Tutorial Letter 102/3/2022

Inclusive Education B

ETH306W

Semester 1 and 2

Department of Inclusive Education

IMPORTANTINFORMATION

This tutorial letter contains important information about your module.

BARCODE

Define tomorrow.

UNISA university of south africa

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Dear Student

This tutorial letter contains information about the lecturers for the module and plagiarism. It also provides guidelines about inclusive education, learners with learning problems, intellectual impairment and autism. Please contact us if you are uncertain about any aspects of the module.

1 Lecturers

The lecturers for this module are:

Dr Sifiso Mbelu
Tel: 012 481 2933 (office hours)
E-mail: mbeluse@unisa.ac.za
Address: Unisa Sunnyside Campus, Building 10, Office 00-097, Pretoria 0003

Dr Lindokuhle Mkhuma
Tel: 012 484 1034 (office hours)
E-mail: mkhumi@unisa.ac.za
Address: Unisa Sunnyside Campus, Building 10, Office 00-091, Pretoria 0003

2 Plagiarism

It has come to our attention that some students copy assignments from each other and submit it as their own work. Others copy information directly from the study guide without acknowledging the source. Please note that this is referred to as plagiarism, which is also regarded as fraud. Therefore, we include information on plagiarism to make you aware of the consequences thereof.

Plagiarism is the act of taking the words, ideas and thoughts of others and passing them off as your own. It is a form of theft that involves several dishonest academic activities. The *Disciplinary code for students* (2014) is given to all students on registration. You are advised to study the *Disciplinary code*, especially chapter 2, and the University's *Policy on copyright infringement and plagiarism*.

The policy on copyright infringement and plagiarism emphasises the following aspects:

- Unethical use of another person's work for study purposes may, in addition to the infringement of the copyright owner's economic rights, also infringe the author's moral rights and constitute a criminal offence.

- The following will amount to the infringement of an author's moral rights:
  - ✓ Failure to acknowledge the author where phrases or passages are taken *verbatim* (word-for-word) from a published or unpublished text.
  - ✓ The use of a summary of a work that contains the ideas of others and presents the essence of an argument in language that condenses and compresses the original language of the source without acknowledging the author of the work.
  - ✓ The patch-writing (cut-and-paste) method, where pieces of other persons' works, including those taken from the internet, are blended with one's own words and phrases without acknowledging the author of the source work.

- Dishonest practices may also amount to criminal offences, such as fraud, theft and criminal copyright liability. Such dishonest practices include the following:
  - ✓ Copying information from another person (e.g. another student's assignment or portfolio) and submitting identical work where such work is not the result of teamwork and indicated as such by all participants.
  - ✓ Buying an essay from a ghost-writing service and pretending that it is one's own work.
  - ✓ Asking someone else to do an assignment on your behalf.

3 General guidelines about inclusive education

The main purpose of this module is to provide you with information about the various types of barriers to learning that learners in schools might experience, as well as ways in which you can support and assist these learners. Hopefully, this module will change your attitude towards these learners because often the classroom teachers are the only persons who can make a difference in the lives of young people who could easily be left behind.

Over the past few years, many policies about inclusive education and special needs in education

were passed in South Africa. This meant that the terminology that was used in South Africa had also changed. Please try to use the updated terminology. For instance, refer to 'a person who has a physical impairment' and never refer to a 'disabled person' – the whole person is not disabled. You will, however, note that the *Summary of Barriers to Learning* provided by the Department of Education in 2004, refers to disabilities. In this module, you will not be penalised, should you use outdated terminology. Remember that we prefer to refer to 'learners' in the classroom or school situation rather than 'children'. There are many adults to be found in a classroom situation and surely, we will not refer to them as children.

You know by now that there are various barriers, which can cause a learning breakdown in learners, and that these barriers are divided into both intrinsic and extrinsic barriers. In developing countries such as South Africa, extrinsic barriers play a more prominent role than in developed countries.

Extrinsic barriers are, inter alia, socio-economic factors such as violence, crime, poverty, the education system, the role and the attitude of the community, and language issues.

Intrinsic barriers include sensory barriers, which are visual and hearing impairments; physical barriers; neurological barriers like brain lesions, cerebral palsy, spina bifida and epilepsy; cognitive barriers, ranging between giftedness to severe intellectual impairment; chronic diseases and infections such as malnutrition, allergies, asthma, tuberculosis, chronic respiratory infections, HIV-infection; and autism, which can be described as a severe disorder of communication, interpersonal relationships, behaviour and thinking.

During a workshop presented by the Department of Education (2004:39), the following summary was provided of possible barriers to learning:

Pedagogical barriers to learning

- Insufficient support of educators
- Inappropriate and unfair assessment procedures
- Inflexible curriculum
- Learning styles
- Tempo of teaching
- What is taught (content)
- Management and organisation of the classroom
- The language of learning and teaching (LOLT) (often learners are taught in English as their second language although they cannot speak English)

Medical disabilities

Sensory disabilities, physical disabilities, illnesses and other conditions are seen as medical disabilities. It may also include the following:

- Hearing loss
- Visual impairment
- Neurological disabilities
- Cerebral palsy
- Learning disabilities
- Academic learning difficulties
- Communication disorders
- Perceptual disorders
- Motor disorders
- Socio-emotional problems
- Memory problems
- Attention problems
- Physical disabilities
- Disorders of the skeleton
- Muscular weakness and paralysis
- Health impairments and chronically sick learners
- Heart conditions
- Tuberculosis
- Rheumatic fever
- Asthma
- Haemophilia
- Lead poisoning
- Leukaemia
- Diabetes

Cognitive disabilities

Intellectual disabilities are classified as:

- Mild
- Moderate

- Severe
- Profound

Societal barriers to learning

- Severe poverty
- Late enrolment
- The lack of early intervention programmes
- Natural disasters and epidemics
- Abuse, crime and teenage pregnancy
- Gangs
- Violence in the neighbourhood and at home
- Gender issues in cultural groups and society
- Attitudes
- The lack of basic amenities such as water, electricity and toilets
- Home language differs from LOLT

Systemic barriers to learning

- Lack of basic and appropriate learning and teaching support materials
- Lack of assistive devices
- Inadequate facilities at schools
- Overcrowded classrooms
- Lack of mother-tongue educators

According to UNESCO (2001:32), the following is true about inclusive education:

1. It acknowledges that all children can learn and that all need some form of support in learning.
2. It aims to uncover and minimise barriers to learning.
3. It is broader than formal schooling and includes the home, the community and other opportunities for education outside of schools.
4. It aims to changes attitudes, behaviours, teaching methods, curricula and environments to meet the needs of all children.
5. It is a dynamic process, which is constantly evolving according to local cultures and contexts and is part of the wider strategy to promote an inclusive society.

Inclusive education challenges teachers in ordinary schools to rethink and to re-plan what they are doing in their classrooms to help learners to overcome the barriers to learning that they may have. Ordinary teachers can meet most of the challenges experienced by learners with barriers to learning in ordinary classrooms by using their creativity and drawing upon the knowledge and insight of other teachers and experts in the community. It may be necessary to make adaptations to the curriculum to remove barriers to learning and to make it possible for all learners to participate. These adaptations may include the outcomes expected from learners, equipment and teaching aids used, the methods used, ways in which the learners are assessed and the level of the content in the school curricula.

UNESCO (2001:67) provides the following general framework for adapting the curriculum:

- The learner
  If a learner in my class experiences barriers to learning, how do these affect that learner's learning? From what specialists or experts can I get help and advice?

- The classroom and school environment
  What changes in the classroom, school building and the environment can make it easier for the learners to come to school and to learn? What assistive devices may be needed?

- School subjects
  What changes do I need to make to subjects that I teach the learner, both in terms of level outcomes and expected outcomes? This covers the level on which I teach the subject to the learner as well as the range of subjects.

- Teaching strategies
  What changes do I need to make to my teaching methods to suit the learner's needs?

- Participation in other school activities (sports, clubs, school chores, etc)
  What changes may I make to ensure the learner's active participation?

- Tests, examination and assessment
  What changes do I need to make in assessing the learner's learning?

We believe that special schools for learners who have severe impairments, such as blindness and deafness, will continue to exist. The expertise, which the teachers at these special schools have, will, however, also be used to train teachers in other schools for these schools to become resource centres. It is envisaged that several South African schools will eventually become so-called 'full-service schools', which will cater for all the needs of learners who experience barriers to learning.

4 Learners who experience learning problems

Learning problems or learning difficulties *do not* refer to learners who have learning problems, which are primarily the result of visual, hearing, motor or intellectual impairments. Learning difficulties refer to the problems related to the psychological processes involved in understanding or in using language, both spoken and written. It may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. These learners thus have difficulty in acquiring certain skills, which are necessary to be successful at school. Usually, teachers are vaguely aware that these learners should be able to do better. They may reach the outcomes of a specific learning area, but their achievement is not in accordance with their actual potential. Learners with learning problems and learners with behavioural problems form the majority of learners with barriers to learning in our schools.

Perceptual abilities can be regarded as important prerequisite skills for learning in certain learning areas at school. By accommodating perceptual exercises, while supporting learners in their schoolwork, such as reading, writing and mathematics, they may overcome these difficulties. Perceptual problems are discussed in Section D of Appendix F in the study guide. Problems that learners may have with language abilities, reading and mathematics or numeracy are also discussed in the study guide. Remember not to use the term *dyslexia* when referring to reading problems, because the term is only used in severe cases when problems with literacy are persistent.

The British Psychological Society (1999:5) has adopted the following working definition of dyslexia: "Dyslexia is evident when accurate and fluent word reading and/or spelling develops incompletely or with great difficulty. This focuses on literacy learning at the word level and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching."

5 Intellectual impairment

Please refrain from using terms such as 'mental retardation' when referring to intellectually impaired learners. It is unacceptable. The classification system, as discussed in the study guide, is also not used anymore.

Learners who are intellectually impaired have a general or global delay in all areas of development. Often perception does not develop at a normal rate. This results in a slow development in body control, as well as hand-eye integration skills. Speech and language skills are acquired at a slower rate. This has far-reaching implications for general communication and learning. The special and emotional development of these learners often develop slowly, which may influence their social skills. It is sometimes difficult to identify the subtler symptoms of intellectual impairment.

With the acceptance and the growth of inclusive education in our country, we notice that more learners with Down's syndrome are admitted successfully to mainstream schools. We, therefore, supply you with more information on Down syndrome specifically.

Down syndrome

Down syndrome is the result of an oddity of genes in the 21st chromosome. Children with this syndrome usually have a slow rate of learning and other physical symptoms. Children with Down syndrome are usually very lovable and, therefore, they are sometimes referred to as the 'children of heaven'.

The following characteristics that impact on learning were taken from *DS Bulletin, which* is the magazine of the Down Syndrome Association in Tshwane.

For a learner with Down syndrome to be successfully included in school activities, the following characteristics will need to be considered by all staff members involved in the day-to-day management of the learner's curriculum and classroom activities:

Medical issues and physical characteristics	Implications	Support strategies
Motor skills Poor manipulation due to: ▪ Hypotonia (low muscle tone) in arms and hands ▪ Shorter limbs and digits ▪ Reduced stamina	o Handwriting may be oversized or undersized and light/sketchy. o Manual skills such as cutting, using concrete materials and equipment, may be less accurate and completed more slowly.	o Use alternative tasks for recording; e.g. cut and paste, multiple-choice questions. o Use large/adapted equipment (ruler with ridge for gripping, blackboard compass). o Reduce the number of activities or work expected. o Provide proformas in a large size with some information already recorded.
Visual perception ▪ Difficulty ordering a sequence ▪ Reversal of images ▪ Random visual scanning	o Difficulty in perceiving and predicting a pattern or sequence. o Unable to reliably read a number; e.g. 43 becomes 34 or 6 for 8. o Will miss information when presented in a cluttered or random manner.	o Model pattern by using concrete objects matching directly, below/on top of a given pattern. o Over-learning using visual/ tactile/verbal cue. o Rote learn numbers; e.g. telephone numbers. o Teach to scan from the right and down the page.

Cognitive characteristics	Implications	Support strategies
○ Students exhibit a wide range of abilities. ○ Comprehension/interpretation of verbal and written instructions appear to be more advanced than actual ability/level. ○ Abstract thinking is limited. ○ Unable to transfer knowledge to a new situation. ○ Unable to separate pieces of information and form link.s	o Asynchrony across subject areas; i.e. may be more skilled in reading than in mathematics. A learner with Down syndrome varies in her/his abilities and skills compared to her/his peers. Comparisons are difficult. o Working pace is usually slow due in part to intellectual disability and poor motor skills. o Appears to understand or confirms that he/she understands but fails to comprehend the activity. o The learner will misinterpret words with more than one meaning; e.g. light can relate to weight or illumination. o Unable to interpret and complete tasks.	o Reduce the workload so that the learner can complete the activity. o Use the task analysis process – teach each component of the skill sequence. When components are mastered, model the whole process. o Abstract concepts will need to be supported with concrete materials. o Always model the whole process in any new context to show, for example, that 4+1+? will not mean the same as 1+4+?
Memory ▪ Short-term (working) memory is poor. ▪ Long-term recall is poor. ▪ Difficulty recalling and following the sequence; e.g. using a calculator.	o Unable to store information long enough to process and respond to it. o Incorrect responses to previously known skills. o Difficulty getting started as they are unsure of the sequence.	o Use visual instructions or modelling and present similar tasks or formats that do not rely on short-term memory. o Use over-learning and ongoing revision of skills. o Adults and/or learners use rehearsal (self-talk) to step through the process; e.g. turn on the calculator, verbalise each number/symbol

Attending skills	o Learner's work is incomplete. o Adult intervention is frequently required to keep the learners on the task. o Learners will exhibit a range of problem behaviours. They may not follow the whole class in verbal instructions. They tend to only complete the last section of the activity. o Learners may pick up an element of the instruction and go off on a tangent in their thinking.	o Place the learner in a less distractive environment; e.g. independent work area. o Provide simple instructions. o Use visual displays to be completed, followed by reward/free-time activity. A number of shorter activities can produce better results than longer activities. o Redirect learners. o Provide visual prompts.
Errorless learners	o Difficult to correct when incorrect responses have been made.	o Do not allow learners to practice/internalise an incorrect procedure/task because it is extremely difficult to unlearn and re-teach.
Failure avoidance ○ Refusal to attempt the task if it is perceived to be difficult.	○ Too much information; either verbal or written. This happens even when the responses are appropriate to the task.	○ Present only a small task or part of a task at a time. ○ Present activities in a routine format. ○ Introduce changes in a format or task gradually.

Contact details of the various Down syndrome societies in South Africa:

National Down Syndrome South Africa
PO Box 12962
Hatfield
Pretoria 0028
Tel/fax: 011 615 9401 E-mail: dssaoffice@icon.co.za

Regional offices

Pretoria	012 6648871	Johannesburg	011 4846116
Durban	031 4642055	Western Cape	021 9490900
Cape Support	021 6891519	East London	043 7482893
Port Elizabeth	041 3606565		

6 Autism

When childhood autism was first identified, one of the theories about it suggested that the family's style of interaction might be an important factor in the development of the symptoms. However, over recent years, it has become evident that autism has a biological origin. Therefore, professionals, including teachers, should refrain from suggesting that parents' manner in handling a child may be the cause of his or her strange behaviour and social isolation.

Teachers in pre-school classes and the foundation phase play a very important role in identifying that a young learner could have a social interpersonal problem related to autism. It is vital to detect learners with autism in their formative years. However, *never ever tell* parents, guardians or caregivers that a child is autistic, rather help them to seek advice from professionals. Only professional people can tell whether a child has autism or not. It is, therefore, important that you, as a teacher, know the symptoms that can indicate that a young person suffers from autism. Keep the contact details of societies and schools for autism (and other forms of impairments, with which you were provided in the study guide) where professional help can be sought.

Teachers teaching at schools for autistic learners do wonderful work and with their help and dedication, some learners who have certain forms of autism can be placed back into mainstream education.

The following information was taken from a booklet provided by Autism South Africa: *Could this child in front of me be manifesting autistic spectrum syndrome? (Information for teachers)*.

Autism or Autistic Spectrum Disorder (ASD) is a lifelong, complex, pervasive developmental impairment, which appears to have a genetic predisposition and stems from a multi-faceted origin, causing disturbances in brain development and functioning. It is found to occur in four times as many boys as girls and the incidence of ASD seems to be on the increase.

The onset of autism is from birth to the age of three years. Various subgroups are referred to within the autistic spectrum disorder, including childhood autism, early infantile autism and Asperger Syndrome. Asperger Syndrome presents with a subtler display of difficulties but has enough

distinct features to be classified separately.

Learners with ASD often have accompanying learning difficulties, and the range of intellectual abilities amongst learners with ASD is vast. Additional impairments such as epilepsy, sensory impairments and intellectual impairments can co-exist with ASD.

Learners with ASD present with many different levels of severity. They also display a wide range of individual characteristics, as they are all affected by what is known as the 'triad of impairments'. The triad is typically associated with a narrow, repetitive pattern of activities and resistance to change in things, which may directly affect the individual. It manifests with an impairment in the quality of development in the following areas:

Social interaction

- Little awareness of the existence of others or their feelings.
- A poor or absent ability to make appropriate social contact.
- The most severe form is aloofness and indifference to others, although most learners with autism show an attachment on a simple level with parents or caregivers.
- Indifference to or a dislike of being held, cuddled or touched.
- Difficulty in forming appropriate relationships with peers or others.
- In less severe forms, an individual accepts social contact, even showing some pleasure in this, though he or she may not make spontaneous approaches.
- Prefers to play alone.

Language and communication

- The development of speech and language may be abnormal, delayed or absent.
- A person shows minimal reaction to verbal input and sometimes acts as though deaf.
- The presence or the understanding of facial expressions and/or gestures may be unusual or absent.
- The repetition of words, questions, phrases and/or sentences.
- Endless monologues about their special interests without adapting to the needs of the listener.
- Words and phrases may be used incorrectly.
- The production of speech may be unusual. A flat monotonous tone or inappropriate variations in tone are often noted.
- Those who are verbal may be fascinated with words and word games, but do not use their vocabulary as a tool for social integration and reciprocal communication.

- They have difficulty in initiating or taking part in conversations.

Behaviour and imagination

- Imaginative play may be limited or poor; for example, they cannot play with a wooden block as if it is a toy car.
- A tendency to focus on minor or trivial aspects of things in the environment instead of an imaginative understanding of the meaning of the whole scene.
- They may display a limited range of imaginative activities, which a teacher may well find have been copied from the television or elsewhere.
- They pursue activities repetitively and cannot be influenced by suggestions of change.
- Their play may appear complex, but close observation shows its rigidity and stereotyped pattern.
- Unusual habits such as rocking, spinning, finger-flicking, continual fiddling with objects, spinning objects, tapping and scratching on objects, or arranging objects in lines or patterns.
- Inappropriate use of toys in play.
- Holding onto objects; for instance, carrying a piece of wool the whole day.
- Noticeable physical over-activity or extreme under-activity.
- Tantrums may occur for no reason.
- Changes in the routine or the environment; for example, a change in the route to the school or altering the placement of equipment in the classroom may cause distress.
- Interests and range of activities may be limited; for example, they are only interested in puzzles.
- A small percentage of learners have outstanding abilities regarding their overall functioning; for example, exceptional memory in a specific field of interest or exceptional artistic ability.

The following features may be observed

- Little or no eye contact.
- No real fear of danger.
- Abnormalities in the development of cognitive skills; for example, poor learning skills or resistance to normal teaching methods.
- Abnormalities of posture and motor behaviour such as poor balance.
- Poor gross and fine motor skills in some learners.
- Odd responses to sensory inputs, such as covering the ears.
- Sense of touch, taste, sight, hearing and/or smell may be heightened or diminished.
- Bizarre eating patterns.

- High pain threshold.
- Crying or laughing for no apparent reason.
- Self-injurious behaviour such as head banging, scratching and biting.
- Abnormal sleep patterns.

7 Books on inclusive education and special needs education

There are many books on inclusive education available in the Unisa Library. The following are a few of the latest books that have been published in South Africa:

Eloff, I & Ebersöhn, L. 2004. *Keys to educational psychology.* Cape Town: UCT Press.

Engelbrecht, P& Green, L. 2007. *Responding to the challenges of inclusive education in Southern Africa.* Pretoria: Van Schaik.

Frederickson, N & Cline, T. 2002.*Special educational needs*. Buckingham: Open University Press.

Landsberg, E., Krüger, D. & Nel, NM. 2005. *Addressing barriers to learning: Aa South African perspective*. Pretoria: Van Schaik.

Landsberg, E., Kruger, D. & Nel, NM.2011. *Addressing barriers to learning: A South African perspective.* Pretoria: Van Schaik.

8 Sources consulted

British Psychological Society. 1999. *Dyslexia, literacy and psychological assessment.* Leicester: British Psychological Society.

https://libguides.unisa.ac.za/c.php?g=763056&p=5641112.

DS Bulletin, 11(1):32–35

UNESCO. 2001. *Understanding and responding to children's needs in inclusive classrooms*. Available at http://www.unesco.org/education/educprog/sne (Accessed on January 2020).

Best wishes.
Your lecturer