Fine Motor skills, Visual skills, Listening skills and Spoken language skills.

Appendices

The appendices contain factual information such as: Developmental milestones, Nutrition guides for parents/caregivers, immunization schedules, School readiness checklists, and ideas for making resources.

We hope you find this manual useful and enjoyable and use the information to grow healthy, happy children.

Warm regards

Gill and *Debbie*

SECTION 1

Learning Through Stories



In an ideal world



In an ideal world children would get everything they need to grow, learn and succeed.

In an ideal world ...

- ◆ children would get everything they need to grow, learn and succeed.
- ◆ all children would be healthy, have enough food and have access to medical care.
- ◆ children would have friends and parents, and feel secure in their relationships.
- ◆ every teacher would have the skills and knowledge to realise the full potential of every child.
- ◆ adults would work together to protect and support children.
- ◆ all children would be protected, valued and included.

We do not live in an ideal world and there are many factors which interfere with children's physical, social and emotional development. We live in a country where

- ◆ we are overwhelmed by diseases such as HIV & Aids, Tuberculosis and Diabetes.
- ◆ we have over one million orphans.
- ◆ a high percentage of South African citizens live below the breadline.
- ◆ crime and violence including child abuse are an everyday reality.
- ◆ we have high illiteracy rates.
- ◆ we have a very high unemployment rate.
- ◆ the majority of learners are not taught in their home language.

We have a wide gap between what little children need to grow and what many children actually get. This results in many learners falling behind in terms of their physical, social and emotional development. This in turn creates barriers

to learning which, in the long run, can become severe learning difficulties.

Even though the picture seems gloomy and overwhelming, there is hope, and this hope comes in the form of knowledge. The more we understand children's needs, the more we will be able to satisfy them and the more we can empower the adults around them. With knowledge we can create partnerships between teachers and caregivers and together we can nurture the children in our care.

In the words of Henry Ford,

*"Coming together is a beginning
Staying together is a process
Working together is a success."*

As educators in the ECD sector we need to equip ourselves with the tools of knowledge so that we can work to close the gap between what children need and what many children get.

With this in mind, the aim of Section 1 is to illustrate a variety of physical, social and emotional issues which can create barriers to development and learning and to explain ways in which teachers can provide suitable support.



Children Learn What They Live

If a child lives with criticism, they learn to condemn.

If a child lives with hostility, they learn to fight.

If children live with fear, they learn to be apprehensive,

If children live with pity, they learn to feel sorry for themselves,

If a child lives with ridicule, he learns to be shy.

But do not despair ...

If a child lives with tolerance, they learn to be patient.

If a child lives with encouragement, they learn confidence.

If a child lives with praise, they learn to appreciate.

If a child lives with fairness, they live with justice.

If a child lives with security, they live to have faith.

If a child lives with approval, they learn to like himself.

If a child lives with acceptance and friendship.

they learn to find love in the world.

— Dorothy Law Nolte



Physical, Social and Emotional Development

An Overview

Section 1 is a collection of stories about children who have experienced barriers to their learning and about the teachers who have helped them. The barriers you will read about include physical, social and emotional barriers. Before you start reading the stories, you are encouraged to read this overview of development which will help you understand the stories.



Physical Development

What does this mean?

Physical development means the development of movement including learning to walk, holding a pencil and cutting with scissors. In development terms, these movements are called motor skills. There are three levels of

motor skills: gross-motor skills, fine-motor skills and perceptual-motor skills.



Gross-motor skills/ movements involve the whole body. Actions such as crawling, climbing, running, hopping, catching and throwing are examples of Gross-motor movements.

Fine-motor movements use the smaller muscles of the body in the hands, feet and eyes. Holding crayons, putting pegs in holes, fastening buttons and using knives and forks are examples of Fine-motor movements.



Perceptual-motor movements are those where a child develops the skill to take in and understand information from the environment and then respond to it with movement. There are three main areas of Perceptual-motor movement:

1. *Spatial awareness*: understanding where you are for example, knowing you are on the way to school
2. *Temporal awareness*: the ability to dance to a rhythm or to predict time
3. *Sensory awareness*: the way the body gives the brain information, through the eyes, the ears and touch.

Why is physical development important?

How a child develops physically is a good indication of how the child is progressing in general. If a child is lagging (falling behind) in terms of physical development then the child may also be behind in other areas of development such as cognitive (brain) development, self-discovery and maturity (emotional development) and the ability to communicate (social development).

Children's self-image is also related to their physical development. Children who are not coping physically can develop a weak self image. For example, an overweight child may be unable to join in the running and chasing games at break. A child like this could be excluded from many activities which could result in feelings of inadequacy and isolation.

Where does physical development happen?

Physical development happens at home and at school. It occurs through lots of different types of movement. Babies start off with simple movements like lifting their legs and playing with their toes. As children grow into the toddler years and older, their movements become more and more complicated. Useful physical movement can happen anywhere, outdoors or indoors, individually or in groups.

What barriers interfere with physical development?

Many factors can act as barriers to physical development. Genetic background, disease and injury all play a part in how children grow and develop. Environmental factors such as nutrition and physical stimulation also make a big difference during the early years.



Social Development



What does this mean?

Social development means the development of social skills. This means learning how to co-operate, agree, disagree, share, communicate and stand up for oneself. Social development is also about developing relationships with parents, teachers and friends.

Why are social skills important?

Strong and happy relationships are very important for good mental health, happiness and success. A warm connection with another person improves self esteem. Children who get on well with other children do well at school and in later life.

When children are disciplined and behave well, they like themselves better. People who have strong social skills are often more successful than people who have strong academic skills but weak social skills.

Socially competent children can:

- recognise emotion in themselves and others and respond appropriately;
- control their feelings of anger and excitement;
- recognise the threat and danger; and
- sympathise and empathise with others.



Where do we learn our social skills?

In order to develop socially, children need help from adults in their world – their parents/caregivers and their teachers. Children copy what they see. If children see weak social skills in the adults around them, then that is what they will learn. They become socially inadequate.

Children learn aggression, physical abuse, bullying, selfishness and poor self discipline from the adults around them. If, however, the adults in a child's world are kind, respectful and supportive, then a child has a good chance of developing strong social skills.



What barriers interfere with social skills development?

There are many barriers that can affect social skills development. Any action that prevents a healthy happy relationship from developing is considered a barrier. For example,

- Hostility or aggression in the home can affect a child learning social skills.
- Children who are over indulged and overprotected also struggle to develop social skills.
- Children who are orphans and do not have enough interaction with kind and respectful adults often have limited social skills. Children who are neglected by parents/caregivers will suffer the same lack.

Social skills development can also be affected by behavioural disorders such as Attentional Deficit Disorder (ADD), Obsessive Compulsive Disorder (OCD) and Conduct Disorder.



Emotional Development

What does this mean?

Emotional development is a very important part of children's development. In the early years children learn to deal with their feelings and with change. They learn how to make decisions and understand and enjoy their own autonomy. It is in the early years that self esteem develops and is strengthened. Children with a strong healthy self esteem have a very good chance of overcoming any barriers.



Why is emotional development important?

Children who are happy and confident and who have a healthy self esteem cope well with change and stressful situations. Children whose emotional development is good are often more motivated to learn, develop better friendships and relationships and tend to be more successful in life. Strong emotional development acts as a guard against conditions such as anxiety, fear, sadness and feelings of inadequacy and worthlessness.

Children who do not have a strong self esteem do not cope well with change. Those who do not relate well to others are at risk of developing learning difficulties. Teachers need to be very aware of the emotional climate they are creating in a classroom. Children who are happy learn well. Children who are miserable don't learn much at all.

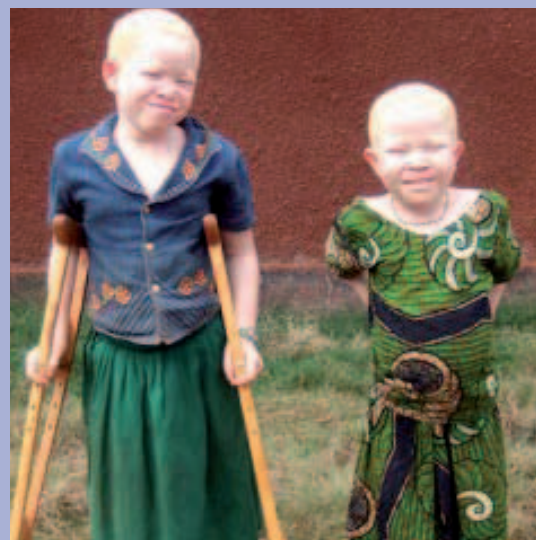


What barriers interfere with emotional development?

Feelings such as fear, anxiety, insecurity, worthlessness or uselessness become barriers to healthy emotional development. These negative feelings can come from many sources.

When children experience changes in their lives, they may feel frightened, uncertain and insecure because they do not know how to behave or what to expect. Change can be due to the birth of a sibling, the death of a close family member or divorce. Change can also be due to crime in the home. A child should feel safe at home, but now feels in danger. Change can also come from moving house or moving country.

Another source of negative emotions is poor parenting practices. Children from families where there is neglect or abuse frequently develop negative emotions. Other factors that can interfere with emotional development are chronic illness, malnutrition and disability. Teachers need to remember to make their classrooms places of emotional safety. Teachers who punish, hit, humiliate, shout and are aggressive are themselves barriers to the learning of the children in their care.

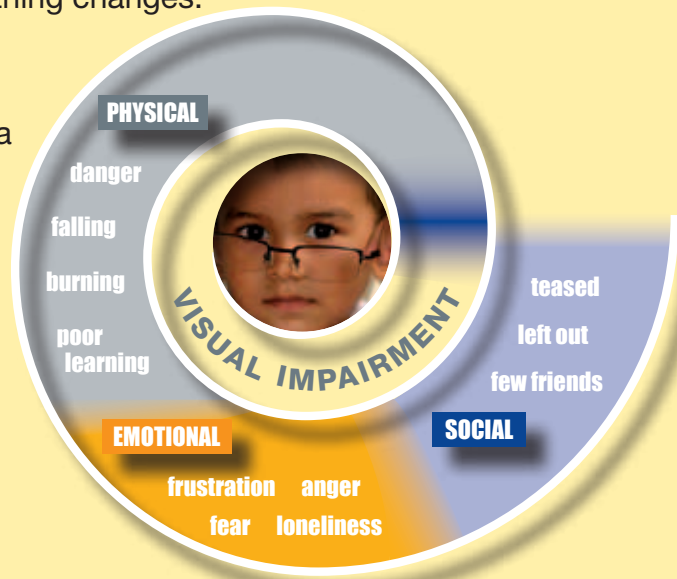


Making connections

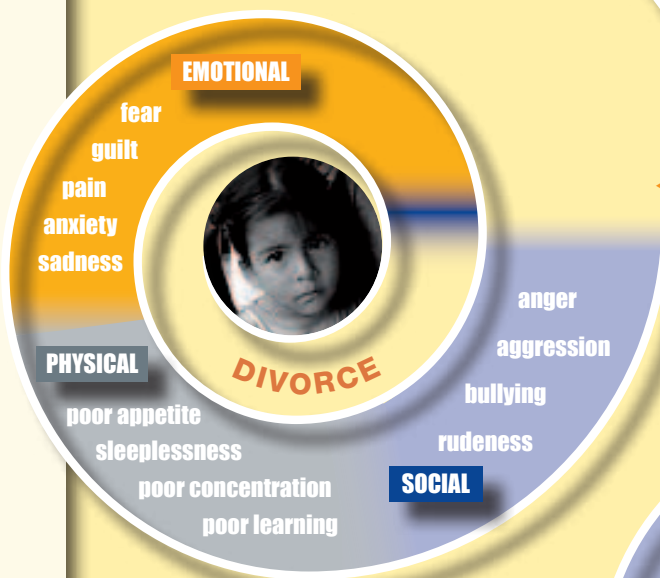
Children's physical, emotional, and social development is all connected. You can think of them as the ingredients that make up the recipe of life. If you make a change to one ingredient, everything changes.

Here are some examples:

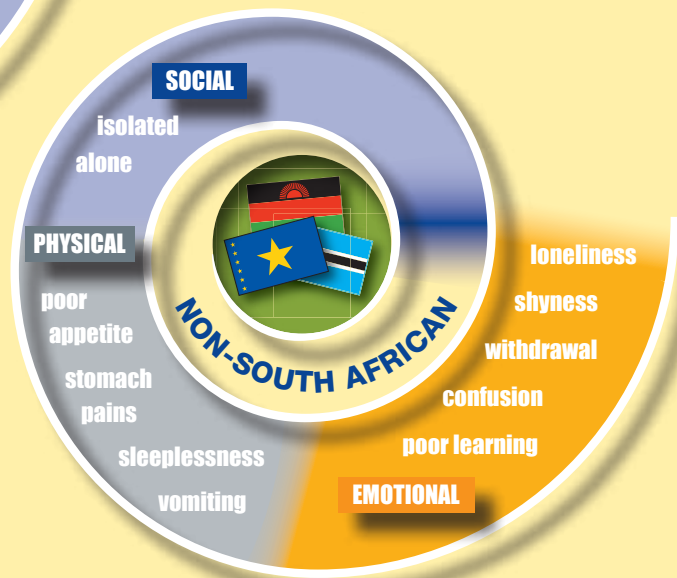
- ▶ You may have a child who has a vision impairment, (who cannot see properly). This is mainly a physical barrier, but you must think about how this barrier will affect the child emotionally and socially, not just physically.



- ◀ You may have a child who is from a divorced family. That child will mainly experience emotional stress. Emotional stress, however, can affect a child physically and socially.



- ▶ You may have a child who cannot understand your language. This will mainly interfere with the social aspect of development, but it can also have emotional and physical effects.



When teaching little children it is always important to think about the effect of any barrier or stressful event on the physical, emotional, and social development of the child. In other words, you always need to consider all three aspects of development.

Story 1: Nathan

Barrier: *Down Syndrome*

Nathan was born in Gauteng. His parents were excited that they had a little boy. Soon, however, it became clear that all was not well with Nathan. His physical development seemed to be much slower than other babies his age. For example he didn't show signs of trying to lift his head or to roll over. When his mother tried to prop him into a sitting position, his body slumped and he needed a lot of support. His parents also found it difficult to feed him as his tongue seemed too big for his mouth.



As Nathan grew older there was little improvement in his physical development. Because he struggled to move easily, his parents did not let him do anything for himself and he started to rely on them for everything from feeding, to changing clothes, to holding toys.



To their dismay, Nathan's parents realized that not only was he not developing physically, but his speech was also far behind other children of his age. His baby babbling sounds didn't develop into speaking. Because Nathan didn't make sense when he tried to talk, his parents thought he couldn't understand anything and they never spoke to him.

Nathan also started to look quite different from other children.

Despite all his difficulties, Nathan's parents loved their little boy and to protect him from the curious stares and comments from the neighbours, they kept him indoors all the time.

When Nathan started preschool his teachers realised that he had a condition called Down syndrome. Because of this condition, there were many differences about him. He looked different from other learners. He was clumsy and he struggled to balance and play on the jungle gyms. It was difficult to understand his speech. He could not communicate easily and used his hands to show what he wanted. The other learners were confused by him. Some of the parents wanted to know why the school had taken in a retarded child. Although teachers welcomed Nathan into their school, they did not really know how to support him.

Nathan's teacher, Mrs Mongala saw a picture of a child who looked like Nathan in a magazine. There was a website <http://www.downsyndrome.org.za/> . On the website she that there was a branch of a support group in her area. She called and invited a speaker to come to her school to talk to the teachers and parents from the school about Down syndrome. They learnt a lot from the speaker and with the information, Nathan's teachers and parents met to work out a plan of action. They agreed to work in partnership so Nathan would get proper support at home and at school.

www.downsyndrome.org.za



WELCOME TO ...

DOWN SYNDROME

SOUTH AFRICA



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009.415

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<http://www.downsyndrome.org.za>

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WHAT LITTLE CHILDREN NEED TO GROW – A book of stories about children for adults
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WHAT IS DOWN SYNDROME?	
Down Syndrome	Down syndrome is a chromosomal disorder. People with Down Syndrome have 47 instead of 46 chromosomes. It was discovered by John Langdon Down, a British doctor who described the syndrome in 1866.
Causes	No one knows what causes Down Syndrome. It is inherited and passes from parent to child. It is not related to race, age, religion or socio-economic status.
How many children are affected?	It is thought that two babies out of every 1000 live births in South Africa are born with Down Syndrome.
EFFECTS	
Physical effects	The extra chromosome causes structural differences meaning that the structure of the body is different. This affects the appearance of children with Down Syndrome. They look different. They have small chins, round "moon faces". They have thick tongues which protrude from their mouths. This affects their speech. Their bodies are squat and they have short stubby fingers and toes. The extra chromosome also affects physical development. Many children with Down Syndrome have poor muscle tone and loose joints. This affects the development of their gross and fine motor skills.
Social effects	Children with Down Syndrome can be isolated and excluded from friendship groups. They are also at risk of being teased and bullied. They are also often targets of abuse.
Emotional effects	Sometimes children with Down Syndrome become frustrated and have bad temper tantrums. Because there is much that they struggle to understand, they can also become very anxious. Children with Down Syndrome act younger than their age and can be described as immature.
Effects on learning	Children with Down Syndrome can experience mild to moderate intellectual disability. They manage to listen but frequently struggle to speak. Physically they lag behind their peers in terms of both gross and fine motor development. They can also be very distractable. All these differences have negative effects on learning. Although children with Down syndrome are able to learn, they need to have lessons adapted to suit their abilities.



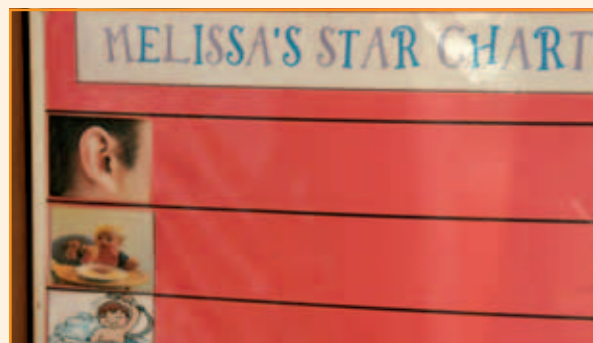
THINGS WE CAN DO TO HELP

Use of peers

1. Inclusion at the nursery school worked for Nathan because he could copy his peers and use them as **role models** to learn social behaviour. Before Nathan started school, Mrs. Mongala, spoke to the other children in his class. She told them that he was different. She said they were going to have to help her to work with Nathan so that he could learn. She said that even though he looked different he was the same as they were because he also wanted to have friends, to play and have fun. She asked children to help Nathan during school time. This support is called the Buddy System.

Classroom environment

1. Mrs Mongala encouraged Nathan to develop independence and practical skills by giving him responsibilities such as handing out books and taking messages.
2. Mrs Mongala did not punish him when he was difficult. She was very firm with him. She rewarded him when he behaved appropriately.
3. Nathan was easily distracted and got tired quickly. To help manage this, she placed Nathan where it was easy for her to keep an eye on him.
4. She created an activity box which contained activities which Nathan enjoyed. When he became distracted he could choose an activity from this box. She allowed another child to join him as a good way of encouraging friendships and co-operation.
5. Nathan could be disruptive unless his environment was structured and activities were focused. To manage this, Mrs. Mongala specifically taught



This is an example of a star chart. The pictures show activities that need to be improved. When a child listens properly or eats his food quickly, the teacher puts a star next to the picture. When the child has earned five stars for any activity, he earns a reward. The reward could be a little toy, a sweet or extra time playing a favourite game or listening to a story.

Nathan the timetable and school rules. She prepared Nathan when she knew there was to be a change. She also informed his parents where this was appropriate.

Teaching style

These are the adaptations Mrs Mongala made to her teaching to help compensate for Nathan's fine motor and spoken communication difficulties.

1. Mrs Mongala used pictures, diagrams and gestures to communicate with Nathan and as tools for Nathan to express himself when his spoken language was too much of a barrier.
2. Although Mrs Mongala used visual supports, she still encouraged Nathan to practice speaking as much as possible. Everyone had to take time to listen to him when he spoke. His friends were not allowed to finish his sentences for him. When he was asked questions he was given time to answer. Mrs Mongala used simple, familiar language and short sentences. To check his understanding Nathan was asked to repeat instructions.
3. Mrs Mongala gave Nathan extra wrist and finger strengthening activities such as threading, sorting, cutting, stretching and squeezing to develop his fine motor skills and muscle strength.



Lesson adaptations and ideas

Because Nathan was slower to learn than his classmates, Mrs Mogala had to make some adaptations to his work. What she found was that the changes she made to help Nathan also helped many other children.

1. Mrs Mogala always worked from the concrete to the abstract. For example, if her theme was summer, she would take her lessons outside where her children could see and touch and smell the green leaves and grass and feel the heat of the sun.
2. Mrs Mogala also gave Nathan and less work to do because his developmental barriers made him slower than his classmates. She also tried to make some of his work simpler. For example, if children were tracing small shapes, Nathan had to trace the same shape but a bigger size.

Summary

Hi teacher.

My name is Nathan. I have Down Syndrome. This is what you can do to help me in class.



Physical

- ◆ Make sure my chair and desk are the right size for me
- ◆ Give me extra gross and fine motor developmental activities.
- ◆ Give me a thicker pencil or pencil grips so that I can hold pencils more easily.
- ◆ Remember I will improve, but at my own speed and to my own ability.
- ◆ Remember I get tired quickly so give me time to rest

Social

- ◆ Tell other learners about me.
- ◆ Help learners understand that I am not a scary freak.
- ◆ Show me how to make friends.
- ◆ Don't keep me away from my friends. They will be my best teachers.

Emotional

- ◆ Accept me.
- ◆ Don't pity me, help me.
- ◆ Give me a chance to show what I can do.
- ◆ Have high expectations for me.
- ◆ Don't punish me for what I cannot do.
- ◆ Don't shout when I struggle to keep up.
- ◆ Communicate with me in a way that I understand.
- ◆ Help me become the best that I can be. Don't try and force me to be someone I am not.

Story 2: Lin

Barrier: *Epilepsy*

Lin started nursery school at the age of 3 years. She coped well. She was a happy, little girl who had many friends. Her parents were proud of their little girl. One Monday during singing practice Miss Sanja, her teacher noticed that something was not right with Lin. She was not behaving the same as usual. She seemed distracted and was staring ahead of her instead of singing. Then her body seemed to go stiff and she fell over. The learners around her got such a fright. They started screaming and crying and running away. Then Lin's whole body started to move and jerk. Miss Sanja was scared as well. She also wanted to scream and run away in fright. It all happened so quickly that she did not know what to do. She panicked and called an ambulance thinking that Lin must be seriously injured.



At the hospital, Miss Sanja and Lin's parents were interviewed by the doctor. Over the next few days she did some tests on Lin, including an Electroencephalogram (EEG – a brain scan).



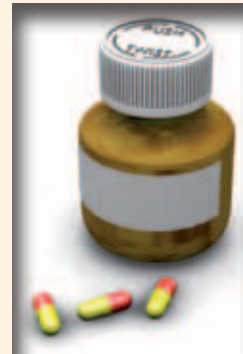
This is a child having an EEG. The machine is examining her brain for problems.

The diagnosis was serious. Lin had epilepsy. She had 'Grand Mal' or 'Generalised Tonic Clonic' seizures meaning that when she had a seizure, it affected her whole body.

Lin's parents were devastated because they learnt that epilepsy is not a temporary illness. Lin would never recover from epilepsy. She and her family would have to learn how to live with it and manage it.

Lin's parents had counselling to help them understand how to manage Lin's condition. The counsellor also shared some tips with Miss Sanja and the learners at Lin's school.

With understanding and knowledge, everyone calmed down and Lin carried on her schooling – and life - as normal. She started on a seizure control medication which affected her memory and concentration a bit, but Miss Sanja helped her cope with this.



The counsellor at the hospital said that Lin could and should develop normally and be encouraged to achieve her fullest potential. But, she said, this could only happen with the knowledge, support and acceptance of the people around her. She said it was important to learn about the condition through books and websites like www.epilepsy.org.za.

WHAT IS EPILEPSY?

Epilepsy	Epilepsy is a disturbance or interruption of brain function. There is something wrong with the nerve cells of the brain and the brain cannot work properly for a short time and loses control of the body.
Causes	The cause can be illness, brain damage, or abnormal development of the brain due to infection during pregnancy, certain drugs taken during pregnancy, jaundice, lack of oxygen and serious sickness. Epilepsy can be inherited.
How many children are affected?	4 – 10 per 1000 people are born with epilepsy.

EFFECTS

Physical effects	People with epilepsy do not look different. Except for severe epilepsy conditions, epilepsy does not affect development. If children with epilepsy are overprotected and not allowed to live normally, then their development can be affected.
Social effects	Learners with epilepsy can be singled out for teasing and be left out of friendship groups. This is due to the stigma of epilepsy.
Emotional effects	Learners can be fearful and anxious because they never know when the next seizure will occur. They can also become depressed when they realise that this is a life long condition.
Effects on learning	Severe seizures and the side effects of the medication can affect memory, concentration and pace of learning. Learners with epilepsy can also be absent from school more often and lose out on work.

FOR YOUR INFORMATION

MYTHS ABOUT EPILEPSY

In South Africa myths still exist about epilepsy. In some cultures people with epilepsy are isolated and even locked up. Some women are not allowed to marry or have children. Seizures are thought to be caused by witchcraft, madness and demonic possession. Other myths are that people with epilepsy are brain damaged, retarded, disabled, unable to cope with positions of responsibility and generally have little value to society. This is not true at all. Many famous and successful people have epilepsy.

THINGS WE CAN DO TO HELP

Use of peers

- a. Miss Sanja explained Lin's epilepsy to the class so that they did not feel frightened. She said that epilepsy was not contagious; the condition was not evil or sinful.
- b. She told the class that they could help keep Lin safe by learning to watch for seizure symptoms. If Lin went quiet, started staring, stopped listening or talking, dropped what she was holding or if her body went tense, they were to call her immediately.
- c. Miss Sanja gave learners turns to be Lin's safety buddies. Lin did the same activities as her peers but she always had a safety buddy keeping an eye on her.
- d. With this information and the fact that they were part of the support that Lin needed, her peers were not afraid of her and welcomed her as a friend.

Classroom environment

- a. Miss Sanja learnt what to do when Lin had a seizure.

She knew to:

- Stay calm and use a low, quiet voice.
- Move anything that could hurt Lin out of the way.
- Put something soft under her head.
- Turn Lin into the recovery position to let her sleep.
- Check if Lin had wet herself. If so she could be changed or if deeply asleep covered with a blanket.
- Encourage Lin to return to her usual activities after her sleep.



The Recovery Position

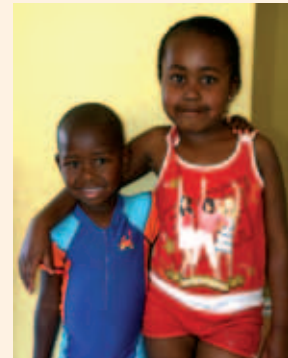
She knew not to:

- Make a fuss.
- Force anything between Lin's teeth during the seizure.
- Grab Lin's tongue because swallowing the tongue is a myth.
- Hold Lin down during a seizure.

- b. Miss Sanja made sure that all door locks could be worked from both inside and outside so Lin would never be locked away from help if she had a seizure.
- c. Miss Sanja learnt that flickering lights could bring on seizures. She switched flickering lights off or changed the light bulbs immediately. She limited the amount of time Lin would work on the computer and saw to it that the computer screen was not jumpy. She told Lin's parents that Lin should sit 3 metres away from the TV screen and that they should make sure that the TV picture was clear, not grainy or flickering.

Teaching style

- a. Lin was an ordinary learner and Miss Sanja did not have to make big changes in her teaching to accommodate her. In fact, Miss Sanja had to learn not to treat Lin differently. Miss Sanja learned not to accept difficult behaviour from Lin just because she had epilepsy. Epilepsy should not be used as an excuse for getting extra attention or for getting away with bad behaviour.
- b. After Lin had a seizure Miss Sanja would help her catch up the work she had missed.
- c. Miss Sanja told Lin that if she had a seizure she would be safe. This reduced Lin's anxiety and gave her the freedom to concentrate on learning and living normally.



These safety buddies watch over each other during swimming.

Lesson adaptation and ideas

- a. Miss Sanja knew that Lin's medication could affect her concentration and memory. She used a study buddy to sit next to Lin to help her stay focused and help her remember what she had to do for each activity.



Study buddies help each other learn.

Summary

*Hi teacher.
My name is Lin. I have epilepsy.
I have grand mal seizures.*



Physical

- ◆ I am like you, but I have seizures and need to be watched closely for changes in behaviour that mean a seizure is on its way.
- ◆ Know the signs that a seizure is developing.
- ◆ Don't make a loud fuss when I have a seizure. Stay calm and keep me safe.
- ◆ Move furniture out of the way when I am having a seizure so I won't get hurt.
- ◆ Give me time to recover in a quiet place after the seizure.

Social

- ◆ Help learners in my class understand what happens to me.
- ◆ Help them learn to support me not reject me.
- ◆ Treat me as you would treat any other learner.
- ◆ Discuss the myths around epilepsy that makes others scared of me.

Emotional

- ◆ There is no need to be frightened of me.
- ◆ Help me feel safe.
- ◆ Help me feel included.
- ◆ Be supportive and encouraging. I need your support and understanding, not your pity.
- ◆ I am a child with epilepsy, not an epileptic. I am not my condition.

Story 3: Maria

Barrier: *Malnutrition*

Maria was only three years old. She was a very clever little girl and could easily cope with the activities given to the group of five year old children at her nursery school. Although she was very intelligent, her teacher Thandiwe noticed that something is not quite right with Maria.



She was very thin. Her skin was not shiny and healthy but was a grey, dull colour. Her hair had gone orangey-yellow in patches. Maria also got tired easily and sometimes had outbursts of frustration or crying. Her work was mostly very good but there were times where she seemed confused and struggled to pay attention.

Maria loved playing with her friends but only if they played quiet games like dressing dolls or drawing. She hardly ever played running games and she never joined in on the jungle gym.

Another observation was that Maria ate and drank greedily whenever there was food available. In fact when there was food, Maria became a different little girl. She lost her manners and good behaviour and was aggressive about getting her fair share or more.

Thandiwe went to visit Maria at home to learn more about her. She found that Maria was being looked after by her mother's elderly aunt. Money was sent home to pay for Maria's care, but the aunt spent it on herself and not on Maria. She sometimes gave Maria one piece of dry bread to take to school for lunch. Breakfast was a bowl of pap and supper was a slice of bread and tea.

Maria was being starved. The change in her hair and skin, and her confused, sometimes aggressive behavior were the first signs of malnutrition. Thandiwe



An apple is cheaper and healthier than a bag of crisps.

knew that if the situation carried on Maria's brain would be affected and her wonderful potential would be limited.

Thandiwe went to her local clinic for advice. She found out that many malnourished children suffer because of ignorance. Just because children are fed does not mean that they will be healthy. She realized that she would have to educate the parents

and caregivers in her community. She and the clinic sister started presenting community information talks where they shared information about nutrition. They also helped parents and caregivers plan healthy meals for very little money.

WHAT IS MALNUTRITION?	
Malnutrition	"Mal" means poor or bad. So malnutrition means bad nutrition. This can due to either too little healthy food, or too much junk food.
Causes	Poverty and ignorance about nutrition. Climate plays a part. An area where there is drought also results in malnutrition because nothing grows.
How many children are affected?	Approximately 5 children a day die of malnutrition in South Africa.
EFFECTS	
Physical effects	Malnutrition stunts growth, affects brain development resulting in lower intellectual ability. Malnourished children have a poor ability to fight off disease. They have low energy. They also have dry skin and hair.
Social effects	Malnourished children can't play with other children because they lack energy. Malnourished children are also at risk for developing delinquent behaviour like stealing or prostitution to try to get food. There is a high drop out rate from school amongst starving children. These children are at risk of sexual abuse as they will do almost anything for food. They are also at risk of developing drug habits like glue sniffing to reduce the physical and emotional pain of hunger and poverty.
Emotional effects	A lack of certain vitamins and other nutrients can result in confusion, anxiety and depression. Starving children can be very withdrawn and sad.
Effects on learning	A hungry child cannot learn and pay attention. Many malnourished children have brain damage and this affects their ability to lean. They are also often absent from school. Hungry children also get tired easily.

THINGS WE CAN DO TO HELP

Use of peers

- a. Thandiwe asked learners to share their sandwiches with her, and other hungry learners at snack time.
- b. Thandiwe also asked some of the parents to take turns to pack two lunches, one for their child and one for Maria. This community involvement was very useful.

Classroom environment

- a. Thandiwe always had a sandwich and some fruit for Maria in the morning.
- b. If Maria got tired, Thandiwe allowed her to have a short sleep. She had a carpet and a pillow and a blanket for this purpose in her classroom. Thandiwe found that other children also benefitted from little naps. Children who are stressed for any reason like abuse, illness or divorce often react by becoming tired. A short sleep helps them recover.
- c. Thandiwe also kept a pot of cream to rub on Maria's skin which was very dry. She found that children with Attention Deficit Disorder and those with chronic illnesses also felt soothed by having cream rubbed on their arms and legs.
- d. Thandiwe assessed the food the learners were served at lunch. Usually it was a slice of bread and jam with some juice. She realized that this was not nutritious. She added a piece of fruit and rather gave the learners water which is healthier, and cheaper.



Teaching style

- a. No big changes had to be made. Thandiwe just kept an eye on Maria. When she started to look tired or confused, Thandiwe tried to give her some extra attention or allowed her to sleep. Thandiwe helped her catch up work where necessary.
- b. Thandiwe brought bananas and apples to school. When she noticed Maria or any other learners starting to get sleepy or irritated it often meant that they were hungry or thirsty. She made sure they had a piece of fruit and some water.

Lesson adaptations and ideas

- a. Thandiwe was amazed how food affected her learners' behavior and ability to learn. She had never thought about the connection to food and learning.
- b. She called her on learners, staff, parents, caregivers and some members of the community to start a food garden for her learners.
- c. As the garden started to grow and produce vegetables, Thandiwe and her staff cooked vegetable soup and the learners got a cup of soup, a fruit, a slice of bread and water for lunch.
- d. In addition to teaching them how to grow vegetables, Thandiwe started to teach her learners about healthy and unhealthy foods.

You can grow a lot of vegetables in a small space. These are portable vegetable gardens. They are used to grow vegetables in inner city areas on America.

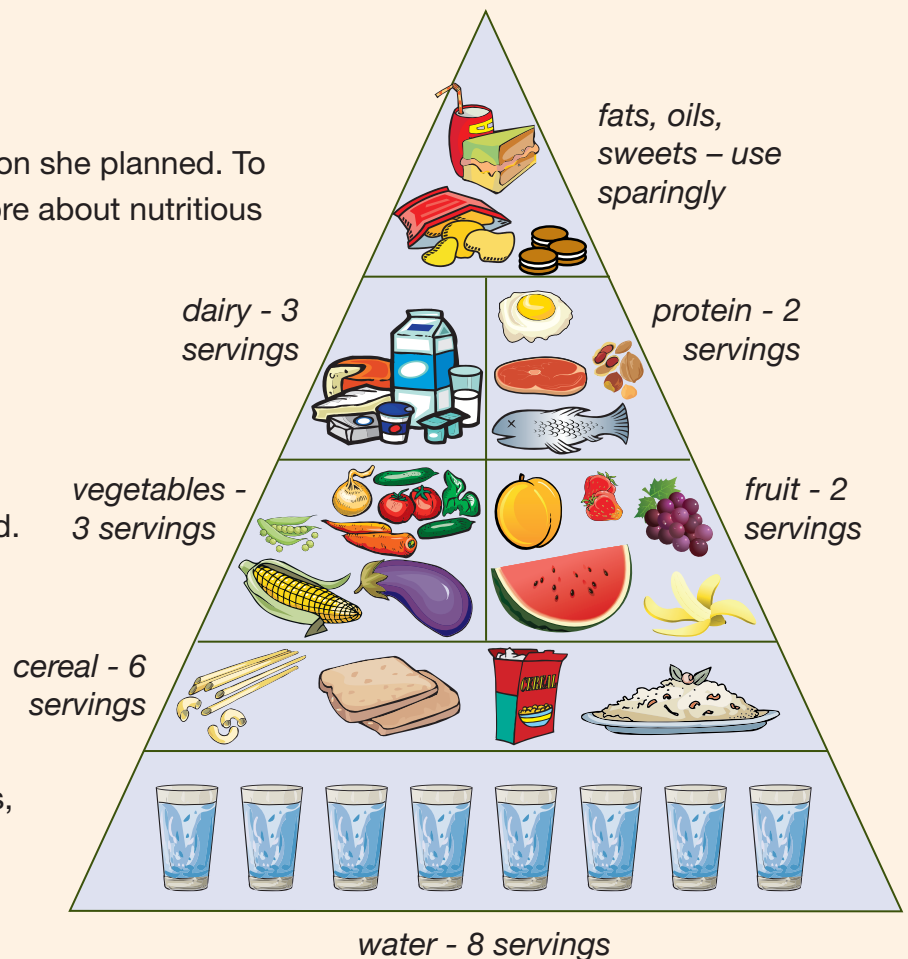
You can make your own. You need a 5 litre drum /bucket, soil, plastic sheeting (shopping bags can be used), a plastic bottle for the water funnel and seeds.



Here is an example of a lesson she planned. To help children understand more about nutritious food.

WHAT YOU NEED FOR THE LESSON

- Poster of a Food Pyramid.
- 5 empty boxes close the same size, 1 box about twice as long as the others.
- Magazines, advertising, supplements, supermarket fliers and old newspapers.
- Scissors and glue.
- Paper plates or cardboard circles.



WHAT TO DO

1. Show the class the Food Pyramid and discuss the kinds of food in each level and what the triangular shape means. (The wide part shows the foods you should eat most often each day, and the narrower parts the food you should eat in lesser amounts.) Also discuss the importance of drinking clean water everyday instead of cool drinks.
2. Arrange the empty boxes in a triangular shape and label them with the names of the matching pyramid food groups.
3. Children look through the resources for pictures of food. They cut out the pictures, sort them according to the food groups, and place the pictures in the appropriate boxes.
4. Children then create a healthy “meal” by choosing pictures from each box. Remind them to look at the Food Pyramid to be sure they are using healthy foods.
5. When students are satisfied with their healthy meals, they paste their food pictures onto their paper plates (or cardboard circle plates) to represent a real plate of food.
6. As a language development activity, children can offer their plates of food to their classmates and describe the food on the plate.
7. Finally, the plates of food can be used as a class display.

Summary

Hi teacher.

My name is Maria. I am malnourished. This is what you can do to help me in class.



Physical

- ◆ Educate the adults around me about nutrition.
- ◆ Let me sleep when I get tired.
- ◆ Try to support my diet with nutritious food at school.
- ◆ Do not force me to do very physical activities. I need to save my energy.

Social

- ◆ Make time for me and my friends to play quiet games.
- ◆ Do not focus on me and embarrass or humiliate me about being malnourished.
- ◆ Make sharing food a whole class activity where you can teach learners about the value of sharing.
- ◆ Teach me and my classmates about healthy food so we grow up to know better than our parents and caregivers.
- ◆ Be thoughtful about what food and drinks you give us at school and also about what you eat at school. Teach us nutrition through your actions and choices of food.

Emotional

- ◆ Do not shout at me when my behaviour changes.
- ◆ If I get sleepy, don't get angry.
- ◆ If I steal food or money, don't accept my behaviour, but try to understand it.
- ◆ Be gentle with me, I am physically and mentally fragile. It is very easy to hurt me.

Story 4: Elizabeth

Barrier: *Obesity*

Elizabeth was born at a normal weight but she soon developed into a very chubby baby. She started pre school at 4 years and was already very overweight. Her teachers were concerned but thought with the activity at school she would lose her weight. This did not happen. Her weight increased steadily. By the time she was in Grade R she was obese and weighed 35 kilograms. For her height and age she should have weighed approximately 23 kilograms.

Her teacher, Jean, was very worried about the effects that Elizabeth's weight was having on her development. Being obese meant that movement was difficult for Elizabeth. She avoided gross motor activities like hopping, skipping and climbing as much as possible. Her size also meant that she could not fit on the slide.

This inability to join in games resulted in the other children often rejecting her. On one occasion she tried to climb up through some tires but she became stuck which was very embarrassing for her. When the other children saw this they started to tease her and they called her 'fatty, fatty stinky fatty'.





Gradually Elizabeth became more and more isolated and she spent a lot of time on her own doing puzzles or drawing. Not having friends was a problem because friendships are where children develop self esteem and confidence. This is also where they start to understand relationships. Also, language is learnt and practiced as children play. So, not

only was Elizabeth's physical development suffering, but she was losing out on all the benefits of playing with friends.

Jean knew that if she did not take action then Elizabeth could have serious emotional, social and physical problems. Already Elizabeth was getting regular chest infections. Jean was worried that her heart could be affected by all the extra weight she had to carry. Jean also knew that obese children often become addicted to alcohol, drugs or smoking at a young age because of their feelings of loneliness and depression.

She tried to speak to Elizabeth's mother and was very disturbed when the mother said there was no problem. In fact she became aggressive when Jean or anyone else tried to talk about Elizabeth's weight problem. Elizabeth's mother also had a weight problem and Elizabeth was her only child. They ate a lot of junk food together while they sat watching television. Both of them could be described as 'comfort eaters' meaning they ate to make themselves feel better, not because they were hungry. Elizabeth's mother also showed her love for Elizabeth through food. Little did she know that she was killing her daughter.





Elizabeth and her mother eat sweets and chips while they sit and watch television.

WHAT IS OBESITY?	
Obesity	Being very overweight.
Causes	The main cause is overeating of the wrong food and drinks combined with too little or no exercise. In rare cases it is caused by an illness.
How many children are affected?	17% of children in urban areas between the ages 1 and 9 are very overweight or obese.
EFFECTS	
Physical effects	Risk of illnesses related to heart attacks, high cholesterol and diabetes. In general children who are obese are often unwell because of the strain of the weight on their organs. In children gross motor skills relating to balance, co-ordination and motor planning are very slow to develop.
Social effects	Obese children are often isolated, rejected, teased and bullied.
Emotional effects	Depression, poor self esteem, lack of confidence, loneliness, anger, frustration and anxiety.
Effects on learning	The main area of difficulty is in the development of gross motor skills. Movement is necessary for brain development. Without enough gross motor movement, the two sides of the brain do not communicate quickly and learning skills like reading can be affected.

THINGS WE CAN DO TO HELP

As Elizabeth's mother refused to recognise the problem, Jean decided that she needed to focus on helping Elizabeth learn about her own health.

Use of peers

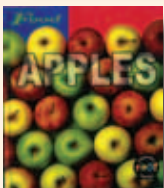
- a. Jean did not give Elizabeth a study buddy because it was not necessary. Also, as Elizabeth was already being teased, she did not want to make a bad situation worse. So she tried not to make an 'issue' of Elizabeth's weight by putting extra focus on her.
- b. Jean tried to fight the myths about weight. She realized that in some communities being overweight meant a family had wealth, and status – that they "could afford" lots of food. She also learned that certain groups of people believed that being thin meant that you were sick with HIV /Aids, TB, or Diabetes. Jean not only spoke to her learners, but tried to pass on the message to parents and caregivers in the form of information evenings.

Classroom environment

- a. The more Jean learnt about food, the more she realised how it affected her children's behaviour, concentration, and ability to learn. Children who ate no breakfast, or an unhealthy breakfast such as white bread and jam or sugary cereal often became aggressive or tearful by mid morning because they were hungry. She also learnt that fizzy drinks made some children uncontrollable. With her new knowledge on food, Jean made health a priority in her classroom. She created lessons about healthy eating and exercise. She reinforced her lessons through posters and displays.
- b. No sweets were ever used as rewards for any of the children.
- c. Jean kept a close eye on food children brought to school. Junk food was kept to a minimum.

Teaching style

- a. Jean encouraged Elizabeth to do little physical tasks like handing out books, taking messages and tidying the book corner to get her moving.



- b. Rewards were used to encourage Elizabeth to participate in physical activities.
- c. The school breakfasts and lunches were kept healthy. Elizabeth's mother used to send sweets for her to eat at snack time but Jean stopped this.

At first Elizabeth was very upset and would not eat the fruit available. After a few days though, she did not like being the only child not eating, so she started eating the fruit – which she found she enjoyed.

FOR YOUR INFORMATION

OBESITY AS ABUSE

A parent letting a child become obese is a form of abuse. Elizabeth's mother was "killing to be kind" meaning that she gave her daughter food to show love, but the kind of food would cause serious, possibly fatal, health problems for her.

To solve the difficulty of Elizabeth's mother denying the problem, a social worker could be involved. The social worker could go to Elizabeth's home and build up a relationship with the mother, and see for herself the extent of the problem. Perhaps she might be able to get Elizabeth's mother to see a psychologist.

The teachers, by trying to establish a trusting relationship with her parents, could help them see what damage their behaviour was doing to their child.

Much parental denial is due to ignorance. It was possible that Elizabeth's mother had psychological problems and Elizabeth had become a victim of this situation. Treatment and management of this case needed a team of caring people such as a social worker, a psychologist, her teachers and perhaps even a lawyer or law enforcement officers from the child protection section of the police department.



Summary

Hi teacher.

My name is Elizabeth. I am very overweight. This is what you can do to help me in class.



Physical

- ◆ Encourage me to do light activity.
- ◆ Please educate the adults around me about the dangers of obesity.
- ◆ Help me learn about healthy food.
- ◆ Think of ways to make movement easier like sitting on a cushion on the floor.
- ◆ I am at risk for diabetes. Try to get me to a doctor to check my health.

Social

- ◆ Plan group activities so that I can participate successfully with my peers.
- ◆ Do not force me to do things where I could be humiliated.
- ◆ Help the adults around me understand the myths around weight. If I start to lose weight it will mean I am getting healthy, not getting sick.

Emotional

- ◆ Praise and reward my healthy choices.
- ◆ Do not point me out as the class “fatty” and please do not call me names.
- ◆ Discourage the other children from teasing me.
- ◆ Please remember even if I seem happy, I am very sad inside.

Story 5: Tebogo

Barrier: *Hearing Impairment*

Tebogo was a beautiful little boy with smooth shiny skin and a wide smile. Tebogo also had a hearing impairment. This means that he could not hear all sound.

Tebogo started school when he was about 3 years old. Very quickly his teachers noticed something different about him. He did not follow instructions. He did not listen to his teachers. He misbehaved. He also sometimes seemed to be in his own world. When his teacher called him he did not look at her or answer her. Another thing that irritated his teacher was that he hardly ever spoke to her. He would point at what he wanted. He also sometimes seemed to become frustrated and would make a strange roaring shout. This was frustrating for the teachers who started to think he was a rude child.



Every year at Tebogo's school, an audiologist came to test all the learners' hearing. When she tested Tebogo she was horrified to find that he had a serious hearing loss which no one had ever noticed.



Tebogo having his hearing tested by an audiologist.

As soon as the teachers heard this news, all of Tebogo's difficult behaviour started to make sense. He could not listen and could not speak because he could not hear. An interview with his parents revealed that Tebogo had had repeated ear infections which were not treated correctly. This had resulted in his hearing impairment.

Tebogo was fitted with a hearing aid and everyone thought that things would improve quickly, but they did not. In fact, he seemed to become more frustrated than ever and the teachers were finding him more and more difficult to have in the classroom.

In desperation Tebogo's teacher called the hospital where Tebogo had been fitted with his hearing aid. She asked for help and luckily a Speech and Language Therapist was able to come to the school and spend some time with Tebogo. His teachers discovered that although Tebogo could hear more sounds, he had to be taught how to make sense of them.

As Tebogo started to adjust to his hearing aid, and his teachers started to make little changes to help him in class, he settled down and became a very successful learner.

WHAT IS A HEARING IMPAIRMENT?	
Hearing Impairment	An inability to hear all sound.
Causes	There are many reasons for hearing loss. It could be a birth defect, an illness like meningitis, trauma to the ear or severe ear infections that are not treated.
How many children are affected?	20% of all disabilities fall into the category of hearing impairment. Many of these are due to untreated ear infections.
EFFECTS	
Physical effects	Gross motor development can be affected.
Social effects	A lot of social learning like how to be friends relies on language and communication. Therefore children with a hearing impairment can become socially isolated and rejected. They can also be teased and are at risk of abuse because the abuser knows they would struggle to communicate the abusive actions.
Emotional effects	Depression, poor self esteem, anger, frustration and anxiety.
Effects on learning	Difficulty in learning all skills associated with language including listening, speaking, reading and spelling.

FOR YOUR INFORMATION

Hearing Aids

Hearing aids are electronic devices that fit into the ear to help boost hearing. Hearing aids do not immediately mean that a child can hear normally.

If a child gets a hearing aid late – at age 4 – 5, then the brain has not had the opportunity to learn how to make sense of sound. A child who gets a hearing aid needs support from a Speech and Hearing therapist to learn how to make sense of the new sounds.

Also, hearing aids need to be cared for and adjusted as children grow. Children need to have their hearing aids checked at least twice a year to see that they fit well and are working properly. Hearing aids run on batteries which need to be changed regularly because they go flat.



THINGS WE CAN DO TO HELP

Tebogo's teacher, Nomsa was, at first, unsure about having him in her class because she felt unqualified to cope with a learner with a hearing impairment. The speech therapist who worked with Tebogo gave her some tips on how to support Tebogo. Nomsa tried these and discovered that not only Tebogo, but all her learners benefitted.

Use of peers

- a. Tebogo had study buddies in class.
- b. Children were encouraged to give Tebogo time to speak and not tease him or laugh if he sounded too loud or different.
- c. Learners were taught to look at Tebogo when they spoke to him.

- d. Nomsa had a lesson where learners put cotton wool in their ears to see how it felt to hear less. This gave her the chance to discover ways to adapt her teaching and helped learners think about new ways of communicating with each other.
- e. Learners were taught some gestures to help them communicate with Tebogo.



Classroom environment

- a. Nomsa had to try and keep the noise level down in her classroom. Too much noise upset Tebogo and he could not hear clearly.
- b. She learned that Tebogo 'listened' with his ears and eyes. She placed him so that he could see her face clearly when she spoke.
- c. She slowed down her speech and tried not to shout. She also started to speak in simple sentences, giving one instruction at a time.

Teaching style

- a. Nomsa started to use a lot of visual cues. For example, instead of just telling learners to tidy up, she showed a picture as well.
- b. She started to use gestures and signs to communicate.
- c. She learned about teaching using all of the senses. She taught using verbal, auditory, visual and tactile (touch) experiences.

- d. Signal a change in activity by holding up a sign, clapping, or blowing the whistle instead of using your voice.
- e. Use robot colours to show when the noise in the classroom is getting too loud.
- f. Do not stand in front of windows because it is difficult to see your face.
- g. When you are giving instructions do not turn away or cover your face.
- h. Try to reduce the noise of children scraping their desks and chairs on the floor.

Lesson adaptations and ideas

- a. Nomsa encouraged Tebogo to participate in class through pictures, demonstrations and gestures.

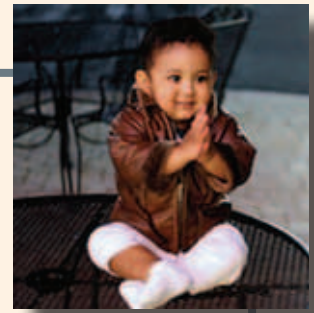


Carpets in a classroom keep down noise.

Summary

Hi teacher.

My name is Tebogo. I have a hearing impairment. This is what you can do to help me in class.



Physical

- ◆ Check that my hearing aid is switched on and in good working order.
- ◆ See that I get regular check ups at the audiologist.
- ◆ Try and keep the noise around me to a minimum by putting table cloths on tables and carpets on the floor.
- ◆ Place me where I can see you clearly.
- ◆ Use gestures and pictures as well as words when you teach.

Social

- ◆ Help other children understand my world.
- ◆ Explain to people that because I can't hear properly does not mean I am brain damaged. I can learn and have the right to learn.
- ◆ Encourage children to be friends with me and learn different ways of communicating with me.

Emotional

- ◆ Be patient with me.
- ◆ Give me opportunities to succeed so I can feel confident
- ◆ Don't feel sad for me. Understand and support me.
- ◆ Do not treat me as disabled. I can do as much as anyone else.
- ◆ Do not isolate me.
- ◆ Let's compromise. If I make some changes and you make some changes then we will both be happy in class.

Story 6: Colin

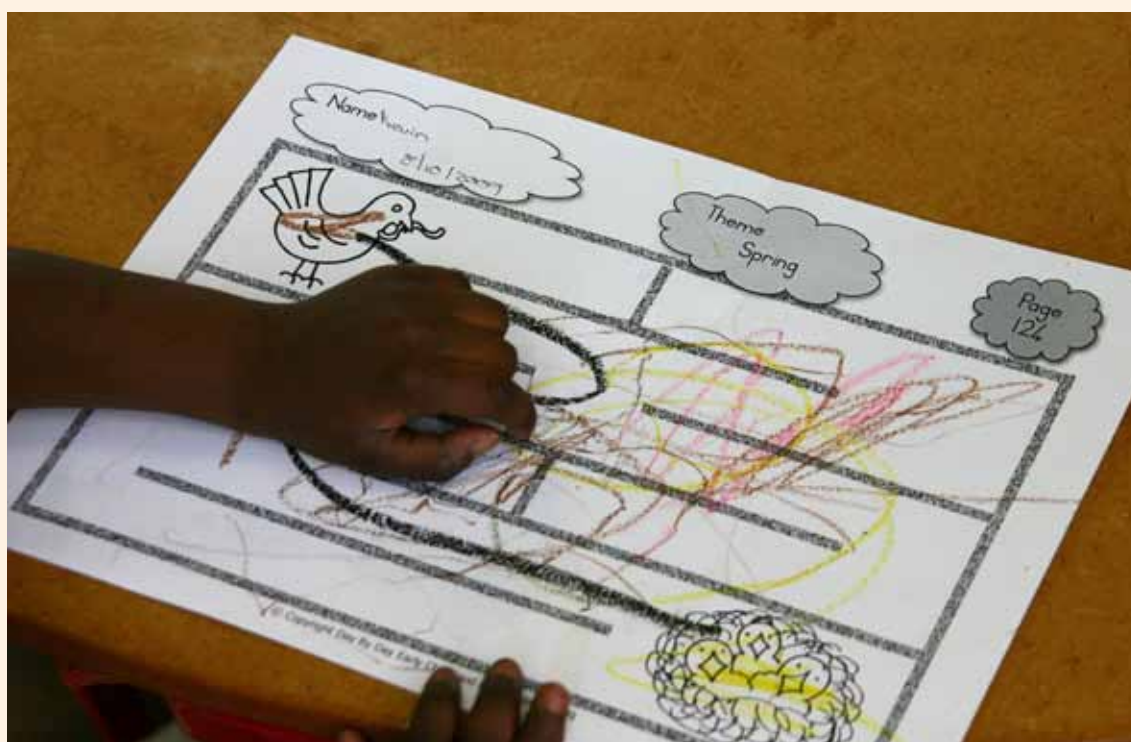
Barrier: *Visual Impairment*

Colin was very cute little boy. He started school when he was 4 years old. All went well although his teachers did notice that he struggled to run in a straight line when they ran races. He was also clumsy and bumped into desks and fell more often than the other learners. He also struggled to colour in and do mazes.



His teachers thought that his difficulties were because of his young age and the fact that he started school a little older than some of the other learners. His teachers and parents thought that he would grow out of his clumsiness.

Unfortunately this was not the case. As Colin grew, and moved into the Grade R class, his difficulties increased. He refused to climb, ride bicycles or join in running games. He only liked to swing and slide. His work was not showing much progress either. In fact, his teacher, Rose, did not let him use scissors because he had nearly cut his own fingers. Not only was Colin's work not improving, but his behavior had started to deteriorate. He started to have angry outbursts and seemed to feel frustrated. He also struggled to pay attention.





Eyesight testing equipment.

Eventually Rose realized that there was a real problem with Colin and that something had to be done. She called in his parents and described her concerns to them. She asked if Colin had ever had his eyesight tested. He hadn't. Rose suggested that Colin had his eyes tested at his local clinic. The eye tests found that Colin had extremely bad eyesight. He had a condition called astigmatism which was causing his eyesight to be blurry and out of focus.



This diagnosis explained many of Colin's difficulties in the classroom. Colin had to have glasses which helped correct his vision.

Although Colin wore his glasses and they helped a lot, he still had to catch up skills. Rose gave him extra work and often sent activities like threading, cutting and colouring home so he could get practice.

Colin's optometrist recommended that each learner at Colin's school had an eyesight screening. Rose contacted her local university and asked student optometrists to come in and practice their assessment skills on the learners. After the whole school was assessed, it was discovered that 28% of the learners had eyesight difficulties ranging from far sighted, to near sighted, to partially sighted. Rose and the other teachers had had no idea there were so many eyesight problems in their class. They decided to screen the learners every year to catch eyesight problems early before they resulted in severe learning difficulties. Children who can't see clearly can't learn easily.



WHAT IS vision impairment?

Vision Impairment	An inability to see clearly.
Causes	There are many reasons for vision impairment. They can be caused by a birth defect, an illness (diabetes), trauma or accidents to the eye or eye infections that are not treated. Malnutrition (Lack of Vitamin A) also affects eyesight.
How many children are affected?	You may have as many as 20% of your learners with poor vision ranging from far or near sightedness, to astigmatism, to damage to eyes from infection and trauma (sticking sharp objects into eyes) to poor eye movement where the eye muscles do not move correctly.

EFFECTS

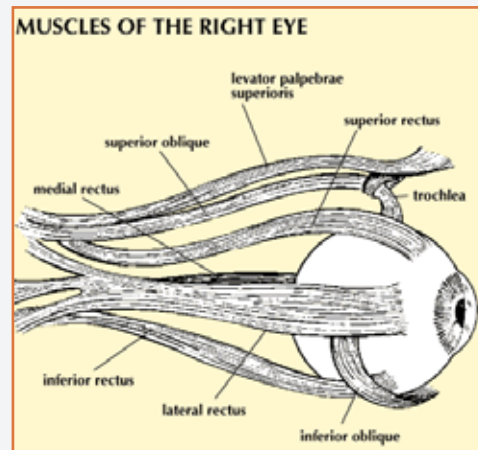
Physical effects	Gross motor and fine motor development is affected as well as visual perceptual development like hand/eye or foot/eye co-ordination, spatial knowledge, visual sequential skills and visual memory.
Social effects	A child with vision impairment cannot always participate fully in games and playtime. They are therefore a risk for being isolated and left out of daily play.
Emotional effects	Depression, poor self esteem, anger, frustration and anxiety because of their inability to manage in a world that is very visual.
Effects on learning	Approximately 80% of learning is based on vision so children with vision impairments are highly at risk for developing general learning difficulties which affect their overall academic progress.

FOR YOUR INFORMATION

Eye movements and learning

Eye movement means the movement of the eyeball in the eye socket. This movement is controlled by tiny muscles. Many children have eye movement difficulties because the eye muscles are not strong enough to move the eyes correctly.

One of the important movements is the TRACKING or left to right to left movement. This is the movement necessary for reading. Poor tracking more often than not results in poor reading.



THINGS WE CAN DO TO HELP

Rose and the other teachers realized that because there was a high percentage of learners with eyesight difficulties they had to have more safety rules. For example, there should be no more than 5 learners on the jungle gym at any one time. Learners could only slide one by one. Learners were sent inside if they pushed others around on the playground. The teachers also made sure that there was always an adult watching the learners while they played.

Use of peers

- a. Colin had study buddies in class and safety buddies when on the playground even after he got his glasses.
- b. Rose and the other teachers included eye care and eye safety in their lesson planning. They taught learners about the danger of looking at the sun, what products damage eyes, how to wash out eyes if they got poison in them and the dangers of running with sharp objects.

Classroom environment

Rose realized that the little changes she made for Colin would help all learners, so the following ideas became school policy:

- a. Keep clutter off the floors so there is nothing to trip over. This also helps children with poor gross motor development and wheelchair users.

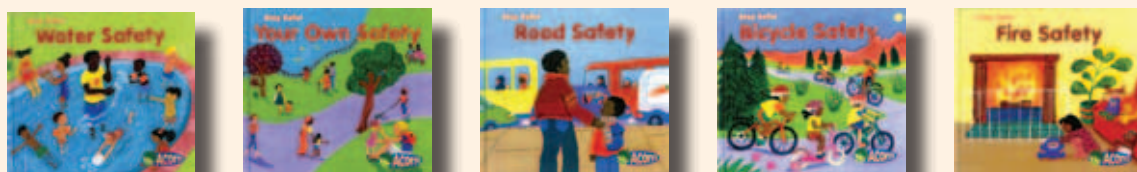
- b. Ensure that all toys are packed away. This helps disorganised children learn how to become more organised.
- c. Mark all glass doors and windows with a piece of tape or stickers.
- d. Keep the classroom well lit and not dark. Always try to put learners with visual difficulties near windows or doors where there is natural light, but never in direct sunlight where there may be a glare.
- e. Posters, timetables and display items must be placed at learners' eye level.
- f. Watch out for sharp edges on furniture. Cover them so children cannot get hurt.

Teaching style

- a. As well as changing her classroom environment, Rose tried to include clear verbal instructions together with visual stimuli.
- b. Her board work and worksheets were printed clearly and the writing was bold and big.
- c. She gave learners extra time to complete tasks where necessary.
- d. She did not stop Colin or any other learner from participating in any tasks; rather, she tried to give them the support they needed to complete the activity.

Lesson adaptations and idea

- a. Rose started to make worksheets that had less information on each page.
- b. She did not hand out work that was poorly printed.
- c. At times, she used pieces of cardboard to block off sections of work so learners did not get confused with too much to look at on one page.
- d. She made sure learners worked on lined or blocked paper, not blank paper (unless they were drawing).



Summary

*Hi teacher.
My name is Colin. I
have vision impairment.
This is what you can do
to help me in class.*



Physical

- ◆ Help me look after my glasses.
- ◆ I need to have my vision and glasses checked regularly.
- ◆ Look for signs of vision impairment in other children so you can help them early.
- ◆ Invite nurses to do vision screening every year.
- ◆ Pay attention to my safety in my environment.
- ◆ My classmates should never wear or play with my glasses.
- ◆ I may get headaches and sore red eyes. Give me time to rest if this happens.

Social

- ◆ Help the other children understand why I wear glasses.
- ◆ Teach other children about the value of their eyesight and how to look after their eyes.
- ◆ Inform parents about vision and eyesight. For example, they should know that children should sit at least 2 metres away from a television screen.
- ◆ Parents and caregivers also need to know about first aid for eyes.

Emotional

- ◆ Be patient with me and know that my frustration and outbursts are not because I am naughty.
- ◆ Don't call me names like "Four Eyes".
- ◆ Do not tolerate children teasing me about wearing glasses.
- ◆ Sometimes I may need more time to finish tasks.
- ◆ Remember, I may be scared of heights or unstable surfaces and need physical support like holding your hand.

Story 7: Luke

Barrier: *Chronic Illness*

On the first day of a new school term, 3-year-old Luke was dropped off at his class by his mother, Sue. He seemed excited to see all the other learners and separated well from his mother. She was a bit tearful as she waved goodbye.

Luke settled down well into the school routine. He played with other children and his teacher, Jean enjoyed having him in her class. One thing she did notice was that his language was quite immature for his age. He preferred to speak using single words and gestures. Jean thought this was because he lived alone with his mother and did not get as much opportunity to practise his language as learners from bigger families.



Unfortunately, more worries were to follow. As the year progressed and the other children grew and developed, but Luke seemed to lag. He was very small and his speech, in particular, was not improving. He always seemed to have a cold or flu and often had a cough. Due to this, he missed many school days.

By the third term, Luke was tired, tearful and withdrawn. He was not coping at all. The other learners stopped including him because he was absent so often. Over the year, Jean had tried to contact Sue by writing notes and phoning her. Sue said that she had taken Luke to the doctor and was giving him medication for the colds. She also said he did not like eating which was why he was small. She never visited the school and seemed to be avoiding Jean.

Eventually, in desperation, Jean paid a visit to Sue at her home. There she found a sad, sad situation. Sue had Aids and was very ill. She was a single parent with no support systems and was struggling to get her Anti Retroviral treatment regularly. She was not able to work and she and Luke were almost starving.



Sadly Luke was also HIV positive although he had not yet developed AIDS but the lack of nutrition and stress of his environment was affecting his immune system and reducing his ability to fight the virus and bacteria in his system.



Jean was very upset, but decided to help Luke as best she could when he was in her class. While she was thinking up ways to support Luke, she realized that there were other learners in the school with chronic diseases. One little boy had diabetes, another was in remission from cancer and two of the girls had asthma. They all needed extra support due to the effects their illnesses had on their learning and their lives.

WHAT ARE HIV AND AIDS?

Causes	Children can become infected with HIV and Aids through blood transfusions although this is rare. Mother to child transmission is common. Another cause is rape and/or sexual abuse where the abuser is HIV positive.
How many children are affected?	Millions of children are either infected or affected by HIV Aids. There are over a million Aids Orphans in southern Africa.
EFFECTS	
Physical effects	Learners with AIDS have weak immune systems so they get sick easily. Colds, flu, bronchitis (bad cough), pneumonia, skin rashes and sores, diarrhoea (runny stomach), high temperatures, tiredness, low energy and, poor appetite are all common physical effects of learners who have AIDS. They are at risk of picking up all the infections and illnesses that are common to children such as measles, chicken pox, and mumps.
Social effects	The worst social effect is the stigma that comes with AIDS.
Emotional effects	Feelings of guilt, fear, isolation, abandonment, rejection (these feelings are worse in AIDS orphans).
Effects on learning	AIDS can cause brain damage which affects learning. Feeling sick and sad makes learning difficult for these children.

FOR YOUR INFORMATION

Universal precautions

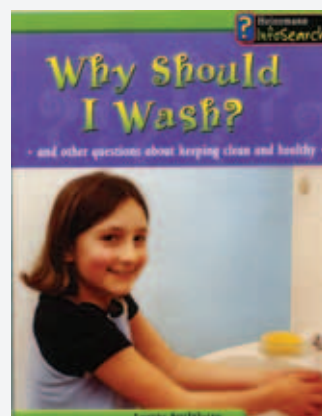
There are certain rules that all of your learners must follow when anyone gets hurt and bleeds.

1. **Rule one.** Never touch other people's blood unless you are wearing rubber gloves. If you have no gloves use plastic bags.
2. **Rule two:** you should always have an antiseptic such as Dettol or Savlon in your class.
3. **Rule three:** If a child is hurt and is bleeding, cover your hands and clean the wound using the antiseptic and some cotton wool. Cover the wound with a plaster if possible.
4. **Rule four:** The cotton wool and gloves must be burnt.



Other precautions:

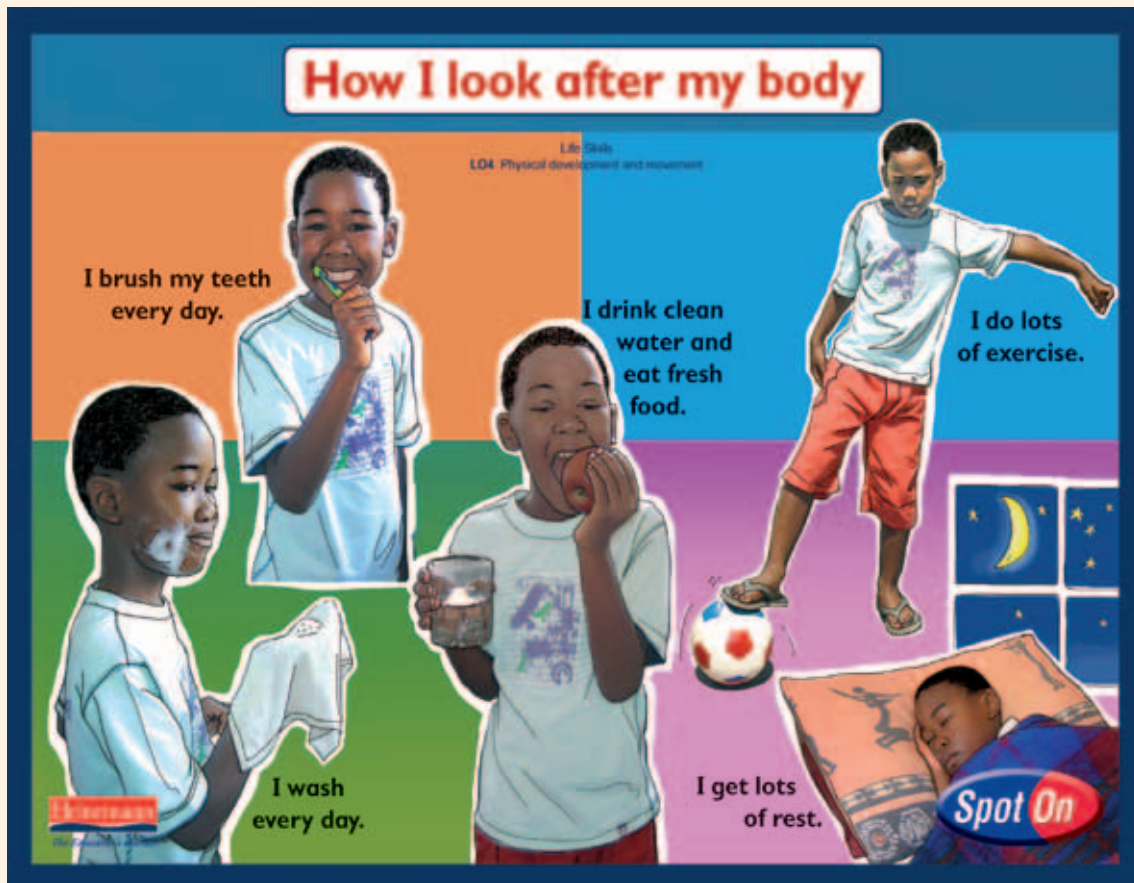
- Teach learners to wash their hands. Washing hands after using the toilet, and before eating, reduces the spread of disease. Show them how to wash their hands thoroughly using soap and water.
- Teach learners how to cover their noses properly when they sneeze to stop germs from spreading.



THINGS WE CAN DO TO HELP

Use of peers

Jean found out that one of the worst effects of being HIV-positive or having AIDS was the social rejection. Many people still think that those who become infected with HIV and AIDS are bad or evil so they reject them. To fight this, Jean planned lessons around illness in general. She did not focus on HIV and AIDS but taught her learners about Tuberculosis (TB), Malaria, and Cholera. She discussed what it meant to feel sick and when they should ask for help. She also taught them how to care for their bodies to stay healthy. She planned lessons about keeping clean, washing hands, eating healthy food, drinking clean water, and exercising.



Classroom environment

- a. Jean made sure there was a place where Luke could lie down and rest during the day. Luke was unwell and he was trying to cope with his mother's illness which made him feel worried and scared. These physical and emotional loads often made him tired.

Teaching style

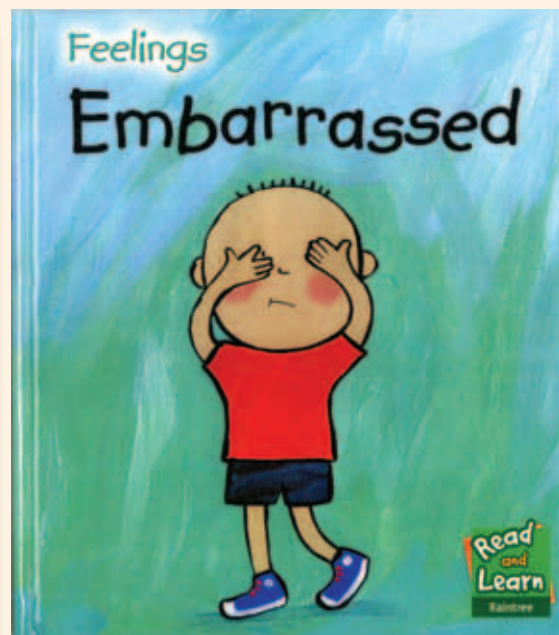
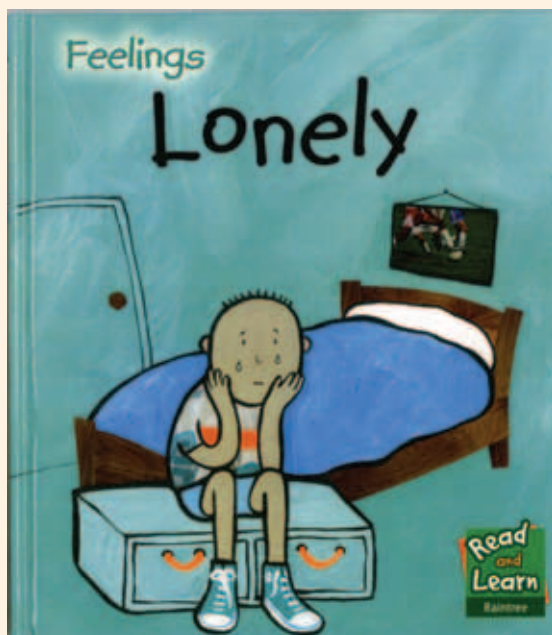
- a. Luke's language was poorly developed so Jean tried to make sure that he had many opportunities for listening and speaking. She included many listening and speaking activities in her planning. This helped Luke and other learners whose language needed support.
- b. She also became aware of how quickly she spoke, and the type of language she used. She started to try and speak more slowly and use words that everyone could understand. She used lots of pictures and actions to illustrate her instructions and explanations.
- c. Jean learned that sick children have limited attention spans, so she made

her activities shorter. This, she found, helped the whole class. Learners' attention span is about AGE plus 3 minutes. Therefore, a learner who is 4 years old has an attention span of about 7 minutes.

- d. Jean was careful about lessons that could be upsetting. She avoided, for example, Mother's day and Father's Day themes because quite a few of her learners had lost a parent due to illness.

Lesson adaptations and ideas

- a. Luke struggled to do as much work as the other learners and his work was often unfinished which made him feel bad. Jean allowed him to do less work so he could finish and have a feeling of success.
- b. Although Luke did less work, Jean still expected his work to be good. She kept up her high expectations for Luke. Doing good work in class improved his self-esteem. Positive feelings and a strong self-esteem are important for coping with chronic illness. Jean found it was important not to give up on Luke. As long as he was well enough to come to school, he needed to be included like any other child. He had to work to the best of his ability and follow the rules and behave. Luke responded well to being treated normally.
- c. Jean used stories to teach her learners about illness and the feelings that can come with illness.



Summary

Hi teacher.

*My name is Luke. I am HIV positive.
This is what you can do to help me
in class.*



Physical

- ◆ Help me get treatment. I need my CD4 count checked regularly.
- ◆ Let me sleep when I get tired.
- ◆ Try to improve my health with nutritious food at school.
- ◆ Do not force me to do very physical activities or lots of schoolwork.
- ◆ Teach the class universal precautions.

Social

- ◆ Encourage friendships between me and my classmates.
- ◆ Do not disclose my status.
- ◆ If the class already knows, then do not focus on me and embarrass or humiliate me about being HIV positive.
- ◆ Teach me and my classmates about keeping healthy by keeping clean, eating nutritious food, exercising, and resting.
- ◆ Do not allow other learners to isolate me because of my condition. They can touch me, share plates and spoons with me, share blankets and mattresses with me, and share toilets with me.

Emotional

- ◆ Do not shout at me when I am absent or if I can't keep up in class.
- ◆ Do not treat me differently because of my status.
- ◆ I am scared. I am sick and so is my mother. I need love and comfort, not rejection. I cannot cope on my own. I need your help.

Story 8: Basil

Barrier: *Developmental Lag*

“Come Basil , hold your pencil nicely, “said Joey as she showed him how to hold a pencil. Basil took the pencil and tried to hold it properly but his fingers seemed weak and he struggled.

The only way that Basil was able to hold a pencil was in a fist grip. As he was already 5 years old, this was a problem because he had to be able to hold and use a pencil properly before Grade 1.



▲ A fist grip.

Joey gave him extra activities to improve his pencil grip but nothing was working. In fact, not only could Basil not hold a pencil, he could not snip with scissors, his play dough models were clumsy and he struggled to fit Lego blocks together. He also struggled to climb ladders, play hopscotch and could not ride a bicycle. He was also overweight. In general, Basil had very poorly developed gross and fine motor skills.



Joey sent a letter to his parents giving them ideas for activities that they could do at home, but there was no response. Basil continued to fall behind behind his classmates. Eventually Joey sent a letter home to warn Basil's parents that if his motor skills did not improve, he would not be ready for Grade 1. This got their attention and a meeting was arranged.



At the meeting, Joey found out that Basil's parents ran an internet café. Basil was spending 5 to 6 hours a day after school at



the cafe playing computer games. After work, the family went home to settle down in front of the television.

Basil's mother said that Basil could not hold a fork so she fed him. He refused solid food that he had to chew so he ate only soft porridge or mashed potato. She also dressed him because he could not dress himself and struggled with zips and buttons. Most of his clothing had Velcro fasteners which were easy to use. Basil had no toys other than computer games. He played no games.

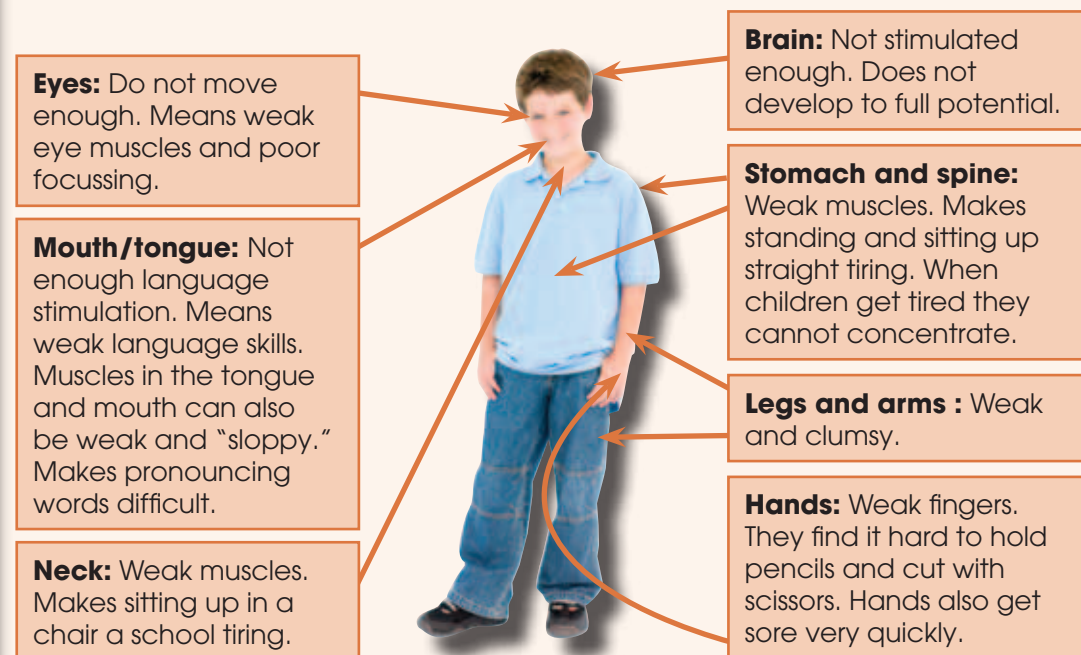
Basil's parents adored him and wanted the best for him. Unfortunately, the lifestyle that they lived had severely affected his motor development and at 5 years old, he was like a big baby.

Fortunately, Basil's parents responded well to Joey's recommendations when they understood how badly Basil was being affected by their inactive lifestyle. They cut down his TV time. They bought him a bicycle and a bat and ball which he had to use every day.

They also agreed to let Basil stay in Grade R for another year to catch up on his skills.

FOR YOUR INFORMATION

Children who watch too much TV and play hours of computer games can have every aspect of their physical development affected.



WHAT IS A DEVELOPMENTAL BARRIER?

Causes	A developmental barrier means anything that interferes with the normal development of physical, emotional or social skills. There are many factors that can interfere with normal development. Children who watch TV or play computer games every day for hours often have developmental lags because they do no exercise. Chronic illness, malnutrition, and neglect can all affect normal physical development.
How many children are affected?	Approximately a quarter of your class may be experiencing a developmental lag.
EFFECTS	
Physical effects	Children who watch too much TV and play hours of computer games can have every aspect of their physical development affected- from head to toe.
Social effects	Children who watch a lot of TV spend hours on their own. This means they do not get the opportunity to develop friendship skills. In general, their social skills lag as badly as their physical development. Language skills can also be affected by watching too much TV because there is little opportunity to speak and listen.
Emotional effects	One of the main effects is the inability to concentrate. TV programmes and computer games are very quick and colourful and children do not have to pay attention for too long. There are some children who copy what they see on TV and become very aggressive and even violent. Children who watch inappropriate programmes such as horror films or sexually explicit films can become very anxious and have nightmares.
Effects on learning	A combination of underdeveloped physical skills, limited language skills and poor socialisation skills (friendships) can lead to severe learning disabilities.

THINGS WE CAN DO TO HELP

Use of peers

- Basil did not need specific peer support, but through playing Basil would start to improve his skills. Joey made sure that Basil spent time with his friends playing games outside and doing activities inside.
- Joey arranged play dates where Basil went home with a friend for the afternoon to play.





Classroom environment

- a. As Joey learned about the dangers of too much television or computer games, she decided to get rid of the television at school. Learners were no longer allowed to sit and watch films or TV. Instead, she made them go outside and play games, dig in the sand pit, ride their bicycles, and climb the jungle gyms.



Teaching style

1. Joey and the other teachers in the school started to include extra physical activities during the day. For example, when learners were counting, instead of just sitting and counting, they had to hop on both feet and count. Here are some examples of the instructions learners had to follow:
 - Hop on both legs while you count to 3.
 - Crawl forwards while you count to 5.
 - Skip 10 times.
 - Take 10 steps backwards.

The teachers found that adding in physical activity helped all learners. The aggressive and frustrated learners were

calmer; the highly energetic learners worked off some energy. They found the discipline better. Also, some overweight children started to slim down. Another benefit was that learners had to listen carefully to the instructions. This was an excellent way to practise listening skills.

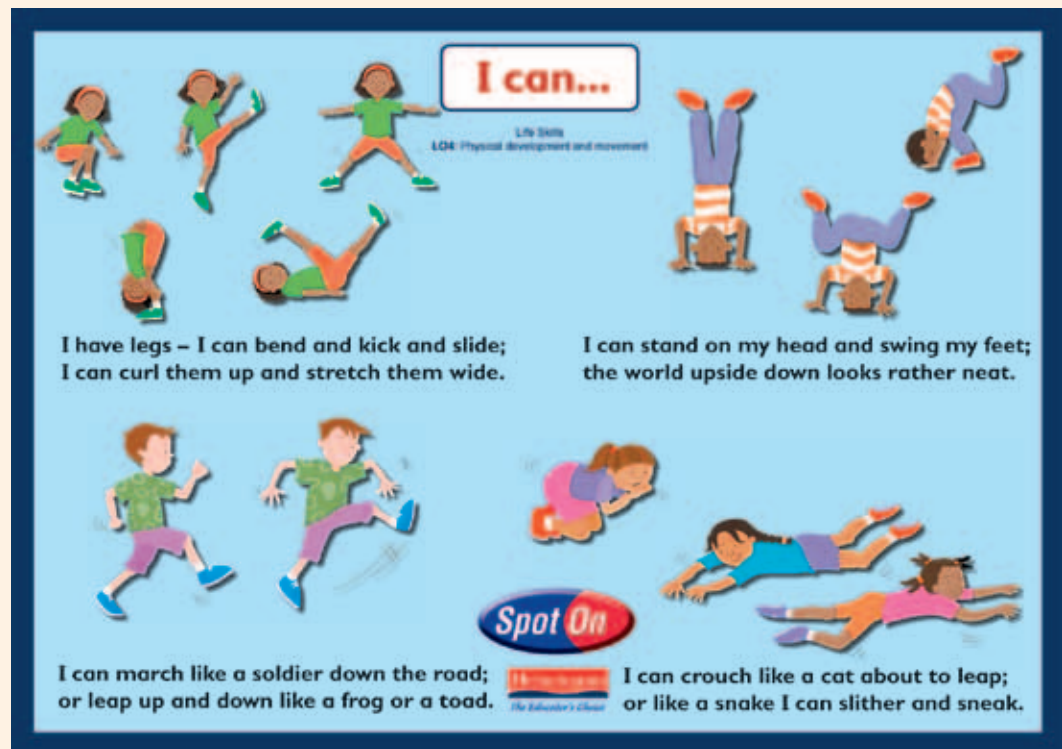
2. The teachers started to identify learners who were not doing any physical activities during playtime. These learners were encouraged and helped to play on the swings and jungle gyms.
3. Joey discovered that those children who watched too much TV often had poor listening skills. She started to include more listening and speaking activities in her planning.

Lesson adaptations and ideas

Joey planned extra activities to develop Basil's gross motor skills. Gross motor skills have to be well developed before you can start on fine motor skills development. Joey supervised him while he rode a bicycle and climbed up and down the jungle gym. At first, Basil cried and did not want to do any activities because they were hard for him. Joey made him start slowly. She praised him when he tried. Slowly their efforts paid off and Basil became a happier, healthier, and more active boy.



Basil's pencil grip improved as his motor skills developed.



Summary

Hi teacher.

My name is Basil. I have a physical developmental lag which means my gross motor skills and fine motor skills are poorly developed for my age. This is what you can do to help me.



Physical

- ◆ Make sure I do a lot of physical activity.
- ◆ Do not leave me to do difficult exercises on my own. I need your help.
- ◆ Help my parents understand why I need to do more exercise.
- ◆ Teach my friends and me about physical fitness and health.

Social

- ◆ I need to spend time with friends to practice my social skills and my language.
- ◆ Teach me alternatives to TV and computer games.
- ◆ Encourage me to spend time with my friends playing games and having fun.
- ◆ Only use a television at school for teaching, or treats. Do not use a television as a babysitter in the afternoons.

Emotional

- ◆ The more praise I get the more I will participate in activities that will stimulate my development.
- ◆ Do not shout at me when I can't do things such as hold a pencil. Help me, don't humiliate me.

Story 9: Simon

Barrier: *Paraplegia*

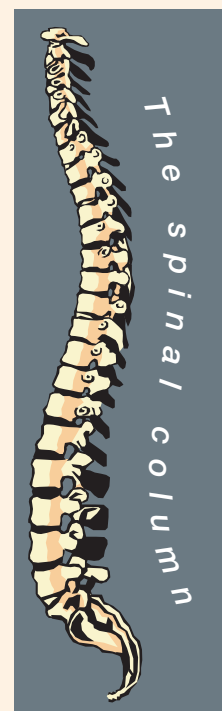
Simon, an energetic 4 year old, was riding his bicycle in the garden one weekend, watching men who were putting in a large, heavy iron gate at the entrance of the driveway to Simon's home. As the men stood back to check their work, Simon sped past them, enjoying the 'audience.' One of the men leapt forward, shouting as Simon rode in front of the gate. He had seen that one set of hinges had given way and the gate had started to fall. Too late! As he shouted, Simon got a fright and fell off his bike. To their horror, the men watched as the heavy gate tumbled on top of the little boy, pinning him underneath its weight.



Simon's parents were shattered when the men ran to the house and told them what had happened. Simon's mother phoned an ambulance and his father raced outside to try and lift the gate off his young son. Simon was unconscious and lay very still, entangled in his bicycle as the men grunted with the effort of lifting the heavy gate. His father stopped them from touching him until the paramedics arrived. 15 minutes later, they appeared and examined the little boy. They carefully stabilised his neck with a brace and lifted him on to a stretcher. Then they shot away, sirens wailing, to the nearby hospital.

All their careful efforts were in vain. The accident had broken one of the vertebrae (small bone) in Simon's spinal column and he was paralysed from the waist down. He could not move his legs. He would have to use a wheel chair for the rest of his life. In a second, his whole life and that of his parents had changed forever.

Simon had been attending a local nursery school and was a bright, enthusiastic learner. Although Simon was a paraplegic after the accident, he was still an intelligent learner who needed to go to school and be educated. Gail, the principal of his nursery school and the other teachers adored Simon and were very upset by the accident. Even though they loved him, they were unsure about taking him back because they felt that they were not equipped to



cope with a paralysed learner. Simon's parents, Gail and the teachers had a long conversation and, with support from QUASA – the QuadPara Association of South Africa (www.quasa.co.za) it was decided that Simon would carry on at the school and that they would all help and learn and grow together as a team.

WHAT IS PARAPLEGIA?

Paraplegia	Paraplegia means partial paralysis of the body. A paraplegic usually has the use of the top half of the body (face, neck, chest, back and arms and hands). The paralysis caused by damage to the spinal cord. The spinal cord is a "rope" of nerves about as thick as a finger. These run from the neck to the lower spine. They are protected by the bones in the spine called vertebra. The spinal cord carries messages from the brain to the arms, legs, and organs in the body. After an injury, the spinal cord cannot send messages from the brain to the rest of the body. Therefore, for example, the brain cannot tell a leg or an arm to move.
Causes	Common causes of damage to the spinal cord, are trauma (car/motorcycle accident, gunshot, falls, sports injuries), or disease (Transverse Myelitis, Polio, Spina Bifida, Friedreich's Ataxia). The paralysis is known as Quadriplegia if the injury is in the Cervical (neck) region because the paralysis involves both arms and legs, or as Paraplegia if the injury is in the Thoracic, Lumbar or Sacral region, because it involves only the legs.

EFFECTS

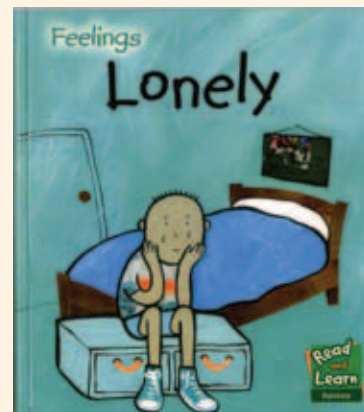
Physical effects	Because physically disabled learners cannot control ordinary bodily functions daily activities such as going to the toilet, bathing, eating and dressing are complicated and need special care. These learners also get tired easily. In general, because of the lack of movement, their health can be poor.
Social effects	Learners like Simon, who are paraplegic, are often treated as if they are mentally retarded and people speak loudly and slowly to them, which is humiliating. They are also often left out of friendship groups and ignored because of their disability.
Emotional effects	Wheelchair bound learners can feel very isolated, lonely and may feel rejected. They can also feel powerless, frustrated and angry. Some learners take a long time to adjust to the change and they can become seriously depressed. Physically disabled learners can also experience high amounts of stress which is shown by crying, being very obstinate, behaving in an immature way, nightmares, poor concentration, sadness, anxiety, and listlessness.
Effects on learning	The learning difficulties experienced by a learner like Simon are no different from any other learner. Simon has the ability to learn. The way he is taught needs to be adjusted. Teachers who have physically disabled learners in their classes need to try and see that they have successful experiences to encourage them to keep trying and to build confidence. If a learner such as Simon starts to feel bad about himself, this can lead to poor learning.

THINGS WE CAN DO TO HELP

Use of peers

a. Gail started to read about teaching learners with disabilities, especially movement difficulties such as paraplegia. She found out that teachers often focus on academic skills and leave out social development and friendship skills. In fact, it is more important for learners experiencing disabilities to have strong friendships because of their extra need for language, cognitive, social and academic development. She realised that not only Simon, but all of her learners who had barriers to learning in one form or another needed the support of friends. Here are some of the activities she introduced to encourage friendship building amongst her learners:

- Learners sang friendship songs, using the names of learners in the class. (This teaches learners that everyone has a name and likes to have it used.)
- They made a 'friend puppet' from a paper plate and decorated it with pieces of material and wool to look like a friend. (Friends are different – they do not all look the same.)
- They also made a friendship ring. Each learner traced his/her own hand on a mural, making a circle. (Having friends is fun.)
- Learners finished the sentence "A friend is someone who" while the teacher wrote down the words. (To have a friend is to be a friend). Similarly, learners finished the sentence "Being a friend with someone means ..."
- They read stories about friendships.
- They made a friendship book. Each learner drew a picture of a friend, or a picture showing what good friends do. Gail collected the pictures and stapled them together to make a book.



b. Gail and the other teachers noticed that by talking about friendships and belonging, their learners began to care more for each other and supported learners who were previously left alone. All learners need to be made aware of the importance of friendship. Sometimes it seems such a natural thing that we take it for granted.

c. Gail and the other teachers taught the other learners in the school how to manage Simon's wheelchair. The older, stronger learners were shown how to push him safely. Getting the learners involved helped develop relationships and reduced the fear of the disability.

d. Simon's peers had to learn "wheelchair etiquette" which meant;

- They could not push Simon without his permission.
- They could not sit on him.
- They were not allowed to climb on the wheelchair for rides unless given permission.



d. Gail made sure, however, that Simon pushed himself in his wheelchair as often as possible. This gave him a sense of independence and was physically healthy.

e. Gail tried to get learners to understand the world from Simon's perspective. She borrowed some wheelchairs for a few hours and had some learners spend time in a chair. She also did some fun activities such as wheelchair races.

Classroom environment

a. Gail made some small adjustments to the classroom environment to accommodate Simon's needs. For example, she arranged the desks so that there was enough space for his wheel chair to move around easily which allowed him to participate fully.

b. Classroom displays were put at Simon's eye level.

c. His desk was high enough for him to wheel his chair under it comfortably.

d. Ramps were fitted over doorways and steps so no area of the school was off limits to Simon.

e. Pathways to the playground were kept clear for easy wheelchair access.

Lapdesk pic

Debbie to provide

- f. Gail had one swing adapted for Simon so that he could be strapped into it and swing safely.
- g. Simon's mother came into the classroom and helped him with some activities.
- h. Gail asked members of the community to volunteer some time to assist Simon in the classroom.
- i. Gail also approached QUASA – a Quad and Para support group to help train teachers how to help Simon with daily activities such as using the toilet.

Teaching style

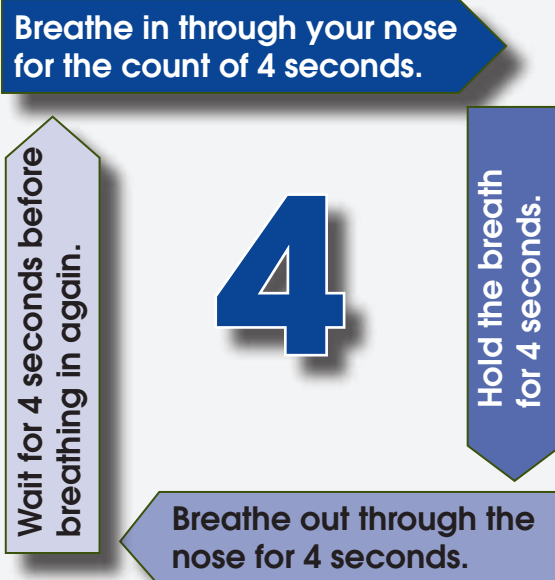
- a. Gail knew that her job was not to get Simon mobile again. Her job was to make Simon feel included and to help him learn and demonstrate his learning according to his ability. Simon would never be the same, and Gail's teaching had to change to meet some of Simon's needs.
- b. Gail used cooperative learning (groupwork) in her class for the following reasons:

- It encourages friendship because learners sit next to each other;
 - All children get a chance to participate meaningfully in an activity, no matter how small their participation. When all children can participate, they all feel included. When children feel included, their self-esteem improves. Children with good self-esteem learn better.
 - Gail checked Simon's position in his wheelchair to make sure he was comfortable and well supported. Gail watched for signs of tiredness and gave Simon time to rest. Learners with physical disabilities get tired easily. It often takes more energy for them to perform simple actions that others take for granted.
- c. Gail tried to be emotionally supportive in the following ways:
- She always tried to keep a positive attitude. Most learners stay hopeful if those around them have the same attitude.
 - She focussed on what Simon could do and not on what he was unable to do.
 - She taught Simon how to handle stress. Deep breathing was one way Simon learnt to control frustration.

FOR YOUR INFORMATION

Deep breathing

In times of stress, people stop breathing properly. Instead of taking normal breathes, we start to take small shallow breathes – we almost start panting which makes us even more stressed because our bodies are not getting enough oxygen. Changing your breathing from a panting breath to a deep breath is very calming. One deep breath technique is called **square breathing** which you do as follows:



Do this 4 times and you will feel calmer.

Lesson adaptations

- a. Gail knew that even though Simon's legs were paralysed, his brain was not! He still learned in the same way as other learners. So she continued to teach with the following basics in mind:

- Work from the familiar to the unfamiliar.
- Work from the simple to the more difficult.
- Work with real objects learners can touch and manipulate before working in the abstract.

- b. Gail also put more thought into her outdoor activity planning. For example, if the other learners were playing soccer, she included Simon as goalie. If learners were skipping, Simon swung one end of the rope. Simon was able to participate in all of the gross motor activities involving his upper body such as catching and throwing balls, playing bat and ball and hitting a swing ball.

- c. Gail often sat and taught so that all of her learners could look straight at her. They did not have to bend their necks to look up all the time.
- d. Gail read books and had books on the subject of wheelchair users in the classroom.



These number discs are easy to make. Learners use them to put numbers into the correct sequence.

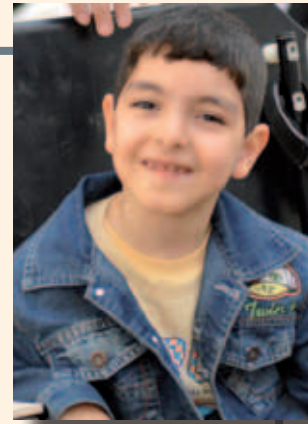


Felt or plastic letters are useful for older learners who are discovering the alphabet.

Summary

Hi teacher.

My name is Simon. I am a paraplegic. This is what you can do to help me in class



Physical

- ◆ Check to see that I am comfortable in my chair.
- ◆ I may get tired more easily, so have a place where I can rest.
- ◆ Look at me when you speak to me.
- ◆ Do not speak more loudly than usual – speak normally. I have a mobility barrier, not a hearing barrier.
- ◆ Keep the spaces where I have to move wide and smooth and clear. I cannot step over objects in my way.

Social

- ◆ Help my friends understand that I am still Simon – I just cannot move my legs.
- ◆ Teach the learners about what it means to be paraplegic. Help them to understand that there is more I can do than cannot do. I still have a sense of humour, I still love to play with cars, and I still love digging in the sandpit.
- ◆ Don't treat me differently. I need to follow the rules and be disciplined like everyone else. This makes me feel included.
- ◆ Encourage time for me to socialise and keep up my friendships.
- ◆ Teach people around me about my wheelchair. It is not a prison; the wheels are my new legs. My wheelchair and I need to be treated with respect.

Emotional

- ◆ Don't have preconceived ideas about I can and cannot do. Do not limit me by your own beliefs.
- ◆ Be patient when I get frustrated and angry. I am getting used to an enormous change in my life.
- ◆ My emotional needs have not changed. I still need to be loved, accepted, and cared for. I still need to have friends and fun.
- ◆ Don't be frightened of me. I am a little boy and being a paraplegic is only one part of my life.

Story 10: Adriana

Barrier: Neglect

Adriana, or Ade for short, was new at the school. She was dropped off on her first day by a driver. Her mother had made all of the enrolment arrangements over the phone and deposited the fees for the year directly into the bank. No one had ever met her.

Ade was a strange little girl. She was quiet and withdrawn. She preferred to watch her classmates play rather than join them. She was not rude or poorly behaved, but she was not very friendly either. She seemed unsure of herself and was very afraid of making mistakes. She often asked her teacher, Edith if her work was right. Ade was like a little ghost, so quiet that people forgot she was there.



Ade wore very expensive clothing to school, but it was often dirty. Her clothes were not washed regularly, and never mended so her jerseys had buttons missing. Her shoes were unpolished. She was often dirty. Her hair was greasy and her little fingers were quite brown with old dirt.

Ade was thin. A lunch box was packed daily for her even though there was food at school. In her lunch box were imported chocolates and biscuits but never anything nutritious. Ade gobbled the sandwiches and fruit she got at school as if she were starving.

Edith often used to look at Ade, with her skinny little legs, dirty fingers, and dark rings under her eyes and wonder what went on in her life. Ade hardly spoke about her family. All Edith knew was that she never saw her father and that she was an only child. Edith had never managed to make contact with Ade's mother. She left message after message and sent letter after letter with no success.



Ade got chocolate in her lunch box.



One morning Ade arrived very late for school. The driver walked in with her. He apologised and said he had had to fetch Ade from the casino. “What casino?” said Edith. Slowly the driver told the story. Adriana’s mother was a compulsive gambler. She spent most nights gambling at a local casino. Sometimes Ade stayed at home with a child minder, but often her mother would take her along. While her mother gambled, Ade would either stay in the car, or be locked into a room at the casino hotel. Ade was completely neglected.

Ade’s mother was a compulsive gambler

WHAT IS NEGLECT?

Neglect	Child neglect happens when those responsible for caring for a child fail to meet the child’s basic physical, emotional, intellectual, or social needs. There is intentional neglect. This means that a child is neglected even though their caregivers have resources. This is a form of abuse. Ade is an example of intentional neglect. There is also circumstantial neglect where the caregivers do not have resources such as electricity, running water, money, food, or safe shelter.
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How many children are affected?	There are thousands of neglected children in South Africa. Some are intentionally neglected but many are neglected due to poverty.
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EFFECTS

Physical effects	The physical effects include frequent illness, poor nutrition, failure to thrive, flaky skin, and skin conditions such as rashes, brittle hair, and poor hygiene. The child may actually be a bit smelly. The child may look uncared for. For example, hair can be uncombed and dirty, and clothes can be dirty and in need of mending. A child’s possessions may also be dirty and broken.
Social effects	One social effect is embarrassment, especially if the child is different from the other learners in the class.
Emotional effects	Children who are intentionally neglected can feel rejected, unloved, worthless, and lonely. Children who are neglected through circumstance may feel angry or frustrated. Children who are neglected through circumstance are often in survival mode. They may do inappropriate things such as steal, in order to survive.
Effects on learning	Any form of neglect affects learning. Being neglected results in negative emotions. Negative emotions affect concentration and motivation, both of which are needed for learning.



Having fun with friends always makes miserable children feel better - even for a little while.

THINGS WE CAN DO TO HELP

Use of peers

- a. Edith made sure Ade made some friends. Even though she was isolated and lonely at home, Edith wanted Ade to feel included and welcomed at school. Edith also organised play dates with other children and tried to arrange overnight stays with other children.
- b. Learners were not allowed to tease any child for any reason. Edith knew there was a risk that learners might laugh at Ade because she did not always smell clean, or her clothes were dirty. The rule in the class was; if someone smells, tell the teacher. Edith had toothbrushes, toothpaste and wash cloths available for any child who needed a wash. This was done in private.

Picture of toiletries.

Classroom environment

- a. Neglected children need to feel included and needed. Edith gave Ade little tasks such as tidying up paints, packing away toys, and sweeping. This made her feel useful and involved. It also gave Edith a chance to give her some special attention.



- b. Edith had washing basins with clean water and soap in her classroom. Her learners had to wash their hands, after break, after meal times and after using the toilet.
- c. Edith often made time for hugs and quiet chats.

Teaching style

- a. Ade was a clever little girl and she coped well with her work when she felt included and welcomed.



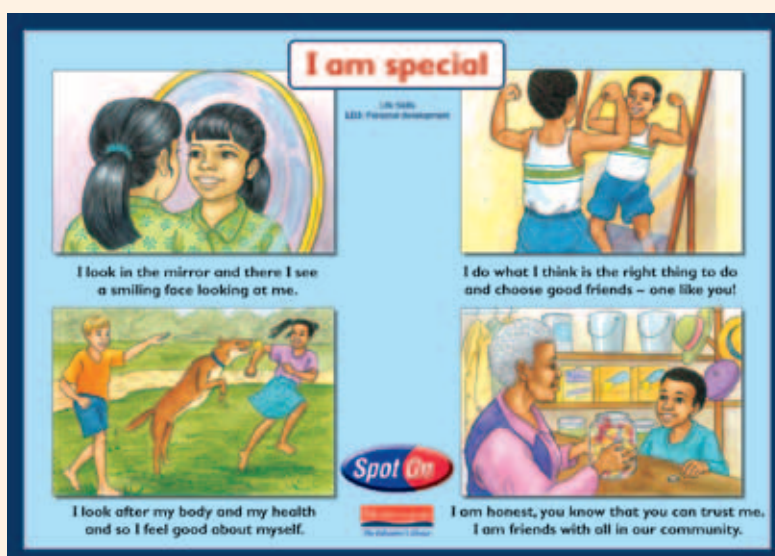
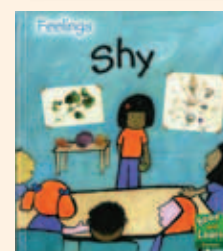
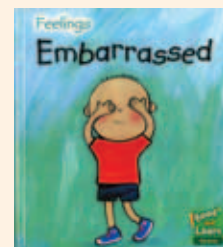
Spending some individual time with learners makes them feel special.

Lesson adaptations

- a. Edith often did practical lessons on hygiene. She got out basins of water, soap, shampoo, scrubbing brushes and towels. She showed learners how to wash their hair and bodies. Learners practised washing their hair and hands and feet.



- b. Edith read books about feelings such as loneliness and embarrassment to help her learners understand and manage these feelings in themselves and their friends.

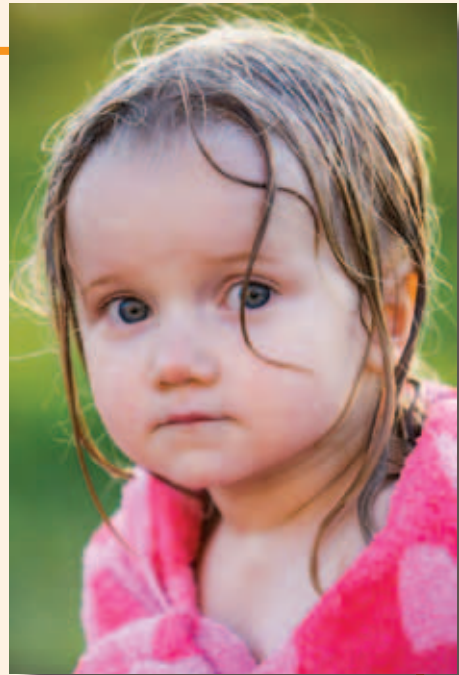


Summary

Hi teacher.

My name is Ade. I am neglected.

This is what you can do to help me in class.



Physical

- ◆ I need physical security. I need to be hugged.
- ◆ I need you to teach me how to keep clean.
- ◆ I need nutritious food at snack time and lunch time.
- ◆ I may need to rest during the day because I don't always get a good night's sleep.

Social

- ◆ I am lonely. Encourage friends to include me in their games.
- ◆ Try to organise play dates and sleepovers with my friends.
- ◆ Do not allow other children to tease me or embarrass me.

Emotional

- ◆ I need to feel special and important in your class.
- ◆ Please include me and make me feel welcome.
- ◆ Please do not humiliate me.
- ◆ Don't punish me for my parent's behaviour.

Story 11: Grace

Barrier: *Language*

On one Tuesday, the learners in the Grade R class were going to be assessed to see who was ready for Grade 1 and who still needed some extra support and time. The assessment was being done by a psychologist. Before the assessment started the teacher, Mrs Loew was chatting to the psychologist and telling her that she was very worried about one little girl in particular called Grace. “She just doesn’t cope,” said the teacher. “I explain worksheets and she does the first question and then stops. She copies the other kids all the time. She never listens to me. I think she is a bit slow or even brain damaged. I don’t know what to do with her. She is driving me mad!”



The psychologist was curious to meet Grace, so she was first to be assessed. She was a beautiful, slender little girl with big eyes. She looked unsure of herself and a little scared. She sat quietly next to the psychologist.

“Hello, what is your name?” asked the psychologist.

“Grace” whispered the child in a little voice.

“Where do you live?” asked the psychologist.



Grace didn’t answer, she just smiled. In fact, she did not answer any more questions. When the psychologist showed her how to do some things, Grace managed to understand what she saw and she could copy. But, she did not speak.

By chance, one of the other learners came into the assessment room. “That’s Grace,” he said. “She can’t speak English. She is Portuguese.”

The psychologist immediately went to speak to the teacher about Grace. The teacher said that Grace was new and she had not met her parents. The psychologist investigated and found out that:

- Grace, her mother, sister and little brother were from Mozambique.
- They spoke no English, only Portuguese.
- They had been in the country for four months.
- Grace had not attended school in Mozambique.
- The little family rented one room in an inner city block of flats in Johannesburg where other Mozambicans lived.

No wonder Grace was struggling. She was not slow or brain damaged. She just did not understand much English.

WHAT IS A LANGUAGE BARRIER?	
Language barrier	Learners who do not speak the Language of Learning and Teaching (LOLT) have a language barrier.
Causes	The children from different countries where no South African languages are spoken. Their home language is different from the language used in the school.
How many children are affected?	The number of learners in South Africa who struggle to speak the LOLT is extremely high. This is one of the most common and widespread barriers to learning.
EFFECTS	
Physical effects	There are no physical effects. The only concern may be physical safety.
Social effects	Sometimes learners whose language is different from other learners and the teacher are left out, as they cannot communicate easily. They sometimes struggle to make friends and be accepted into friendship groups.
Emotional effects	Because these learners can feel left out, they can become lonely and sad. They also become anxious and worried. Often they don’t want to go to school because it is an unhappy place for them.
Effects on learning	Limited or no language is a serious barrier to learning. Children who do not understand what is being said in class cannot learn easily. As these learners may be sad and lonely, they may not concentrate well which makes the barrier even greater.

FOR YOUR INFORMATION

Know your learners

If you see the following behaviours in learners, then there may be a language difference. Learners who have language difficulties:

- Don't seem to understand when you speak. They may not follow instructions
- They often look at other learners' work
- They may look "lost" or "in their own world"
- They may not have friends or join in group activities
- Speak very little – just yes or no.
- They may either seem lonely or frustrated and aggressive

THINGS WE CAN DO TO HELP

Use of peers

- a. Mrs Loew paired Grace up with another learner who spoke some Portuguese. This helped Grace understand more of the lessons in class. It also helped her start making friends, because her study buddy looked after her at break.



Learners who struggle with language learn most from their peers. The need to speak and communicate so they can make friends is very powerful.

- b. Mrs Loew also planned a lesson where the learners had to speak a different language (either real or made up) to realise what it felt like not to understand what people were saying. This helped learners understand what Grace was experiencing in class.

Classroom environment

- a. Mrs Loew had English labels on many of the items in her classroom.
- b. To help Grace and other learners with different home languages, she spent a few lessons asking learners to give her the names of the items in different languages. She then made labels in Portuguese, English, French, and isiZulu.



chair

French: chaise

Portuguese: cadeira

Zulu: isihlalo

Teaching style

- a. Mrs Loew realised that many of her learners were learning in a second, and sometimes even third language. She started to make changes in her teaching so that more learners could understand her. For example, she gave demonstrations and not just explanations and used pictures and gestures to explain what she was saying.
- b. She started to speak more slowly. She used shorter sentences. She gave only one instruction at a time.
- c. Mrs Loew also included more singing because learning the words of songs is a fun way of learning new words, especially if the songs have actions. Singing is also a social activity where everyone can join in and have fun.