sen
special education needs

Inclusion is a possible way

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macmillan education

Proyecto SEN

(Special Education Needs)

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The whole world is walking towards inclusion and our schools are no exception. However, although we are well aware of the fact that 'special needs' are not to be considered pathologies but just different ways of thinking, perceiving or performing, it is clear that EFL teachers face great challenges in this respect.

At Macmillan, we know that trying to move away from mere integration, where students with special needs remain in the classroom but still isolated from the rest, into inclusion, where every child learns from and with their classmates, is no easy task. It demands skill, energy, determination and decision-making, so we have developed this project keeping three pillars in mind:

- The first is related to the fact that we may have heard the words dyslexia, attention deficit and autism but very few of us know what these imply in terms of classroom dynamics and needs. We offer you the possibility to access our SEN booklet, a concise guide with clear facts that every teacher should read.
- Secondly, if you are a Macmillan user, you can have a SEN workshop in your school, either in English or in Spanish.
- And thirdly, we will gradually upload onto our website adapted material corresponding to different levels of our best-selling series for you to use in class or just to inspire you to make your own adaptations.

To put it in a nut shell, bearing in mind that each learner is unique and that it is our role as teachers to cater for each and every child, we want to help you develop your students' potential. This is the main aim of our SEN project.

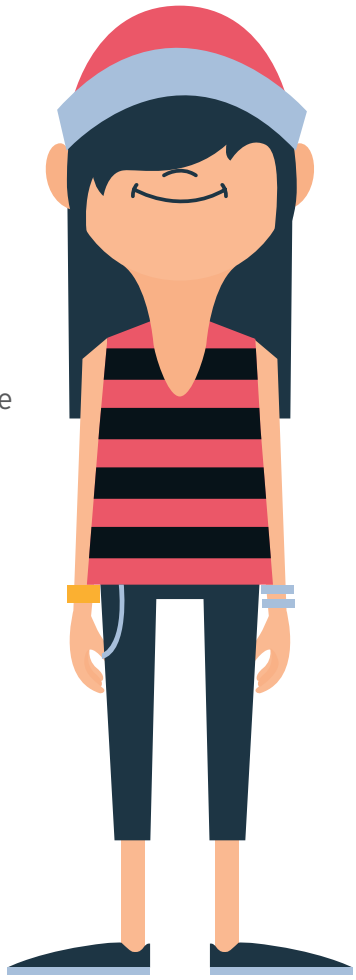
Inclusion is a possible way

By Lic. Fernando Bususcovich

Inclusion is gradually having more presence in schools. Diversity gives everyone the chance to participate, rather than simply do what others do. Each child has their own strengths, and schools must teach that these diverse characteristics enrich the experience of sharing with others.

Every day teachers should pave the way for their students' success, bearing in mind that everyone can provide something to the group. Thus, if teachers do not understand that each child uses their skills in a different way, inclusion is not possible. Nowadays, we live under the paradigm of integration (according to which everyone must do what others do) but we are on our way to inclusion, allowing everyone to act, develop and grow according to their own strengths, interests and desires.

Since we are all different, each of the teachers' activities must cater for the needs of each student in the class. Therefore, teachers should be provided with enough tools to make their workspace – the classroom – a significant learning space for everyone.



Analyzing disability in our schools

School is something familiar to us – most of us have either gone through it or are still attending it, not to mention the fact that some of us who have already graduated are still in contact with the classroom reality. School is a topic we all talk about because we have experienced it and, therefore, we feel we know about it.

Ever since their creation, schools have acted as levelers. In fact, the phrase 'normal school' used by Sarmiento clearly depicts this idea. It standardized and unified what was heterogeneous; at school everybody was equal, and this was very useful at a time when only institutions like the school could develop in people an understanding of being Argentinian, a feeling of nationalism. However, this has changed.

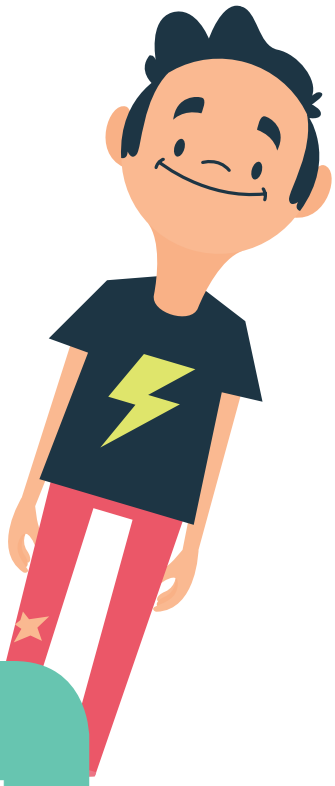
Nowadays, schools (and even the whole world) think of subjects differently. After the Declaration of the Rights of the Child (1959), the Convention on the Rights of Persons with Disabilities (2006) and, in our country, the new Civil Code (2014), the subject, in this case the student, is considered to be unique, different from all others, with strengths and weaknesses that ought to be taken into account. In this respect, and with regard to disabilities, there is nowadays a strong tendency to think beyond pathology and to consider people for what they can do, for their positive features. Therefore, focusing on each student's potential would be much more important than having a psychological disorder diagnosis; observing what they are able to do with or without a disability should be our major concern. And if we analyze our classes, we can realize that teachers experience this dilemma on a daily basis: if a child finds it difficult to learn divisions, teachers try by all means to help them acquire that knowledge. Teachers devise strategies, use varied resources or maybe they just explain in a different way; all this happens independently of having a diagnosis.

At this point, we ought to analyze two basic yet innovative concepts: one is the concept of barriers and the other, closely related to the first, is the concept of supports. The former can be said to refer to what is extrinsic, to obstacles that prevent the subject from developing their potential. In education, this concept grows stronger when we conceive students in terms of their potential. In fact, different authors offer varied views on the concept of 'barriers'. For this work, we will consider barriers as specified in Resolution 311/16 by the Federal Council of Education[1] :

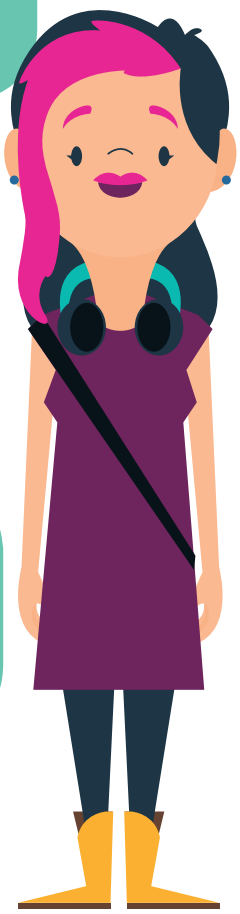
- **Physical access barriers.**
- **Communication barriers.**
- **Didactic barriers: teaching-learning processes.**
- **Social/Attitudinal barriers: teachers', other students' or family members' attitude; lack of information, training or knowledge of inclusion processes.**

1 - Resolution 311/16 by the Federal Council of Education, 15 December 2016.

We could not possibly write out a list of barriers since these are as varied as subjects themselves, for instance, not having a ramp to access a school is a barrier for somebody in a wheelchair (physical access barrier) but it is not for a perfectly able person. Similarly, the lack of an interpreter is a barrier for a deaf person at an event (communication barrier) but it is not for someone who has no hearing impairment. Lastly, in the school context, a song may be a barrier for an autistic child when sung out loud in a closed room in Kindergarten (social/attitudinal barrier) but it may not be a problem for a child without that condition. However, what is positive about barriers is that they are not absolute, they are modifiable and can be improved. For instance, going back to the examples above, not having a ramp to access the school can be solved by having one installed; a sign language interpreter may be hired when there is a deaf person at an event, thus doing away with the communication barrier, and the loud noise barrier can easily be transformed into a quieter option or by moving to a more open space. Clearly, there is something we must bear in mind: we do not speak of a person's barriers but of environmental barriers; therefore, by modifying the environment we modify the life quality of the subject. As Booth and Ainscow (2000:22) pointed out:



'The use of the concept 'barriers to learning and participation' to define the difficulties a student may face instead of 'special educational needs' implies a social model regarding those learning difficulties and disabilities. This social model contrasts with the clinical model, according to which educational difficulties are said to be produced by deficiencies or personal problems. In the social model, learning and participation barriers spring up when students interact with their environment: people, policies, institutions, cultures and social circumstances that affect their lives.' (page 22)



The second concept in our analysis is that of *supports*, first developed by the Spanish psychologist Miguel Ángel Verdugo Alonso, and defined by Isabel García Alonso (2005:259) as 'all those resources intended to promote development, education, interests and personal welfare, as well as to improve individual performance' (page 268). In this way, we understand the concept of support as anything that empowers the subject and provides them with tools for positive development within the environment. In Verdugo Alonso's words (1994:36):

'Supports may come from different sources: oneself (skills, competencies, information...), others (family, friends, classmates or workmates), technology (technological aids) or services (enablement). The intensity and duration of the support may vary depending on the subjects, situations or vital moments.' (page 36)

Both concepts, 'barriers' and 'supports', refer to what is extrinsic to the subject, allowing us to think of each person beyond their disability, and to understand that what really matters is the dynamics generated between the subject and the environment, which is in turn affected by the supports that aim at lowering barriers. The school may then be considered a place where barriers can be either strengthened or reduced as much as possible, thus increasing students' capabilities so that learning can take place. In this respect, we often hear the question: 'What can we do with children who have difficulties?' Teachers very often face this overwhelming dilemma. Every time a teacher walks into class, they face at least fifteen different realities[2] – their students who are all to be taught in the same way so as to obtain similar results. This is the first mistake: believing that everybody can be taught in the same way. This belief seriously hinders daily work and is one of the first issues that teachers ought to understand once they graduate. Walking into class implies knowing that one enters a place where nothing is homogeneous and differences are more common than one may think. Teachers are trained for a 'normal', traditional school, one that no longer exists, since students today make a point of disregarding rigid times and static places as well as certain contents. In the middle of this paradoxical struggle between the teacher and their students, stands the school, unable to give a satisfactory answer. Likewise, as soon as teachers graduate and start working, they realize that what they have been taught is not applicable. They then begin to display, as best as possible, various resources to help students gain knowledge. This is not usually taught in training courses; teachers do it intuitively, though not confidently. Even so, they are successful more often than not, and this happens because they are well aware of the fact that students must learn, however hard it may be.

Another great dilemma that arises in school and that has become a classroom cliché about students with difficulties is: 'I have not been taught this. I am not ready for it.' And so it is, indeed, but it is also true that teachers must continue their professional development once they have graduated. Teaching professionals[3] sometimes seem to forget that they work with children or teenagers, who are in permanent change. A child today is different from one in 2000 and even more from one in 1990. This is precisely why teachers must get trained, study and undergo professional development to be able to cater for the demands of our changing society. There are teachers who graduated 20 years ago and have never attended any upgrading courses. Although it may be true that they were not taught how to deal with these special difficulties while they were being trained, it is also a fact that they should look for that opportunity themselves, since diversity is no longer an option and integration is not a possibility.

Nowadays, despite the fact that each child or teenager is unique, we may still find an abundance of certain diagnoses in our classrooms. Thanks to current regulations, schools today are places where any student can go and learn[4]. These collective features, which have been taken into account for this work, describe ways of interacting with the environment and with others, and help us understand students' behaviour or learning strategies. We will consider the following[5]:

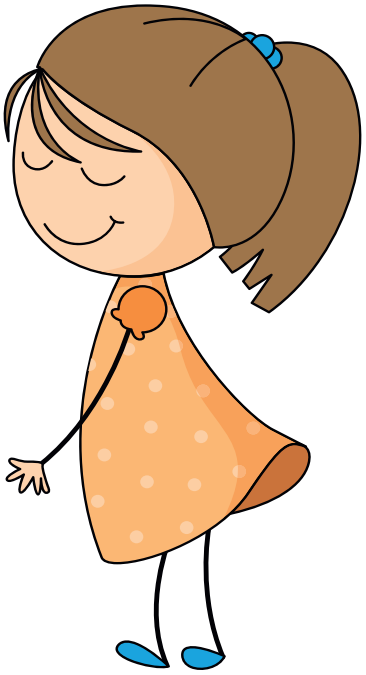
- **ASD (Autistic Spectrum Disorder)**
- **ADHD (Attention Deficit |and Hyperactivity Disorder)**
- **Dyslexia (one of the Specific Learning Disorders)**

2 - This refers to the number of students per class, which can be up to forty in some cases. This situation is not recommended for quality teaching to take place.
3 - The phrase 'teaching professionals' has been used intentionally, since we consider teaching to be a professional study, as important as any other university study.
4 - 'Inclusive education contemplates access and participation to all students as a condition for quality education, without discrimination. It does not mean access to mandatory education; it implies students' effective participation to acquire content taught at school through inclusive pedagogical practices.' Resolution 1664/17 by the Culture and Education General Board, province of Buenos Aires.
5 - Readers should remember that the pathologies here stated are only descriptive of the characteristics shared by several subjects but it is essential to focus on each person to determine the individual support they require.


DIARY

Autistic Spectrum Disorder (ASD)

Autistic Spectrum Disorder is neurobiological in origin and affects 1 in every 68 children, according to data offered by the American Health Department in 2015 and taken as a statistical parameter worldwide. The Diagnostic and Statistical Manual of Mental Disorders (DSM 5) states that to get this diagnosis, the patient ought to display persistent deficiency in social communication and interaction in varied contexts as well as restricted behaviour patterns and interests or activities that are limited, repetitive and stereotyped. This condition is nowadays explained through the concept of 'spectrum', which defines a range of possibilities within the disorder: ASD type 1, type 2 or type 3 depending on the number of supports needed – many, some or just a few, respectively. Since 2013, the name of the condition has been acknowledged as Autistic Spectrum Disorder, leaving aside all previous denominations, even those that are still used at present, such as PDD (Pervasive Developmental Disorder), Autism, Asperger Syndrome and Child Desiderative among others[6].



It is extremely important to determine the level at which the subject interacts with the environment due to the fact that within ASD there may be a wide range of features. Although one of them is the delay in language acquisition, there are people within the spectrum that can communicate fluently with those around them, while others fail to learn to speak. At this stage, it is essential to understand what communicative tools the subject may have so as to make the most of them. There may be communication (there usually is) but perhaps without any language use. In this case, the communication handicap is reflected in the difficulty to read non-verbal social signs as well as in the subject's inability to understand what the interlocutor thinks without it being said (Theory of Mind). It is this laterality that makes ASD people rather inflexible in general terms. Besides, children diagnosed with ASD type 3 often show excessive persistence towards specific objects or parts of objects, while those considered to be within type 1 or type 2 usually show exclusive, avid interest in one or two topics, to the extent that they may become almost experts in them.

6- Rett syndrome (a mainly female affection), which had been considered a developmental disorder at the time of the DSM 5 publication, is now considered a genetic syndrome.

Generally speaking, when we say these children show interaction and language difficulties, we refer to the following:

An alteration in the use of several non-verbal behaviour patterns such as eye contact, facial expressions, body posture and those gestures that regulate social interaction.

Difficulty to build peer relationships according to the subject's developmental level.

Lack of spontaneous inclination to share interests, goals or joy with others.

No social or emotional reciprocity.

Delay in the acquisition of the spoken language or no acquisition at all.

In cases of adequate speech development, significant difficulty in the ability to start or hold a conversation.

Stereotyped and repetitive use of language patterns.

When we say that these patients show behaviour patterns, interests or activities that are restricted, limited and repetitive or stereotyped, we are actually referring to the following:

Excessive concern for one or more stereotyped and restrictive interests that turn out to be abnormal either in intensity or target.

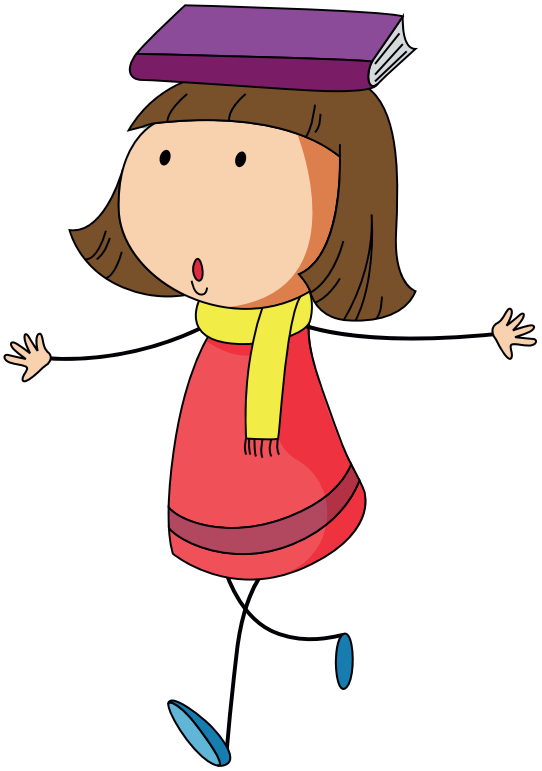
Seemingly inflexible adherence to specific non-functional routines.

Stereotyped and repetitive motor mannerisms.

Persistent concern for parts of objects.

Unilateral interest in a specific topic.

We must take into account that ASD is not mental retardation. Although many patients with this pathology show a way of processing information that falls within the spectrum, this cannot be regarded as mental retardation, for it is not deficient but just different from the way in which others outside the spectrum process information. Similarly, the difficulty to socialize, inflexibility and communication problems result in the need for an appropriate treatment that may help the patient in these specific areas. In these cases, a cognitive-behavioural therapy would be advisable together with fluid communication between the school and the treating professionals so that the child may eventually improve their performance as they enhance their social and communicative skills.



What can teachers do to help a student with ASD?

- **Allow the child to sit at the first desks and near the teacher.**
- **Allow the student to sit by significant peers to foster sociability.**
- **Whenever possible, the classroom should not be overloaded with visual stimuli.**
- **Give clear and explicit instructions taking into account laterality.**
- **Avoid jokes and irony.**
- **Time activities.**
- **Allow alternative communication if necessary.**
- **Encourage the use of a planner to visualize the passing of time.**
- **Anticipate what will be done, what has been changed or what won't be done.**
- **Avoid loud noises as well as high pitch.**
- **Understand that tantrums are often ways of expressing something.**

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a condition that affects between 8% and 5% of the school population and can be detected before the age of 7. It affects mainly boys in a 3-1 ratio. Those children who have this condition experience an incorrect organization of the processes that regulate attention and actions, as well as serious failures to plan activities, which often hinders the development of such actions.

ADHD is caused by a lack of balance between two neurotransmitters that have a direct effect on the brain areas that are responsible for self-control and the inhibition of inappropriate behaviour. In this respect, it should be noted that the symptoms are neither caused by social, economic or educational factors, nor by the family environment[7]. To diagnose this disorder, the symptoms must interfere with the child's social performance in at least two different contexts; this is why detailed observations by teachers are of utmost importance.

Within ADHD, we can find a tendency towards inattention, hyperactivity and/or impulsiveness.

Inattention (According to DSM 5)

- **Difficulty to pay attention to detail and tendency to make mistakes derived from this.**
- **Difficulty to focus on both school and recreational activities.**
- **Failure to hear when being addressed.**
- **Difficulty to follow rules or finish what has been started.**
- **Problems to organize time and work place.**
- **Significantly high rate in the loss of school or daily use objects.**
- **Failure to remember daily activities.**

7- Item 4 of the 'Cartagena Declaration' (2009) by the Latin American League for the Study of ADHD (LILAPETDAH).

Hyperactivity/Impulsiveness (according to DSM 5)

- **Impossibility to remain still.**
- **Difficulty to remain seated for long periods of time.**
- **Impossibility to follow rules that imply staying in one place.**
- **Tendency to talk too much and inappropriately.**
- **Difficulty to take turns.**
- **Interruption of peers' conversations.**

ADHD is not a learning disability; however, content learning and the possibility to adjust to the school rigid routines may become serious problems for these children. Due to their inability to focus, they may need to get their attention called in order to finish a task. Besides, it should be noted that one of their major difficulties lies in their poor timing in school activities and in overall planning, which would bring about academic problems, especially in schools that are not flexible enough.

Schools have two main characteristics which are distinct but can be seen together daily: the academic and social aspects. For children with ADHD, the former may be a problem and the latter a frustration. Due to their impulsiveness, students with these characteristics often suffer their peers' rejection since they cannot understand that these children's reactions are not voluntary. The gradual deterioration of the social relations of students with ADHD as the school years go by will become evident unless all their classmates are helped to understand the peculiarity of the situations that may arise. If a child with ADHD undergoes effective treatment, the professional in charge might be invited to talk to the rest of the class so that schooling and, above all, socialization become more positive.

With regard to the most effective treatment, Sonia Jarque Fernández (2012:29) proposes that 'nowadays, the only empirically valid treatments for ADHD include stimulant medication and the contextualized use of parental as well as teacher training in behavioural and cognitive-behavioural management techniques, together with the training of those children with ADHD in socio-emotional skills' (page 29).

In this way, the treatment combining medication with cognitive-behavioural therapy for the child and psychological education for parents and teachers would be the best to tackle the disorder.

What can teachers do to help a student with ADHD?

- **Rules must be clear and not taken for granted.**
- **On the desk, the student should only have what needed.**
- **Redirect the student's attention nicely towards what has to be done.**
- **Avoid threatening the child with punishments in public.**
- **Allow the student to sit in the front rows, surrounded by peers that won't disturb their work.**
- **Sequence tasks and check when the child has finished each of them.**
- **Allow the child to move around, set small tasks that will provide them with a sense of action.**
- **If the child should be told off, it must be done in few simple words as they may not understand a longer text.**
- **Avoid competition among students.**
- **Assess them orally and throughout the learning process.**
- **In formal tests, make one question at a time.**


3+3=7

Dyslexia (Specific Learning Disorder)

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), dyslexia corresponds to what is known as a specific learning disorder since it affects this skill, especially reading, writing and the overall learning performance. Dyslexia may be caused by an alteration in the brain areas where language is located and it affects about 5% of children between 7 and 9 years old. Such dysfunction of the left hemisphere affects the information processing speed, which generates difficulties when rapid stimuli changes take place. Moreover, the affected academic skills are substantially below the expected level for the chronological age, interfering significantly with the child's academic performance. It should be noted that this, however, is not related to intelligence, since there is no intellectual disability; nor is it related to visual or auditory dysfunction or to the lack of mastery of the acquired language. This is why it is considered a learning disorder – because of the importance that reading and writing have in knowledge acquisition or to account for it in formal education[8].

For the International Dyslexia Association (IDA), this is considered 'a Specific Learning Disorder of neurobiological origin, characterized by difficulties in accuracy and fluency in the recognition of (written) words, together with a deficit in decoding (reading) and spelling skills. Such difficulties are caused by a deficit in the phonological component of language and appear unexpectedly, since the learner's other cognitive skills develop normally and their reading instruction remains adequate'.

Even though the diagnosis must be made by a qualified professional, since this disorder becomes evident in the early school years due to the need for academic performance, signs may be observed at school, leading to an early detection and a better life quality through adequate treatment.

8- It should be pointed out that in the province of Buenos Aires a framework of action for students with specific learning disorders has been regulated by Provision 59/13 of the DGCyE (Culture and Education General Board). This provision states the way in which teachers should lead the learning process and sets the rules for teachers' daily work.

The following are warning signs of a possible disorder:

Omission, substitution, distortion or addition of whole words or parts of words.

Slow writing.

Slow reading and false starts.

Hesitation and getting lost when reading.

Inversion of word order in phrases or of letters in a word.

Weak reading comprehension.

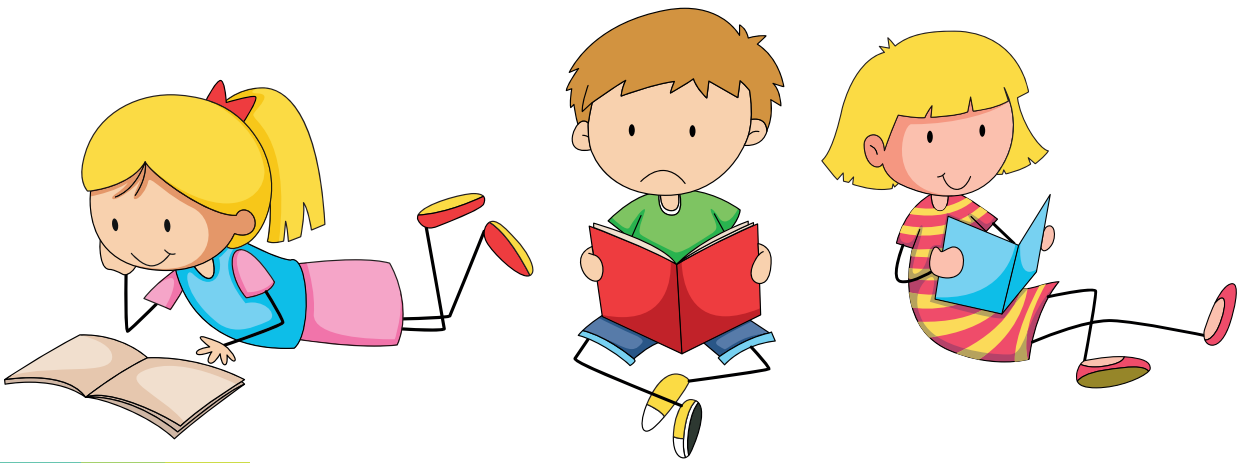
Deficit in understanding main ideas or conclusions.

Difficulty to focus when reading or writing.

Problems to plan the time needed to finish a task.

Although these characteristics may be found all together or in clusters, the specific signs of dyslexia must not be mistaken for lack of comprehension in the written language, which means that we should first make sure the child understands the patterns of the language in use. It is then of utmost importance to avoid making fast diagnoses when working with foreign students or with those that have a different mother tongue, as is the case of indigenous people, for example. Due to these difficulties, a dyslexic child's performance in a second language will be extremely weak, so it should not be binding when assessing them globally, for that would affect their marks and, above all, their self-esteem. The child will probably be unwilling to be exposed to reading in public or answering questions made by the teacher at random, without anticipation. This attitude is often seen as a lack of commitment or too little dedication; adults then rate the student's work negatively as a result of their poor participation but dyslexic students should not be exposed in front of peers or disqualified for something that they do not do voluntarily. We ought to bear their dysfunction in mind.

Dyslexia should be treated by professional educational therapists since the core of the disorder lies in the learning process. The therapist is likely to provide the dyslexic child with the necessary tools so that they can perform better at school. However, it is to be noted that there will be no changes in the symptoms or progress in academic performance unless a network is generated between the treating professionals and the school, including the family as well. It is this triad that, if it works properly in its technical and communicational aspects, will improve the child's general performance. Furthermore, as dyslexia is a disorder related to school skills and dyslexic children do not show any other specifically marked characteristics, when they become adolescents they are very often frustrated for not achieving school results when compared to their peers. This is precisely why it is very important to work with a psychologist who understands the pathology and can assist these students with regard to their self-esteem and self-acceptance. Due to these serious difficulties, dyslexic children may suffer from emotional disorders that need to be analyzed and treated by a qualified professional.



What can teachers do to help a dyslexic student?

- **Prioritize oral work both when teaching and assessing.**
- **Give the child more time to do tasks.**
- **Be clear and make sure the child understands what is being explained.**
- **Avoid asking this child to read aloud in public unless they feel safe enough.**
- **Avoid long texts and dictations.**
- **Understand that spelling difficulties are unconscious and constitutive.**
- **Assess the learning process as a whole, fostering oral work.**
- **Create a predictable and orderly environment.**
- **Be ready to divide long sequences into shorter tasks.**
- **Enlarge fonts or your handwriting if necessary.**

There are some useful tips that may help not only learners diagnosed with one of these disorders but also those with difficulties to socialize. We should take into account the following:

POSITIVE REINFORCEMENT[9]

Each expected behaviour from the child ought to be rewarded, when they finish their homework, when they manage to copy everything from the board or when they lend a classmate a pencil. Reinforced behaviour tends to be repeated so we should not stop rewarding.

THEY ARE NOT EVIL

We should understand that their behaviour is the consequence of the way in which they process information, so it is important to determine what position the teacher will take in front of the class. When a dyslexic child does not finish copying, a student with ADHD fidgets all the time or a learner with ASD shouts as they cover their ears, we must understand that this is what they can do at that very moment, without taking it for granted that they are doing that to us.

NETWORKING

The only way in which these children can make progress, not only at school but also in real life, is when a network of committed people is generated by those who understand what the children's special characteristics are and work to optimize their potential. Without the joint work of the family, the school and the treating professionals, the child has no possibility to succeed. It is therefore very important that adults leave their egos aside and understand that what really matters is the child.

SELF-ESTEEM

Children with difficulties are vulnerable in the conception they have of themselves; therefore, they should not be exposed within the group. We should not highlight faults, for most of their behaviour is involuntary.

9- For 'positive reinforcement' we understand compliments given by an adult to a child.

GENERAL AGREEMENT

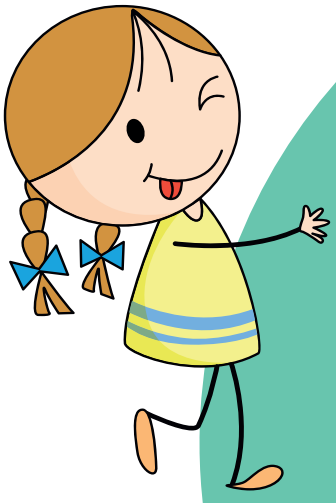
The incorporation of a child diagnosed with one of these disorders into a school requires an agreement among all actors. Although nowadays schools cannot refuse to undertake an integration project, there are some teachers who may hinder the work that is being done with the child. However, we must remember that at school the institution is responsible for each child, not the teacher or the head. Thus all the actors involved in the project should agree to work professionally and with commitment.

AVOID DOING THINGS FOR THE CHILD

We all have different times to acquire knowledge and different ways of approaching others, so these differences ought to be respected in order to avoid the mistake of doing things for the child. It is essential to provide them with tools and expect them to use these tools properly. If the tool we give the child fails, it must be changed.

TOLERANCE AND PATIENCE

These are the two main features that every teacher must have, along with remembering that there is no greater feeling than seeing how happy a child becomes when they autonomously achieve a goal.



To conclude,
we should never forget that every child is unique, and that our success as teachers is achieved when we manage to discover the good features in each of our students and use this knowledge to their own benefit.

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