МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ ПЕДАГОГІЧНИЙ УНІВЕРСИТЕТ ІМЕНІ Г.С.СКОВОРОДИ

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ACTUAL PROBLEMS OF SPECIAL AND INCLUSIVE EDUCATION: TESTS, QUIZZES AND QUESTIONS (FOR TEACHERS, TEACHER ASSISTANTS AND SPECIAL EDUCATORS)

навчально-методичний посібник

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CONTENT

- 1. Theoretical and Practical Approaches to Inclusive Education
- 2. Problems of Developmental Disabilities and Healthcare Needs
- 3. Teaching Children with Special Educational Needs
- 4. Teaching Children with Learning Difficulties
- 5. Attitudes towards Bullying
- 6. Child Protection for Teachers
- 7. Unaccompanied Children
- 8. Supporting Adolescent Learners
- 9. Preventing Childhood Obesity

1. THEORETICAL AND

PRACTICAL APPROACHES

TO INCLUSIVE EDUCATION

Check your understanding of disability

Question 1

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Which of these scenarios are an example of equity (select two)?

- A doctor sends an appointment letter to all patients.
- A doctor sends an easy read appointment letter to patients with an intellectual disability.
- A doctor calls a patient to inform them of their appointment time.

Question 2

Care is accommodated through compassionate caring relationships with the patient and family, colleagues with whom you work with, and yourself.

Which of these types of care does this statement refer to (select one)?

- Progressive patient care
- Team nursing care
- Relationship-based care
- Functional based care

Which of the following is the accepted terminology to describe someone who struggles to learn?

- Intellectual disability
- Slow learner
- Mental retardation

Question 4

When guiding someone who has limited sight, do you...

- ...push or pull the person?
- ...allow the person place their hands just above your elbow, so that they walk a step behind you?
- ...walk normally and give details of the upcoming area?

Question 5

What does the social model of disability entail?

- The child cannot learn because he or she has a disability
- The child can learn only after the disability is fixed
- The child can learn, but the school and curriculum need to be adjusted to fit the child's learning style

Question 6

How do most families experience the birth of a child with a disability?

- It is a shock at first, but with community support they could learn to accept it.
- It takes longer for families in developing countries to adapt to having a child with a disability than for families in developed ones, due to a lack of resources that could support the special needs of the child.
- It is difficult to predict how a family will experience the birth of a child with a disability.

Question 7

What term was used to embrace the definition of inclusion:

A unified system of public education that incorporates all children and youths as active, fully participating members of the school community...?

- Real inclusion
- Genuine inclusion
- Authentic inclusion

0
Natural inclusion
 Question 8 Teachers need special training to teach students with special educational needs. agree partially agree disagree
 Question 9 There aren't any special needs: some students are just badly behaved or lazy. agree partially agree disagree
 Question 10 It's impossible to cater for the special needs of one or two students in a class of thirty. agree partially agree disagree
Question 11 Other students make less progress when there are students with special needs in the class. agree partially agree disagree
Question 12 Students with special educational needs can't learn a foreign language. agree partially agree disagree
Question 13 What term was used to embrace the definition of inclusion: A unified system of public education that incorporates all children and youths as

active, fully participating members of the school community...?

Real inclusion

Genuine inclusion

- Authentic inclusion
- Natural inclusion

In the UK, there is a legal duty to ensure that all children are educated in a mainstream setting, except for specific circumstances. Which option is NOT a specific circumstance?

- The mainstream school would not meet the child's needs
- The education of the other children at the school would be affected
- The placement would be too expensive
- The child does not want to be educated.

Question 15

The Index for Inclusion can be understood as a set of which three linked processes: Select all the answers you think are correct.

- Increasing the awareness and appreciation of autism
- Increasing the participation and reducing the exclusion of all
- Increasing the capacity of settings and systems to respond to diversity in ways that value everyone equally
- Putting inclusive values into action

Question 16

Which term is NOT used within the Estyn Framework when judging the inclusiveness of a school?

- Excellent
- Good
- Satisfactory
- Unsatisfactory

Question 17

How many pillars of inclusion are suggested?

- 0 7
- 0 8
- 0 9
- 0 10

Question 18

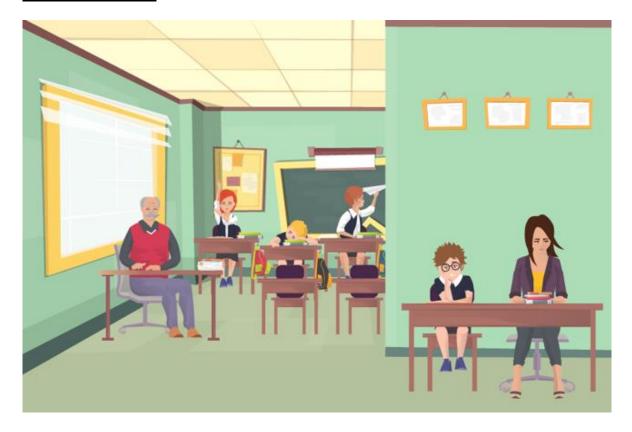
Which of these is true in the recent American study by Morningstar et al?

- Since 2001, the proportion of children in a mainstream class at least 40% of the time has increased and the proportion of children in a mainstream class less than 40% of the time or in a special school has decreased.
- Since 2001, the proportion of children in a mainstream class at least 40% of the time has decreased and the proportion of children in a mainstream class less than 40% of the time or in a special school has increased.
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When judging the quality of the research evidence for an intervention, the evidence can be said to be established if...

- 1 or more group studies with strong evidence or 2 or more group studies with adequate evidence
- 2 or more group studies with strong evidence or 4 or more group studies with adequate evidence
- 4 or more group studies with strong evidence or 8 or more group studies with adequate evidence
- 8 or more group studies with strong evidence or 16 or more group studies with adequate evidence

Is this inclusion?



Study the classroom scene carefully © QUT

This image shows a Grade 3 classroom. The teacher sits in front of his students, facing them. There are two empty seats directly in front of the teacher. The remaining desks are occupied by students. In the corridor there is a table with two chairs.

During the morning session, a teacher aide arrives with a student we will call Daniel. Daniel and the teacher aide sit first at the two desks at the front of the classroom. The teacher does not look at or acknowledge Daniel and the teacher aide at any time.

The classroom teacher leads a lesson with all students, except Daniel. The class are doing a literacy activity that involves a poem. Daniel works on a separate task that involves writing a few single words into a scrapbook. The teacher aide sits next to him but stares into the distance, ignoring Daniel. Neither the teacher nor teacher aide provide Daniel with any instruction.

After about 20 minutes, Daniel and the teacher aide move to the desk and chairs in the outside corridor. The teacher again ignores their exit. In the corridor, Daniel begins working on an iPad and the aide sits next to him, staring into space and offering no support.

Is this inclusion?

Yes

O No

Including Sinethemba

Meet your new learner, Sinethemba! Sinethemba is coming to a new school after losing the hearing in one ear from a viral infection some time ago. The hearing in the other ear is not very good. She can hear you when you speak in a small group or one-to-one basis, but when there is a lot of noise around her with many people talking, she can't hear anything. She speaks normally because she has heard the spoken word for most of her life.

Sinethemba had gone to a previous school before coming to this school, but she had found it difficult to learn. In the previous school the teacher made little effort to include Sinethemba, so she struggled to understand and was often left out.

The teacher often faced the board or turned to the side while speaking. The biggest challenge though, was his unwillingness to try even when Sinethemba's family explained these challenges to him. This hurt Sinethemba the most. Now she is very worried about attending the new class.

Respond to these statements below and write a short piece for another learner to review:

- 1. **Identify 3 challenges** Sinethemba might face when she starts school?
- 2. For each of the three challenges, **identify possible solutions** that may be able to address these challenges.
 - 3. **Identify the members of community** that you think could help you?

Use the assignment guidelines to give feedback about the three aspects:

- Three challenges which Sinethemba might face in the classroom;
- Possible solutions for each of the three challenges that a teacher could implement;
- Community resources and people who could assist supporting Sinethemba's education.

Practice scenarios

Question 1

Claire is in Mrs Field's Grade 3 class. During English, Mrs Field teaches most of the class from the front of the room. Claire, however, works one-on-one with a teacher aide at a desk at the back of the room, completing a workbook. Is this an example of inclusion?

O Yes

Question 2

Nisha's family move to a new area and the school she wants to attend is in a three-story building with no lifts. Nisha uses a wheelchair. When Nisha and her family meet with the school principal, the principal asks how Nisha will access all the classrooms, as the school does not have a lift. The school principal goes away and comes up with a plan: When Nisha is enrolled, her classes will be scheduled in the ground floor classrooms while a lift is being constructed. Is this an example of inclusion?

Yes

 \circ No

Question 3

Kane attends a school for children on the autism spectrum. On the school website, the school states that it provides 'inclusive education for all students'. Can a special school be inclusive?

Yes

O No

Question 4

Bailey is in Grade 6 and loves playing Fortnite and also has language and attentional difficulties. He has had numerous suspensions this year. Bailey's school principal recently met with his parents and said that Bailey can only attend school on Monday, Wednesday and Friday each week, as the school only has enough support funding for an aide on those days. Is this an example of inclusion?

Yes

○ No

The Year 12 music class is working on their own musical compositions for the end of semester assessment. To create his assessment piece, Sam, who loves music and also happens to have Down syndrome, uses an electronic keyboard which has built in composition software. Like his classmates, Sam performs his music with a group. Sam's group has been handpicked and consists of long-term peers who know and work with Sam well. Is this an example of inclusion?

O Yes

○ No

Question 6

The Year 1 class has a favourite routine - Child of the Week — whereby class members take turns to tell the class about themselves and to create a poster for the class noticeboard. Van is a massive soccer fan and also happens to have Duchenne muscular dystrophy. The teacher collaborates with Van's parents so that Van, for whom independently creating a class presentation would prove very difficult, can take his turn as Child of the Week. Together, Van, his teacher, and his parents create a PowerPoint, prompt cards, and multiple opportunities for Van to practice his presentation before he speaks in front of the class. Is this an example of inclusion?

^O Yes

○ No

Ouestion 7

Giuliana is in Year 10 and one of her subjects is Mathematics. She loves horses and also happens to have an intellectual disability. The class is currently studying Pythagoras' theorem. Giuliana is working with her peers on right-angled triangles and while others in the class are calculating angles using the theorem, she is developing her understanding and recognition of right angles. Is this an example of inclusion?

O Yes

O No

Question 8

Brandon is in Grade 9, loves cars, wants to be a race car mechanic and is on the autism spectrum. He used to attend a special education class but this year he attends regular classrooms. However, because he is in a regular classroom, his teachers have said that he needs to complete the same work and assessments as the other students. Is this an example of inclusion?

Yes No

Question 9

Sofya is in Grade 5. She loves animals and nature. She also has cerebral palsy and uses a wheelchair at school. There is a school camp coming up and Sofya really wants to attend and go on the rainforest walk. Her teacher says Sofya can't go on the rainforest walk because the track is not wheelchair accessible.

Which solution reflects the social model of disability?

Sofya's school seek an alternative rainforest walk location, which is wheelchair accessible and is still close to the camp.

Sofya attends additional physiotherapy sessions at school to build her strength for standing and walking, so that she might be able to take part in the rainforest walk.

Sofya is given the job of timekeeper and will wait at the finish line, timing other students who go on the walk.

Question 10

Arjun is in Grade 8 and has dyslexia. He finds reading and writing very difficult even though he has accessed literacy support since he started school. His class has a science test coming up. The students will conduct an experiment in the test and write up their findings. They are marked on both the practical and written aspects of the task. In the practice test, Arjun's teacher was impressed by Arjun's success in the practical task, but was concerned that he did not write up the experiment report.

Arjun's teacher goes to the Head of the Science Department to ask for advice. He wants to know how to assess Arjun, given the difference he has observed between his performance in practical tasks compared with his written evidence.

Which solution reflects the social model of disability?

The Head of Department works with Arjun's teacher to come up with a checklist that can be used to gather information about Arjun's topic knowledge leading up to the test. In the test, Arjun is encouraged to draw diagrams and is also offered a reader and scribe, so he can use oral language and drawing to express his knowledge and convey the findings from the experiment.

The Head of Department says Arjun will not be able to pass unless he completes the same test as the other students, and that it would not be fair to them if Arjun is given special consideration. A compromise is made. Arjun can spend some

lunchtimes completing an online literacy program to give him more practice with reading and writing ahead of the science test.

Arjun's teacher and Head of Department have identified the barrier that Arjun is facing: the requirement to read and write. By identifying the barrier, they have been able to find other ways to assess Arjun's content knowledge so that he can participate in the task on the same basis as students who do not have reading and writing difficulties.

Question 11

Caitlin is in Grade 2 and loves cats. She has difficulty reading social cues and seeing things from other people's points of view. At lunchtime, Caitlin wants to play a game where she and the other children pretend to be cats. Everyone used to love this game, but now the other students have grown tired of it and they tell Caitlin they don't want to play. Caitlin gets upset and keeps asking them to play, which is leading to arguments between the students. The teachers have become aware of what is happening and work with the students to come up with a plan.

Which solution reflects the social model of disability?

The school leadership team ask Caitlin and her friends to help choose some activities and games they would like to play. These are put in the supervised area at lunchtime and the leadership team creates a spinning device to help students choose the day's game at random. The teacher on playground duty intervenes occasionally to help the children engage in the activities and have fun. Sometimes Caitlin still wants to play cats, but since there is a variety of activities on offer now, she does not ask her friends to play cats every day.

The school leadership team meet with Caitlin and her parents and explain that Caitlin's desire to play cats is causing playground issues. The school team feel she needs to start finding new interests because Caitlin is nearly eight years old. They decide that playing cats is no longer allowed at school.

Including Children with Disabilities

1. Which methods of work have you been using in the learning process having
in consideration the fact that in your class there are two pupils with disabilities?

2. What is the cooperation with the families of these children and the parents of
the rest of the pupils in the class?
the rest of the pupils in the class.

2. What is the approprian with the families of these shildren and the narrants of
3. What is the cooperation with the families of these children and the parents of
the rest of the pupils in the class?

2. PROBLEMS OF DEVELOPMENTAL DISABILITIES AND HEALTHCARE NEEDS

Common developmental disabilities



Case Study 1. Justin: Justin is six years old. He lives in a suburb of Chicago in the United States (high-income country) with his parents and two older siblings. When he was a baby, he contracted rubella, causing moderate hearing loss in both ears. Justin's family have healthcare insurance and Justin received hearing aids soon after his diagnosis. In recent years, he has been able to receive consistent speech and language therapy. He loves pizza and dancing.



Case Study 2. Thandi: Thandi is three years old. She lives in rural Malawi (low-income country) with her mother, aunt, uncle and three cousins. Thandi's mother noticed early on that she did not develop in the same way as other children, and Thandi has recently been diagnosed with cerebral palsy. Thandi's mother stays at home and does not work. They are supported by Thandi's aunt and uncle. Thandi's mother was distressed when told of her daughter's condition and when doctors explained that it could not be cured. She has been paying traditional healers to try to cure Thandi's condition. Thandi likes music and listening to her aunt sing.



Case Study 3. Mai: Mai is nine years old. She was born with Down Syndrome. She lives in northern Vietnam (lower-middle income country) with her mother, father and younger sister. She lives an active life within her community and enjoys playing football. Mai's mother and father have recently started attending a parent support group where they receive advice and support from other parents. As well as football, Mai enjoys drawing with her sister.



Case Study 4. Lucas: Lucas is seventeen years old. He was diagnosed with autism as a young child after his parents noticed that he behaved differently to other children. He currently lives in Rio de Janeiro in Brazil (upper-middle income country) with his grandmother. He is a shy and quiet young man, but is prone to bouts of hyperactivity and aggression. His grandmother has relied heavily on a local NGO to help support Lucas. The NGO provides a number of services for children with autism, including peer-support groups and life skills training. Lucas loves to help his grandmother knit and cook.

Discussion

Select two of these case study characters. Consider how their developmental disability might impact on their lives. For each case study you choose, comment on the impact of their disability on two key life areas from the list below:

- Child development
- General health
- Quality of life
- Access to healthcare
- Access to education
- Social inclusion
- The lives of their carers
- The lives of their siblings

How might their lives be deconomic background?	lifferent had they	y been born	in a dif	terent c	country or soc
C					
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· · · · · · · · · · · · · · · · · · ·					

How do developmental disabilities impact a child?

Having now learned about common developmental disabilities, impairment and their impact on child development, we'd like you to reflect on how a child's impairment can impact on their life and that of their family. Imagine that our characters are entering a new health or social care situation, as described below. Think about how their impairment may impact their experience in this scenario and their lives more widely. In the comments below, discuss the relationship between their impairment and disability, and the challenges these children may face.



Case Study 1. Justin: Justin is six years old. He has a severe hearing impairment. He lives in the United States of America with his parents and siblings. Justin is soon joining kindergarten in a mainstream school and will be the only child with a hearing impairment in his class.



Case Study 2. Thandi: Thandi is three years old and lives in Malawi with her family. She has cerebral palsy and has difficulty walking. She wants to join in with other children in her village but struggles to join in with their games.



Case Study 3. Mai: Mai is nine years old. She has Down Syndrome and lives in Vietnam with her mother, father and sister. Mai has recently been diagnosed with epilepsy but she doesn't like taking medication to manage the epilepsy. She finds it difficult to understand why she needs to take it.



Case Study 4. Lucas: Lucas is seventeen years old and has autism. He lives with his grandmother in Brazil. Lucas will soon turn 18 and the NGO supporting him will not be able to support him past this age. His grandmother is worried how Lucas will be able to make this transition and get a job.

Discussion

For each case study, discuss the following:

- How might the child's impairment(s) affect their lives?
- How might this impairment affect their ability to access healthcare services?
- What personal or environmental factors might impact the way in which the impairments affect their lives?

What health and rehabilitation	ive servic	es may they	benefit	from?	

Healthcare needs



Case Study 1. Justin: Justin is six years old. He has a severe hearing impairment and has learnt sign language. He lives in the United States of America with his parents and siblings. Justin recently contracted a chest infection and needs to visit his local primary care physician. Justin's parents are keen that he understand what is happening during the visit.



Case Study 2. Thandi: Thandi is three years old and lives in Malawi with her family. She has cerebral palsy. Thandi requires physiotherapy and occupational therapy, but the two services are far away and located in the capital. Finding the money to pay for travel to the appointments is a real challenge for Thandi's mother.



Case Study 3. Mai: Mai is nine years old. She has Down Syndrome and lives in Vietnam with her mother, father and sister. Mai has recently been diagnosed with epilepsy. She has been prescribed medication to help manage the condition. She and her parents would like specialist advice about how she can also make healthy lifestyle changes to continue managing her epilepsy.



Case Study 4. Lucas: Lucas is seventeen years old and has autism. He lives with his grandmother in Brazil. Lucas has a toothache and will soon visit a new dentist for the first time. He is nervous about meeting someone new and isn't sure what the dental check-up will involve.

Discussion

For each case study, discuss the following:

• What are the key challenges that these children will face in having their healthcare needs met?

• What are the solutions that can be used to help overcome these challenges?

The broader needs of children with developmental disabilities

Up to now, we have focused primarily on the healthcare needs of children with developmental disabilities and their families. However, this is only one component of a child's life and overall wellbeing.

We must address the broader needs of children with developmental disabilities and make sure they can access a wider set of services in order to maximise their potential and quality of life. Reflect on the case studies below.



Case Study 1. Justin: Justin is six years old. He has a severe hearing impairment. He lives in the United States of America with his parents and siblings.



Case Study 2. Thandi: Thandi is three years old and lives in Malawi with her family. She has cerebral palsy.



Case Study 3. Mai: Mai is nine years old. She has Down Syndrome and lives in Vietnam with her mother, father and sister.



Case Study 4. Lucas: Lucas is seventeen years old and has autism. He lives with his grandmother in Brazil.

Discussion

Using the case studies and information above, consider the difficulties these children may experience in:

- Attending school
- Inclusion in social activities with other children
- Becoming employed in adult life
- Vulnerability to bullying and violence
- Personal care, such as bathing, dressing, eating

How are each of these linked to the long-term health and wellbeing of children with developmental disabilities? What kinds of interventions may help to improve inclusion in these scenarios?

Question 1 Which of the their child? Good heal	nutrition we caregiving and safety				ts provide to
Question 2 Approximate	ely how many	children ui	nder the age	of 5 in the	world have
developmental dis			C		
1 billion					
53 million	1				
2.2 billion					
37 million	1				

Which of these statements bests describes child development?

a.Development occurs in different domains, such as motor, sensory
and cognitive
b. Development always occurs in the same sequence
c. Development in one area will promote and reinforce development in
another area
d. Answers a and c are true
e. Answers a, b and c are true
Question 4
Which statements about developmental disability are correct?
a. The term developmental disability covers a broad range of conditions,
across a broad range of domains
b. Domains affected in developmental disability include motor, sensory,
cognitive and behavioural functioning
c. Developmental disabilities can be caused by both biological and
environmental factors
d. Statements a, b and c are all correct
Quiz: Why does developmental disability matter?
Question 1
~
Why is childhood developmental disability relevant to international
Why is childhood developmental disability relevant to international development? Choose one of the following statements
Why is childhood developmental disability relevant to international development? Choose one of the following statements It is kind to help children with developmental disabilities as they have greater
Why is childhood developmental disability relevant to international development? Choose one of the following statements It is kind to help children with developmental disabilities as they have greater needs and are unable to help themselves
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Why is childhood developmental disability relevant to international development? Choose one of the following statements It is kind to help children with developmental disabilities as they have greater needs and are unable to help themselves The SDGs mandate that children with disabilities are included in all development initiatives Development must be inclusive of children with developmental disabilities, as this is their right Question 2 Which of these is the best description of a child with a disability, according to
Why is childhood developmental disability relevant to international development? Choose one of the following statements It is kind to help children with developmental disabilities as they have greater needs and are unable to help themselves The SDGs mandate that children with disabilities are included in all development initiatives Development must be inclusive of children with developmental disabilities, as this is their right Question 2 Which of these is the best description of a child with a disability, according to the ICF model of disability?
Why is childhood developmental disability relevant to international development? Choose one of the following statements It is kind to help children with developmental disabilities as they have greater needs and are unable to help themselves The SDGs mandate that children with disabilities are included in all development initiatives Development must be inclusive of children with developmental disabilities, as this is their right Question 2 Which of these is the best description of a child with a disability, according to the ICF model of disability? Someone who cannot go to school, because the school does not have a ramp

Question 3
True or false: cerebral palsy is a developmental disability?
© True
False
Question 4
True or false? An important priority for children with developmental disabilities
is provision of adequate access to healthcare
True
False
Quiz: diagnosis and healthcare needs
Question 1
True or false? Assistive products are, by definition, high-tech devices and
equipment.
True
False
Question 2
True or false? Routine screening of children for developmental disabilities is no
effective, as most children will present at healthcare facilities.
True
False
Question 3
Select the reasons why children with developmental disabilities have a highe
vulnerability to poor health.
Select all the answers you think are correct.
They face difficulties in accessing health services
Children and their families are likely to be poorer
They may develop secondary health conditions because of their impairment
The health condition underlying their impairment may cause poor health

Question 4
True or false? Adolescents with developmental disabilities should be provided
information about sexual and reproductive health.
True
False

Which of these statements is most appropriate?

- General health care services should be providing assistive technology to children with developmental disabilities
- General health care services should provide linkages to other specialist health services, who provide assistive technology
- Providing access to assistive devices is not the responsibility of the health sector

Question 6

True or false? Early intervention programmes only comprise of medical interventions.

True

False

Quiz: healthcare access and communication

Question 1

Financial

Health clinic does not have ramp and it cannot be accessed by a child who uses a wheelchair.

What is the type of access barrier in this example?

Informational

Attitudinal

Physical

Communication

Health clinic does not have ramp and it cannot be accessed by a child who uses a wheelchair.

Question 5

Doctor refuses to treat a child with autism because they don't like the child's behaviour.

what is the type of access barrier in this example?
Informational
Attitudinal
Physical
Communication
Financial
Question 6
Doctor refuses to treat a child with autism because they don't like the child's
behaviour.
Which proposed solution is most appropriate for improving access?
Offer health professionals training in alternative methods of communication
for people with different impairments
Provide funding to people with disabilities to cover the costs of accessible
transport
Conduct an accessibility audit of health clinics to make sure that they are
accessible
Provide disability awareness training to health professionals
Question 7
A child's family cannot afford the accessible transport needed to reach the health
clinic.
What is the type of access barrier in this example?
Informational
Attitudinal
Physical
Communication
Financial
Question 8
A child's family cannot afford the accessible transport needed to reach the health
clinic.
Which proposed solution is most appropriate for improving access?
Offer health professionals training in alternative methods of communication
for people with different impairments.
Provide guidance to health professionals on who to offer information on
sexual and reproductive health services.

Provide funding to people with disabilities to cover the costs of accessible transport
Conduct an accessibility audit of health clinics to make sure that they are
accessible
Provide disability awareness training to health professionals
Quiz: broader needs of children with developmental disabilities
Question 1
Which of these statements is most appropriate?
The role of health professionals is only to attend to the health needs of a child
with a developmental disability
Health professionals should collaborate with others, such as teachers or social
workers, to meet the holistic needs of the child and family
Health professionals have the responsibility to meet all needs of children with
developmental disabilities
Question 2 True or false? It is always better for children with developmental disabilities to attend a mainstream school rather than a specialist school. True False
Question 3
True or false? Poor mental health of a parent/caregiver does not have a direct
impact on a child's development.
True
False
Question 4
Why are children with developmental disabilities and their families more likely
to be poor?
Children who are poor are more likely to develop a developmental disability
Parents of children with developmental disabilities may be less likely to work
The care of children with developmental disabilities may require costly
services

All of the above
Question 5 Family-centred care means:
a. The whole family must care for the child
b. The doctor must prioritise the healthcare needs of the other family
members
c. The healthcare professional should involve the family in agreeing the care
strategy for the child
d. Answers a and b
e. Answers a and b and c
C. Answers a and b and c
Question 6
True or false? Children with developmental disabilities do not experience
violence and abuse outside of the home.
True
False
disabilities listed in these Conventions. In the comments section below, list the 3 rights that you think are more important for children with developmental
disabilities listed in these Conventions. In the comments section below, list the 3 rights that you think are more important for children with developmental disabilities and explain your choices.
disabilities listed in these Conventions. In the comments section below, list the 3 rights that you think are more important for children with developmental disabilities and explain your choices. • Life, survival and development to full potential
disabilities listed in these Conventions. In the comments section below, list the 3 rights that you think are more important for children with developmental disabilities and explain your choices. • Life, survival and development to full potential • No child should encounter discrimination on the grounds of disability
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disabilities listed in these Conventions. In the comments section below, list the 3 rights that you think are more important for children with developmental disabilities and explain your choices. • Life, survival and development to full potential • No child should encounter discrimination on the grounds of disability • Protection from violence, abuse and neglect (including sexual abuse) • Best possible health and health services
disabilities listed in these Conventions. In the comments section below, list the 3 rights that you think are more important for children with developmental disabilities and explain your choices. • Life, survival and development to full potential • No child should encounter discrimination on the grounds of disability • Protection from violence, abuse and neglect (including sexual abuse)
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disabilities listed in these Conventions. In the comments section below, list the 3 rights that you think are more important for children with developmental disabilities and explain your choices. • Life, survival and development to full potential • No child should encounter discrimination on the grounds of disability • Protection from violence, abuse and neglect (including sexual abuse) • Best possible health and health services • Ability to relax, play and take part in cultural activities • Access to justice
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disabilities listed in these Conventions. In the comments section below, list the 3 rights that you think are more important for children with developmental disabilities and explain your choices. • Life, survival and development to full potential • No child should encounter discrimination on the grounds of disability • Protection from violence, abuse and neglect (including sexual abuse) • Best possible health and health services • Ability to relax, play and take part in cultural activities • Access to justice • Respect for the views of the child • Access to education • Respect for privacy • Adequate standard of living
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2 TEACHING CHILDDEN WITH CDECLAL EDUCATIONAL NEEDS
3. TEACHING CHILDREN WITH SPECIAL EDUCATIONAL NEEDS
<u>Autism</u>
Check your understanding
Question 1
Autism Spectrum Disorder is an
anorak term
umbrella term
envelope term
orange term
Question 2
Fill in the blank:
Most studies indicate that at least% of the population has ASD.
<u> </u>
<u>2</u>
3
4
Question 3
The difficulties in DSM-5 are defined by these three deficits:
Select all the answers you think are correct.
Deficits in social-emotional reciprocity
Deficits in non-verbal communicative behaviours
Deficits in hand-eye co-ordination
Deficits in developing, maintaining and understanding relationships
Deficits in school performance
Question 4
Fill in the gap:
The symptoms of ASD must have been present in development, cause
clinically-significant impairment and not be better explained by a different condition.

In-uteroEarlyAdolescentLate
Question 5 Fill in the gap: Intellectual disabilities (ID) have two key diagnostic criteria. These are functioning and functioning. Select all the answers you think are correct. Intellectual Adaptive Emotional Physical
Question 6 Fill in the gap: Delays in language or motor skills may be seen by age one two three four
Question 7 Fill in the gap: Adaptive functioning can be broken down into main areas two three four five
Question 8 Fill in the gap: PBS stands for Behaviour Support Positive Problem Personal Progression

Question 9
Fill the gap:
% of individuals with intellectual disability have autism spectrum disorder or
autistic traits
1
o 5
0 10
© 20
Question 10
Fill the gap:
According to the most recent prevalence study conducted by the Centers for Disease
Control, proportion of females with ASD had Intellectual Disability compared
with males.
© a lower
• the same
a higher
Question 11
Fill the gap:
Measures of IQ less than are used to indicate the intellectual functioning aspect of
ID.
© 70
© 80
90
100
Question 12
Fill the gap:
Parents of autistic children tend to have high autistic traits themselves. This is known
as the Autism Phenotype.
Narrow
Wider
Fine
Broader

What proportion of autistic children are educated in mainstream schools?

- 0 70%
- 0 60%
- 0 50%
- 0 11%

In 2012-13, 61% of all GCSE pupils achieved five A*-C grades, including English and Mathematics. In the same year, what was the percentage for autistic GCSE students?

- About the same
- Much higher
- Much lower
- Autism-specific data is not available

Question 15

APPGA's key recommendation is that the Government should develop a national autism and education strategy by when?

- As soon as possible
- The end of 2019
- The end of 2024
- The end of 2029

Question 17

What is a dual placement?

- When 2 autistic students are placed together.
- When an autistic student is paired with one specific teacher for the whole day
- When an autistic student attends classes in a special unit and a mainstream setting
- When an autistic student is residential (schooled and lives in the same location)

Question 18

How many principles of good practice has the Autism Education Trust (AET) identified?

- 0 5
- 0 10
- 0 15
- 0 20

The Autism Education Trust conclude that:

The evidence base for education practice in the autism field...

- remains weak
- is established
- remains strong
- is promising

Question 20

Which of the following factors do the National Autism Center recommend you consider when thinking about evidence-based practice?

Select all the answers you think are correct.

- The strength of the research evidence.
- The judgement of professionals with expertise in autism.
- The values and preferences of the autistic individual and their families/carers.
- The capacity of the school to support the child.

Question 21

When considering digital interventions for autism, which statement is most true?

- Commercially available digital technologies often have evidence for effectiveness, and digital technologies with evidence of effectiveness are often commercially available.
- Commercially available digital technologies rarely have evidence for effectiveness, and digital technologies with evidence of effectiveness are rarely commercially available.
- Commercially available digital technologies rarely have evidence for effectiveness, and digital technologies with evidence of effectiveness are often commercially available.
- Commercially available digital technologies often have evidence for effectiveness, and digital technologies with evidence of effectiveness are rarely commercially available.

Question 22

Which one of the following is NOT a school-based category for ambition and aspiration in autism education?

- Included in school/society
- Cognitive accessibility
- Academic skills
- Reducing restricted and repetitive behaviours

Cognitive accessibility involves...

- Providing a visual structure in the classroom
- Providing multisensory integration in the classroom
- Providing a visual structure throughout the school
- Providing multisensory integration throughout the school

Question 24

Teachers and other staff should adapt their teaching style to the specific profile of each learner with autism. This will involve considering...

- The pace of learning
- Attention and motivation
- Generalization
- All of the above

Question 25

Structured Teaching is based on evidence and observation that individuals with autism share a pattern of neuropsychological deficits and strengths that are called...

- The principles of autism
- The culture of autism
- The ethos of autism
- The values of autism

Question 26

Can you use a good practice resource from an autism unit in a different kind of provision?

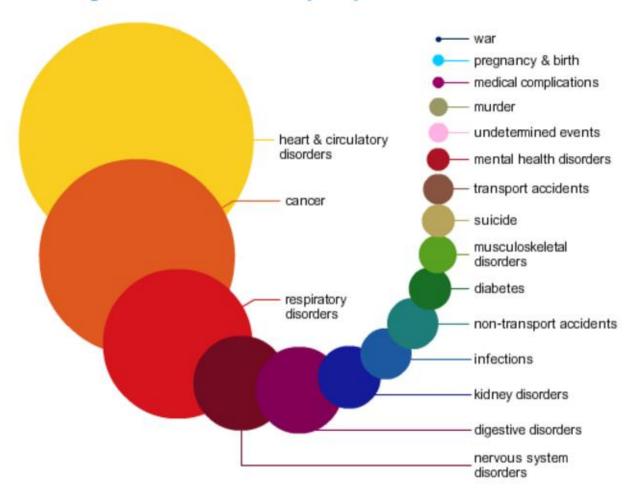
- Yes, all the good practice examples from an autism unit can be implemented in other modalities
- A subgroup of good practice examples from an autism unit can be implemented in other modalities of provision, but not all.
- No, good practice from autism units can never be implemented in other kinds of provision.

People with intellectual disabilities

Quiz 1

Question 1
What percentage of the world's population is estimated to be over 60 years by 2050?
© 10%
© 15%
© 19%
© 22%
Question 2
Research is showing that many people with intellectual disability are presenting with
older age conditions at a much younger age than the general population.
© True
• False
Question 3
Write in the correct two words in the blank spaces below. Please capitalize the first
letter of the word only, or use all lower case letters.
is a significant reduced ability to understand complex information
and poses difficulty to learn and apply new skills.
Question 4
How many people are estimated to have an intellectual disability worldwide?
© 40 million
© 50 million
© 60 million
○ 70 million
Question 5
Dr Wolfensberger pioneered a new principle during the mid 20th century which
sought to improve the lives of people with an intellectual disability. What was this
principle called?
Normalization
Generalization
Regularization
© Formalization

Leading causes of death in perspective



What diseases are more common to older people with an intellectual disability than people from the general population? (select two)

- Eye disease
- Epilepsy
- ☐ Stroke
- Diabetes
- Hypertension

Question 7

For people with Down syndrome, the onset and prevalence of Alzheimer's dementia with co-occurring epilepsy is much greater than the general population.

- True
- False

Write in the correct two words in the blank spaces below. Please capitalize the first letter of the word only, or use all lower case letters.

is the term used to describe the measures taken to reduce the disadvantage a disabled person is placed at, because of their disability.

Question 9

People with intellectual disability have been identified as having lower multimorbidity compared to the general older population.

- True
- False

Question 10

Select three common healthcare assessment disparities experienced by people with an intellectual disability.

- Conditions being overlooked or undiagnosed
- Inappropriate built environment
- Insufficient appointment time
- Doctor meets directly with carer / family member only
- Poor assessment leading to higher rates of cardiovascular disease

Quiz 2

Question 1

What is the first thing you should do when meeting a person with an intellectual disability for a health assessment?

- Greet their carer and find out how to communicate with the person with an intellectual disability.
- Greet the person with an intellectual disability.
- Tell the person with an intellectual disability to sit down and listen.
- Ask the person with an intellectual disability if they can understand you.

Question 2

What percentage of people with an intellectual disability are estimated to have recognized literacy skills (i.e. reading and writing)?

- 5-10%
- 0 10-20%

- © 20-30%
- 30-40%

Which of these statements are best practice for communicating with a person with an intellectual disability during a health assessment?

- Show me where you hurt.
- It doesn't appear that you have pain in your lower back.
- How does it feel when I touch your lumbar region?
- Get yourself ready for a back examination.

Question 4

Which of these statements are best practice for communicating with a person with an intellectual disability during a health assessment?

- Take these tablets at 1pm.
- Take these tablets at lunchtime.
- O Don't forget to take these tablets at 1pm.
- Medications are very important for your overall wellbeing. Make sure you take these anti-biotics at 1pm.

Question 5

You are planning an appointment with a person with an intellectual disability. Which of these statements are best practices (select three statements)?

- Make their carer aware that you don't communicate well with people with an intellectual disability.
- Place your picture on the appointment card.
- Find out if they use any alternative communication systems.
- Assume the person with an intellectual disability cannot speak. This makes it easier to plan the appointment.
- Schedule the appointment for a less busy time during the day.

Question 6

You would like to build better rapport with your patients with an intellectual disability during a health assessment. Which of these statements are best practices (select three correct statements)?

- Give more time than usual for a response.
- Remove your white coat.
- Greet the person from the waiting room and invite them in.
- Tell them once what you are going to do at the start of the appointment.
- Use a childish tone of voice.

You are doing a health assessment with a person with an intellectual disability. Which of these statements are best practices (select three)?

- Use simple and plain language to explain the assessment.
- Pay attention to non-verbal cues (e.g. hand gestures, facial expression, or eye gaze).
- For adults with an intellectual disability, make sure their carer is in the room at all times.
- Ask for their consent at each phase of the assessment.
- If they don't understand you, direct information about the assessment to their carer.

Question 8

Consider this scenario that involves a person with an intellectual disability.

Jean is visiting the doctor today for a check-up appointment. It is nearly time to go when the doctor phones to cancel the appointment due to overbooking. He has rescheduled for next week. You are Jean's support person and have to let her know what is happening. Which of the following statements should you use to tell Jean?

- The doctor called and he is too busy today to see us so we'll have to go again.
- The doctor has called so don't worry you don't have to go today.
- We don't need to put on our coats because we're not going now.
- The doctor has phoned and has cancelled the appointment today. We are going next week.

Question 9

Consider this scenario:

A number of people with a severe to profound intellectual disability live in a community group home. Today there has been an unexpected change that will disrupt their routine. You are the support person and you have to inform the residents that their routine has to change because of the unexpected event. One person does not have verbal language.

Which of the following statements best describes how you could handle this?

- Tell them all first thing in the morning when they are having their breakfast.
- Outline all the changes in detail to all the other staff noting what is going to be different and tell them to inform the residents making sure to provide as many alternative options of what they can do as possible. You feel this will give people choice and avoid disappointment.

- Take time to plan quiet time to let each of the residents know what is happening. Provide visual pictures that identify on their daily planner what has changed. Offer them two activity options to choose from.
- Tell them their routine has changed but it'll be fine as they will all get used to it as we go along.

The way you engage, actively listen, make eye contact and react to a person lets them know how you are truly listening and engaging with them. These are elements of non-verbal communication. Consider the following statements and select three that would describe best practice for non-verbal communication style with people with intellectual disabilities (select three).

- Pat them gently on their hand/shoulder and tell them it'll be ok, because their carer will explain everything afterwards.
- Sit beside them and, using gesture and/or touch, gain their attention, make eye contact and direct your conversation toward them using plain simple terms.
- Have your picture on the appointment card you send them when confirming their appointment.
- Standing directly in front of them and speaking in a soft voice like you would to a child, reassure them that "it will be ok" "they have nothing to worry about", and "you'll be finished in a flash and they can get away home."
- Use gestures, touch, repetition and visual aids to gain consent and to ensure the person understands what is happening before proceeding with each step of the clinical assessment.

Quiz 3

Question 1

Consider this scenario.

You are at a team meeting within your practice and would like to promote reasonable adjustment to your colleagues for health assessments. What actions do you suggest (select four)?

- Initiating an annual health check programme for people with an intellectual disability.
- Sending a standard appointment card to patients with an intellectual disability.
- Developing an Easy Read Health Check Passport.
- Identifying experts in the field of intellectual disability to support you in developing and testing Easy Read materials, including people with an intellectual disability, carers and service providers.

Hosting a lunchtime educational seminar to raise awareness of reasonable adjustment for employees within your practice.

Question 2

What is the first step to take when gaining consent for a health assessment with a person with an intellectual disability?

- Explain their rights
- Explain the procedure
- Emphasize their privacy
- Assume capacity of the person

Question 3

Consider this scenario.

Paul has come to your practice for a health assessment. When you show him the consent form, Paul is unable to write but has said that he is happy to take part.

How should you proceed?

- No signature is needed as Paul has verbally affirmed that he will take part.
- You can sign on behalf of Paul.
- Obtain a witness signature from a carer or other member of staff.
- O Do not proceed with the health assessment.

Question 4

What font is recommended to use for Easy Read material?

- Times New Roman
- Belltrap
- Sans Serif
- Monospaced

Question 5

Consider this scenario.

You are developing an Easy Read appointment card, and you would like to emphasize a word in your document.

What is best practice?

- Underline the word
- Italicize the word
- Bold the word
- Use cartoons and photos together to highlight the word.

Type in the missing word.

A is a person with an intellectual disability who works with an health professional to create, review and test Easy Read materials.

Question 7

After a health assessment with a person with an intellectual disability, what actions should you take (select three)?

- Send the person an Easy Read record of their results or future appointment card.
- Provide your contact details to them and their carer.
- Schedule a phone call in your diary to remind the person to attend a future appointment.
- Address all correspondence to their carer. This makes it easier for the person to gain information about future assessments.

Down Syndrome

Question 1.

Down syndrome was named for John Langdon Down who, in 1866, described the syndrome in a paper entitled 'Observations on the Ethnic Classification of Idiots'. He classified Down syndrome as being the 'Mongolian type of idiot'. However, it was Jérôme Lejeune, in 1959, who discovered which chromosome causes Down syndrome. Which chromosome is it?

- 21st
- 20th
- 19th
- □ 18th

Question 2.

There are many different variations of Down syndrome with Trisomy 21 accounting for around 95% of all recorded cases. Another form of the syndrome occurs when a segment of the 21st chromosome breaks off and attaches itself to another chromosome. What name is given to this form?

- Translocation
- Relocation
- Transportation
- Displacement

Question 3.

A third variation of Down syndrome accounts for around 1 - 2% of all recorded cases. In this form, there is a chance that the individual will have less prominent physical features of Down syndrome. What is this form called?

- Mosaic
- Conformational
- Tessellated
- Patterned

Question 4.

There are many physical attributes which are common to individuals who have Down syndrome. However, many of these attributes can also appear on people who do not have the syndrome. Below I have listed four attributes. Which one is not common to people who have Down syndrome?

	Protruding tongue
0	Single crease across one or both palms
0	Tall stature
0	Epicanthic fold of the eyelid

Question 5.

Individuals with Down Syndrome also have additional health concerns due to being at a higher risk of developing certain ailments. Which of the following are individuals with Down's NOT at high risk of developing?

Congenital heart disease

- Diabetic retinopathy
- Hearing deficits
- Thyroid disorders

Question 6.

It is not possible to prevent the genetic abnormality which causes Down syndrome. However, it has become easier to identify babies who are at risk during pregnancy. Test which can indicate a risk of Down include, a triple screen which is offered at 15 - 20 weeks of detection, a quad screen which is also offered at 15 - 20 weeks and a nuchal translucency test which is offered between 10 - 13.5 weeks. What does the nuchal translucency test measure?

The width of the spinal cord at the back of the baby's neck

- The length of the baby's spinal cord
- The circumference of the baby's head
- The width of the baby's torso

Question 7.

Down syndrome affects people from all cultures and ethnic groups and, in many cases, is sporadic. This means that neither of the parents are affected by the disorder and that the chances of any other pregnancies resulting in a Down syndrome baby are slim. However, there are factors which can increase the risk. Which of the following is one of them?

0	The	age	of the	mother

- The amount of drugs consumed by the mother
- The amount of alcohol consumed by the mother
- The BMI of the mother

Question 8.

Although an amniocentesis may suggest that an infant has Down syndrome, it cannot be properly confirmed until after the baby has been born. This is usually done within the first few days following the birth. What method can be used for diagnosis?

- X-Ray
- Karyotype
- Urine Test
- Ultasound Scan

Question 9.

It is important, for individuals with Down syndrome to receive proper education regarding sexuality, as they are perfectly entitled to embark on personal and sexual relationships of their own. They also need to receive advice regarding contraceptives. Would a person with Down syndrome be able to conceive a child?

- O Yes
- O No

Question 10.

Individuals who have Down syndrome have a life expectancy of 50 - 60+ years of age, although this can be lessened if the individual has significant health problems. This has increased from 15 years in the 1950s. As the life expectancy of individuals with Down syndrome has increased, a link has emerged between it and another disorder. Individuals with Down syndrome have a 50% chance of developing this other disorder. What is the disorder?

- Alopecia
- Osteogenesis imperfecta
- Osteoarthritis
- Dementia

4. TEACHING CHILDREN WITH LEARNING DIFFICULTIES

Answer: TRUE or FALSE:

Question 1

Students who are behind their peers in all areas of study may have a general learning difficulty.

Question 2

Students usually have just one type of specific learning difficulty.

Question 3

Students who find it difficult to express their thoughts and have limited vocabulary probably have problems with productive language skills.

Question 4

Students with ADHD will not be able to learn a language.

Question 5

Students who often display challenging behaviour towards the teacher in lessons may have SEBD.

Question 6

Students who are significantly more skilled in art, drama, or music are often described as gifted.

Complete this short quiz to check your understanding of the key ideas explored in this session. Only one answer is possible, unless otherwise stated.

Question 1

Students with special educational needs

- annot use the same educational materials as other students.
- often find it more difficult to learn than most students of the same age.
- are unable to take part in the same lessons as other students.

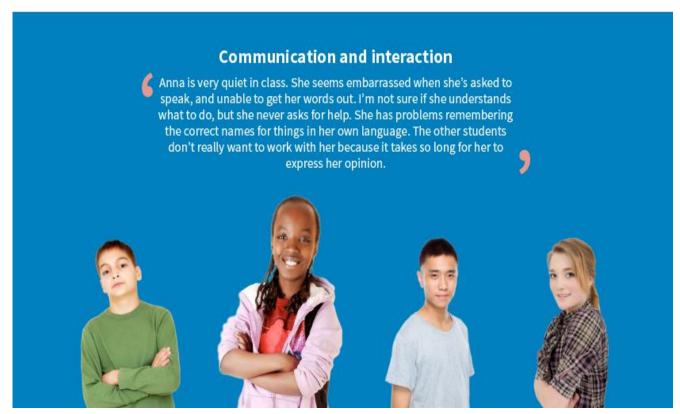
Question 2

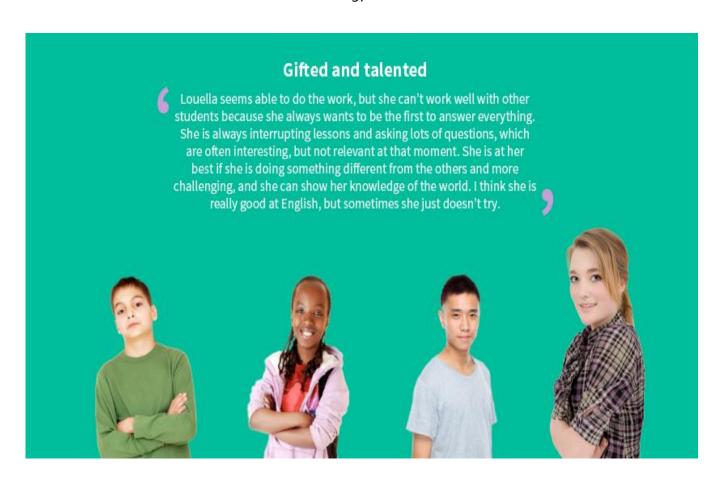
Which of these statements about students with communication and interaction difficulties is incorrect?

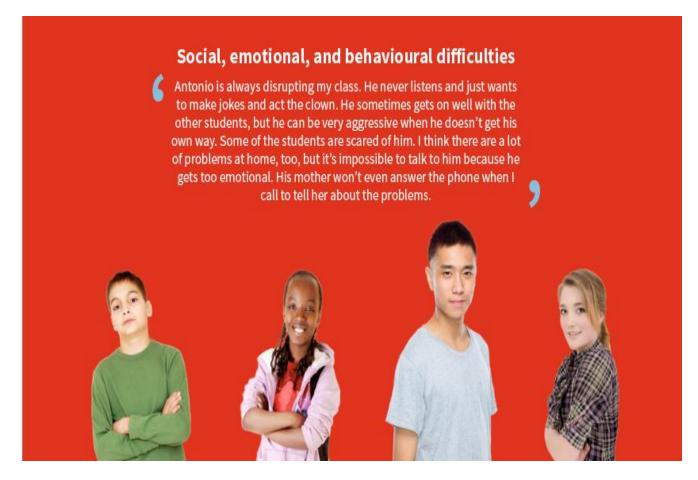
They may find it difficult to follow instructions.
They have problems expressing their ideas clearly.
They often have a limited vocabulary.
Working with a more able student can help them to participate more in lessons.
They usually have excellent listening skills.
Question 3
(Choose THREE answers.) A student who has social, emotional, and behavioural
difficulties
may have difficulties outside school.
cannot learn a foreign language.
and be disruptive in class.
is sometimes challenging towards the teacher.
Question 4
Choose the statement which best describes gifted and talented students.
They perform better than other students in every subject.
They usually have problems making friends.
They are always confident and want to show their ability.
They have the potential to achieve in some areas at a level above that of students
of a similar age.
Question 5
Teachers can help students with poor working memory by
presenting new information at the end of the lesson.
only using visual prompts so that students don't have to remember what they hear.
giving instructions in short, simple sentences and checking understanding of them.
Question 6
(Choose THREE answers.) Teachers can boost students' self-esteem by
being interested in their lives outside the classroom.
giving them a chance to show what they are good at.
not referring to their SEN in front of other students.
being patient and understanding towards them.
encouraging them to participate only in activities they enjoy.

Look at the students to read their teacher's descriptions of them. Think about the situation from the students' point of view. What kinds of challenges would they face, e.g. understanding what to do, asking for help, interacting with classmates, or doing homework? Make notes on your ideas and then check the Feedback.









Reflect

hallenges they	face insic	de and ou	tside the	e classroo	m.		
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Identifying Specific Learning Differences Reading difficulties

The nature of reading difficulties

- Have you encountered students who showed particular difficulties with reading comprehension?
 - How did you find out about these difficulties?
- How can lack of second / foreign language proficiency cause reading comprehension problems?

comprehension problems?
 Would students who have reading comprehension difficulties in another
language, also have problems in their first language?
Using IT to teach students with dyslexia
• In what ways is IT useful to help dyslexic learners?
• Are there any specific tools, applications, software, websites that you would
recommend?
What difficulties / barriers have you experienced in using modern
technological tools when working with dyslexic students?
 Have you got any suggestions for how to overcome these?
That's you got any suggestions for now to oversome these.

Identifying Specific Learning Differences • Have you used any of the methods for identifying learning difficulties in your

• нау classroom	•	y of the metho	ods for iden	mying learn	ing difficulties	in your
	you have som	a additional tir	oc and cuaa	actions?		
• D0	you have som		os and sugg	estions?		
problems	they encounter	r in their native	e language	or will they	culties resemble be different? e dyslexic stude	

Reflecting on students' vocabulary and grammar learning difficulties

Below you will find quotes from dyslexic students about what they find easy or difficult in learning vocabulary and grammar in another language.

Read these quotes and decide whether they refer to the area of grammar or vocabulary.

Can you add other items to the list based on your teaching experience?

- 1. I hate exercises involving rules. When you have only one good answer and the main point is that you have to write down that good answer. (Barbara, 17)
- 2. I made some mistakes when I entered the new words in my vocabulary notebook and I memorised the misspelled form. So I could not get good marks when we were tested. It was like a vicious circle. (Gordon, 13)
- 3. I am good at understanding the concepts and rules, so in theory I am very good, but when I have to apply them, I am really insecure about it. (Ingrid, 16)
 - 4. I'm good at grammar, I understand it in a second. (Joe, 14)
- 5. I often confuse similar words and what I say do not make any sense, sometimes I confuse words visually, so I read something different, and the whole text means something else. (Bob, 17)
- 6. I have never been successful in studying words, and I could never memorise them in an effective way. (Joe, 14).
- 7. Everything related to grammar is difficult for me: tenses, rules, where to put which word. I have problems with understanding and memorising grammar. (Gabe, 17)

8. As the pronunciation is very different	ent from spe	elling, y	ou have	to men	norise
both of them and it is very difficult. (Carla	, 17.)				

Developing phonological and orthographic awareness

- How can multisensory teaching help dyslexic students in learning how to read and spell?
 - What is phonological awareness?
- What kind of phonological units do students need to work with when they read?
- What is the recommended sequence of activities for developing students' phonological awareness?
 - What is tricky about learning to read in English?
 - How can knowledge of syllable structure help students learn how to spell?
 Which activities are helpful in developing phonological awareness?

Quiz on key terminology

phonological awareness

•	1
Question	•
Oucsilon	_

Which of the terms below can be defined as... the ability to identify, distinguish between, detect and manipulate the sound structure of words, including whole words, syllables, onsets, rimes and phonemes. phonemic awareness phonics phonological awareness alphabetic principle **Ouestion 2** Which of the terms below can be defined as... the ability to segment, blend, isolate, and manipulate the smallest units of sound. phonological awareness phonemic awareness alphabetic principle phonics Question 3 Which of the terms below can be defined as... a system in which single sounds are represented by single letters or groups of letters. phonological awareness phonics alphabetic principle phonemic awareness **Question 4** Which of the terms below can be defined as... a method of reading instruction, aimed at familiarising children with relationships between sounds and corresponding letters. It involves the explicit teaching of rules and patterns of the letter-sound relationship. phonemic awareness phonics alphabetic principle

5. ATTITUDES TOWARDS

BULLYING

Practice scenarios

Yes No

Is it bullying?
Question 1 Jaxon sends an intimate image of himself to his girlfriend every week. Yes No
Question 2 Maya uses Freya's password to post scathing comments about another girl's mother on social media. She continued to do so even after Freya was punished for making posts. Yes No
Question 3 Isaac and Ethan are fighting behind the boy's toilets. Isaac started the fight because Ethan beat his highest score in a popular online game. Yes No
Question 4 Kaitlyn trips Layla every time they play basketball. Yes No
Question 5 Olivia approaches a group of class mates sitting together and eating lunch. One of the group shouts, 'You're too fat to sit with us.' Others in the group laugh and cheer. For the remainder of the week the group ignores Olivia.

Harry and Mohammed are always playing tricks on everybody. They thought it was funny when they scared Evie with a plastic spider. Everybody laughed, including Evie.

Question 7

Lewis whispered to Oscar, 'Why don't you kill yourself?' every time Oscar answers a question correctly in class.

O Yes

O No

Question 8

Rochelle calls to her friend, 'Hello Smelly Shelly' and Shelly replies 'How are you Roach Hell?'

Yes

O No



Is it bullying when both children are intent on winning a fight?

O Yes

O No

How common is bullying?

Choose one of the questions to answer. Investigate and share what you discover.

1. Are girls of	or boys mor	re likely to		ie they are			11y .
2. Are chile	dren or tee	nagers mor	e likely to	tell someo	ne thev a	re being	bullie
2. Are chile	dren or teei	nagers mor	e likely to	tell someo	ne they a	re being	bulli
	dren or teei	nagers mor	e likely to	tell someo	ne they a	re being	bullio
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	dren or tee	nagers more	e likely to	tell someon	ne they a	are being	bulli
2. Are child	dren or tee	nagers more	e likely to	tell someon	ne they a	are being	bullio

Check your understanding

Question 1
Which of the following influence our attitudes towards bullying?
A safety culture
A dignity culture
A duelling culture
All of the above
Question 2
Bullying can be: (Select all the answers you think are correct.)
Social
• Internal
• Physical
O Verbal
Cyber
Question 3
The characteristics of bullying are:
Intention to hurt
Repetition
Imbalance of power
C All of the above
Question 4
Complete this sentence. Bullying is
friendly teasing.
the repeated misuse of power
fighting.
accidental hurt.
All of the above
Question 5
Which of these statements is true?
Every child will be bullied at some time at school.
Every boy will show bullying behaviours at some time at school.
About one third of students will be bullied in any one year at school.
Being a victim of cyberbullying is more likely than being bullied at school

	Question 6
	Complete this sentence. Students who are bullied mainly tell
	teachers.
	parents.
	peers.
	no one.
	Question 7
	Students are afraid to tell us they are being bullied because:
	Select all the answers you think are correct.
	they are embarrassed.
	they fear retaliation
	people will spread news of it to others
	they feel they will be judged to be incompetent
	Question 8
	Why don't teachers know bullying is happening?
	They don't see it.
	They don't recognise it.
	Students don't tell them.
	All of the above.
	Question 9
	Complete this sentence. The most appropriate way to respond to a student who is
repo	orting bullying is to
	listen empathetically and ask, "How would you like me to help?"
	punish the student who did the bullying.
	report to your supervisor.
	investigate thoroughly.
	All of the above.
	Question 10
	Your school policy on bullying should:
	Select all the answers you think are correct.
	contain a definition of bullying
	be confidential
	be disseminated to all of the school community
	only apply to classroom behaviour
	be a plan of procedures

6. CHILD PROTECTION FOR

TEACHERS

Question 1	Question	1
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Question 1
Witnessing family violence may be considered a subtype of child maltreatment.
True
False
Question 2 Which of the following is generally not a risk factor of physical abuse, emotional abuse or neglect? poorly-developed parental skills low parental age child's gender financial stress
 Question 3 Psychological theories try to explain the reasons for child treatment as: We're living in a world that often models or celebrates violence. Some children and their parents form poor attachments to each other. Some parents have a lower frustration tolerance and get angry more easily. Child maltreatment is a complex interplay of many factors.
Question 4 The causes of child abuse and neglect are dynamic, and predicting who will abuse their children is virtually impossible. True False
Question 5 Which of the following describe how child abuse and neglect impacts on children's learning? Disruptive and antisocial behaviours Absenteeism and truancy Lower educational outcomes than peers Lack of empathy
All of the above

In which of these scenarios would you report suspected physical abuse?

It's Monday. You overhear Alex (aged 10) telling his classmates that he was caught shoplifting over the weekend and his father gave him a beating for it. You take him aside and tell him what you overheard and that you want to check that he is okay. You ask if the school nurse can see him, and he agrees. The nurse finds no bruises or marks on Alex. You call Alex's father and he confirms that he did hit Alex on the bottom as punishment for shoplifting. Alex's father picks him up from school as usual, and Alex seems happy to see his father. The school has not had any other concerns previously about Alex or his parents.

You notice that Eric (aged 6) has been shifting in his seat all day. When you ask him what's wrong, he tells you that he fell down and hurt his bottom. You take him to the school nurse. Eric has strap-shaped welts and bruises on his buttocks and his lower back in various stages of healing. When you ask him about it again, he admits that he sometimes gets spanked when he makes a mess in the house. He is very afraid that you might call his father.

You notice that Susan (aged 8) has bruises on her forehead, forearm, and shins. You take her to see the school nurse. Susan tells you that she fell down the stairs on the weekend. Susan often has bruises on her shins. When you ask her mother, she confirms that Susan fell down the stairs. She says Susan is physically active and a risk-taker and is always getting into scrapes. Apart from this incident, you have had no cause for concern with Susan and you know she is very active during play at lunchtime.

Question 2

In which of these scenarios would you NOT report suspected emotional abuse?

Sarah (aged 13) appears at school very early every day. She is a good writer, although the themes of her work are often of sadness, death or tragedy. You think she is underperforming. She can often be found crying and alone. When you ask her if she is okay, she tells you that no-one cares and blurts out that her mother calls her good-for-nothing, useless and hopeless. She tells you it is her fault that her father went away. Her mother will not return your telephone calls or notes home. One day Sarah comes to school extremely distressed and cannot be consoled. She says her mother told her 'she wished she'd never been born'.

Kym (aged 14) has parents who never miss her hockey games. They jump up and down on the sidelines yelling encouragement to Kym and her teammates. From

time to time they will challenge a referee decision. The next day Kym says she was a bit embarrassed when her mum held up a homemade sign after she scored a goal.

Jacob (aged 7) is thin, withdrawn and wary. He is absent from school at least one day per week. More than once, he says that his mother withholds food from him at night when he has been naughty and locks him in his room. He tells you that he has been told not to talk about what is going on at home and he is not allowed to have friends. You know that there is a new baby in the house. The parents are often heard fighting loudly, extended family members often join in, and the police have been called on more than one occasion.

Question 3

In which of these scenarios would you NOT report suspected neglect?

Kayla (aged 12) has started at your school this term. Each day she has arrived in a tattered, dirty uniform with hair that does not seem to have been washed for some time. She often has untreated cuts and sores on her face and body. The other students call her 'Smellita' and laugh at her. She is attention-seeking and calls out repeatedly in class. She has two half-siblings in the school who are usually well-dressed and cooperative in class. Today she was found stealing food from the tuckshop. When confronted about this, she cried and said she has to prepare her own lunch but there was no food in the house today. She says her mother was asleep when she left for school so she could not get money to buy her lunch. When you telephone Kayla's mother, she tells you the child is lying and she will get 'a good hiding' when she gets home tonight.

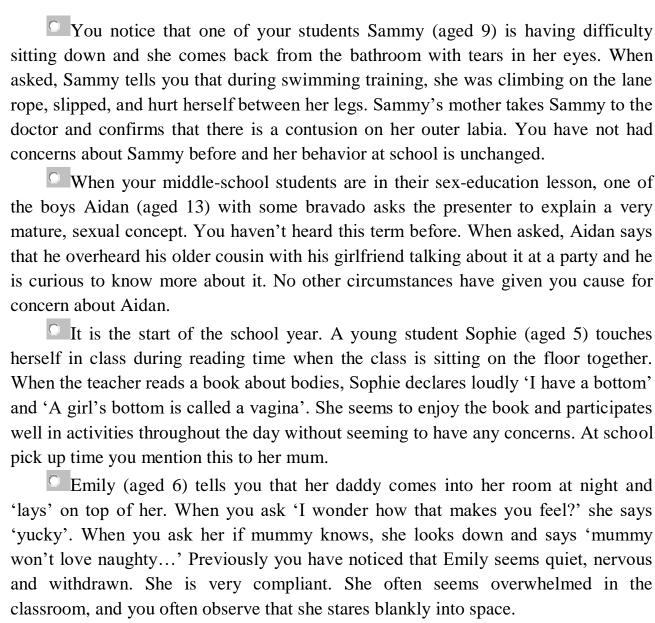
Jared (aged 11) comes to school dirty, dishevelled and smelling. As the months get colder, his clothing does not change. He seems to have only one pair of shoes, no socks and a summer uniform. Other children ostracise him and do not want to sit next to him. He is small for his age, and thin. Sometimes he has no food. Sometimes he is so tired that he falls asleep with his head on his desk, and when asked about this, he explains he was up at night looking after his 3 younger brothers and sisters while his mum was on 'night shift'. Somehow, the family manage to find the money for school camp. On camp, you notice the smell is because he frequently soils himself and at night he wets the bed. He is distressed when you talk with him about this. He will not look at you, he shivers as though he is cold, and he pleads with you not to tell anyone. He promises several times not to do it again.

Sienna (aged 10) has come to school without lunch intermittently for the past few weeks. When you let her know you have noticed this, she explains that her mum has a new job and is getting used to the new routine. She also mentions that because

she helps with the younger children, she has actually forgotten to pick up her lunch off the bench. She says her mum has yelled at her about this, but then given her a hug and thanked her for her help. You have not previously had concerns about Sienna. She often talks with you about her family.

Question 4

In which of these scenarios would you report suspected sexual abuse?



Check your understanding

Question 1

When should you record and report child abuse and neglect?

When you have a gut feeling that something is wrong.

When you have a reasonable suspicion based on physical signs, behavioural signs, or disclosure. When someone else tells you to.
Question 2 What duty might you have to report child abuse and neglect? Legislative duty Duty of care Professional duty Ethical duty All of the above
 Question 3 Which of the following will help you report child abuse and neglect? Select all the answers you think are correct. Knowing your reporting duty Having a supportive work environment Thinking you won't have enough evidence Confidently recognizing the signs of CAN
Question 4 Which of the following is NOT correct. School-based programs for preventing child sexual abuse are usually focused on: distinguishing types of touches body ownership public and private parts of the body physical self-defence
Question 5 When responding to a hypoaroused (dissociated) student, which of the following strategies would work best? Try to snap them out of it Tell yourself phrases that remind you of the reasons for the student's challenging behaviour Just sit quietly near the student until they recognise you are with them and start to respond to you

Ignore them

Question 6

Which one of these services might be required if it isn't safe for the child or young person to remain at home?

- Family foster care
- Parent-child conflict mediation
- Emergency housing
- Parenting education

7. UNACCOMPANIED

CHILDREN

Quiz 1

Question 1
Who are unaccompanied children?
They are children who have left the place where they usually live.
They are children who have left their place of usual residence, and are not accompanied by either of their parents, another relative or their legal/customary carer.
They are children who are not accompanied by their parents but travelling
with other adults after leaving their usual place of residence
They are children who have left their place of usual residence with their relatives and are on their way to a new destination.
Question 2
Why is it important to understand the reasons why children leave home and become "children on the move"?
Because children often face stigma and discrimination due to people not
understanding why they are on the move, which will help ensure they are not exposed to further potential risks or harm.
To be able to challenge what is reported in the news about children on the
move.
Because only children who have left home and are on the move because of war and armed conflict are entitled to receiving care and protection services.
Because children who were not forced to leave are not entitled to receiving
protection.
Question 3
What are some of the main risks that unaccompanied and separated children on
the move face?
The main risk they face is extortion and lack of money.
The main risk that we need to be concerned with is inappropriate treatment
by officials.
They may face many risks of abuse and exploitation, inappropriate treatment,
poor health and, lack of access to food, shelter and other essential support and
services.
There is a variety of risk children face, but these depend on the circumstances
and specific routes they take.

Question 4

What services do unaccompanied and separated children on the move have the
right to access in countries of transit or of destination?
They can only access emergency services such as short-term care services,
since they may stay in that country only for brief periods.
They have access to special services for unaccompanied and separated children because they have different needs that require different solutions.
Unaccompanied or separated children on the move have a right to the same
levels of care and protection as other children in the country, but do not have a right to go to local schools if they do not know the local language.
They have a right to access all services available, including care, health and educational services, on an equal basis with children who are nationals of that
specific country.
Question 5
Why is the Joint General Comment on Children in the Context of International
Migration important?
Because it confirms that unaccompanied and separated children on the move are entitled to special protection and care, in line with the UN Guidelines.
It explains what States can do to support unaccompanied and separated
children on the move, but they are never obliged to implement these actions.
The Joint General Comment is important because it explains what States can
do to support separated and unaccompanied children only when they reach their
country of final destination.
Because it introduces the UN Guidelines for the Alternative Care of Children.

Quiz 2

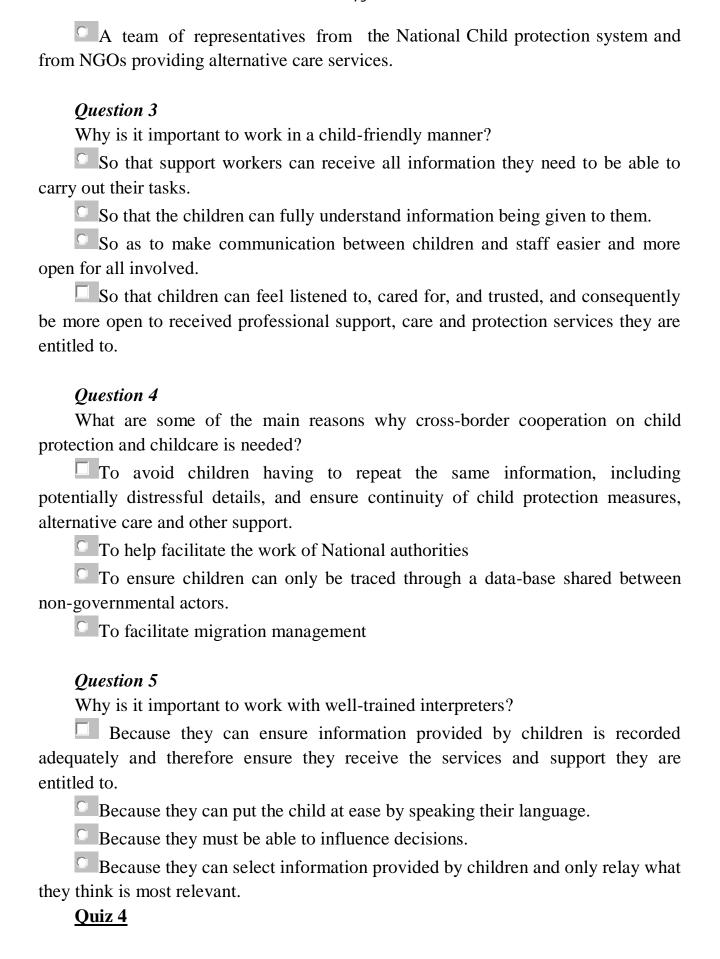
Question 1
What is preliminary identification of an unaccompanied or separated child?
A process that leads to the identification of unaccompanied and separated children and assessment of their circumstances, needs and wishes.
A thorough procedure that determines the exact age of a child.
Something that only border guards can undertake.
A process that should be undertaken only when children are clearly traveling
by themselves.
Question 2
What is the role of a case-worker?
A case worker is someone who has the duty of making decisions on behalf of
unaccompanied and separated children.
A case worker monitors and reviews a child's care plan which is
implemented by a social worker.
A case worker is a professional who is responsible for a child's individua
case management, including assessment and delivery of care plans.
A case worker speaks with the responsible authorities so they can develop
care plans for unaccompanied and separated children.
Question 3
What is the difference between an initial assessment and a comprehensive one?
An initial assessment is carried out when a child first arrives in a country
while a comprehensive assessment takes place once it is clear they will stay for a
least a few months.
An initial assessment is carried out as soon as a child has been identified as
unaccompanied or separated, and aims to address immediate concerns and needs.
An initial assessment aims at understanding and assessing immediate
practical needs only, such as shelter and food; a comprehensive assessment is the
process leading to the establishment of care and protection plans.
An initial assessment is carried out by the professional that first comes into
contact with the child such as a border guard a comprehensive assessment is

Question 4

undertaken by a qualified social worker.

What does the Best Interest Determination process entail?

It entails deciding the care arrangements for each child.
It is a process to support decision-making on what services a child may need.
It is an assessment and decision-making process, led by a case-worker, to
determine the care and protection plans.
It is a process to develop and agree on the care and protection plan for children; however, only some agencies use it.
Question 5
What is full and meaningful participation for unaccompanied and separated
children on the move?
It is providing information to children about their rights and services they can
access in a country of transit or destination.
It is about making sure relevant information is made available to children in
their native language.
It is asking children about their situation, wishes and preferences so that these
can be taken into account in the development of a care and protection plan.
It is about both providing information to children in a language and manner
that they understand, and consulting them about decisions on issues that affect them.
Quiz 3
Question 1
Why are safeguarding procedures important?
Because they protect the staff working in an organization.
Because they provide clear guidance on the safety and protection of children
Because they allow for the sharing of information in a secure manner
Because they provide staff with informed consent to take children on
excursions out of the care setting
Question 2
In an ideal situation, who is best placed to undertake case management for an unaccompanied or separated child on the move?
unaccompanied or separated child on the move?
An expert from an NGO
A representative from a UN body
A representative from the National Child protection and child care system



Question 1 What make some forms of care unsuitable for children? Not enough focus on children's physical needs in terms of shelter, clothing and food. Not giving priority to how the facility is run and organized. The lack of individual attention to the care, needs and preferences of each individual child. Allowing too much contact between children in care and the broader community.

Question 2

What is meant by a process of deinstitutionalization?

	Αp	rocess	of	phasing	out	unsuitable	alternative	e care	options	for	national
childre	1.										
	A p	rocess	of r	efurbishi	ng c	are settings	so that th	ey are	fit for th	ie pu	irpose of
accomn	noda	ting ch	ildr	en who a	re in	need of alt	ernative ca	re.			

A process of transformation of the alternative care system which is managed by services providers.

A process of phasing out large, institutional care settings for the alternative care of children, including unaccompanied and separated migrant children.

Question 3

How can we meet the challenges of working in unsuitable care settings, such as transit and detention centres?

By w	vorking	alone,	organizations	can	help	in	making	services	and	support
available to u	naccom	panied	and separated	chile	lren.					

By ensuring each child is given individual attention, and that staff is adequately trained and supported to address children's psychosocial and emotional needs.

By explaining that t	hese settings are the	only option	available.
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By creating well-structured routines, so that all children can eat at the same time, when it is most convenient for people working in the centre.

Question 4

What are the conditions that ensure the suitability principle can be met?

Providing a range of family-based and family-like care options, so that the best option can be provided for each child.

The availability of services provided by international NGOs and other agencies, who have specific standards of care provision for children on the
other agencies, who have specific standards of care provision for children on the
The availability of specific services supporting only unaccompanied and separated children who are in transit and those who have arrived at their final destination.
Making sure that all children have access to a foster-care placement.
Question 5 Is it important to carefully select and train foster carers?
No, it is not so important; it is more important to find willing, mature carers.
Yes, it is very important, even if the carer has good experience and caring
attitude.
It is not important because it is only a temporary measure.
It is important because foster carers will have these children remaining with
them for the rest of their lives.
Quiz 5
Question 1
Question 1 What is a potential risk associated with kinship care?
~
What is a potential risk associated with kinship care?
What is a potential risk associated with kinship care? The assumption that children are safe because they are staying with family
What is a potential risk associated with kinship care? The assumption that children are safe because they are staying with family members.
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When a guardian is responsible for many children, since a personal approach is not necessary.
 Question 3 In what circumstances is the placement of children in detention centres allowed? When their parents or legal/customary care givers are detained. When they cross a border and their identity needs to be checked. Never – the best interests of the child must always prevail. When there are no alternatives for alternative care placement.
 Question 4 What does the development of alternatives to detention entail? Providing placements in care settings that operate on a closed-door policy. Ensuring the set-up of alternative care settings for the specific use of migrant
and refugee children. Placing unaccompanied and separated migrant children in large residential institutions because they are no longer being used for national children without parental care following a deinstitutionalization process. Ensuring that unaccompanied and separated migrant children can benefit from a range of suitable alternative care placements in the community, on the same basis as national children.
Question 5 What can be done to prevent children from abandoning their care placement and going missing? Ensuring that children receive only information which is strictly necessary, so as to avoid potential issues. Providing alternative care placements in settings that ensure children cannot move freely.
Providing the most suitable alternative care option for each child in a timely manner and where they feel safe, trusted, and well cared for. Avoiding sharing information with any border staff, as this may be upsetting for the children. Quiz 6

Question 1

Leaving care can be complex for any young person. However, what is a main
factor, specifically linked to the situation of unaccompanied and separated children,
that can make this experience especially challenging for them?
Lack of support in finding employment.
Change in legal status, or lack of it.
The opportunity to have continued support with education.
Homelessness.
Question 2
When can family reunification happen?
Only if a child returns to their country of origin.
Only if the authorities of the country of origin of the child agree.
When the necessary assessments to determine if reunification is possible have
been carried out, and reunification is in the child's best interests.
Only if there is a family-like alternative care setting the child can first be
placed into while the family reunification process is ongoing.
Question 3
What does ageing out of care mean?
It means a child or young person is ready to move to semi-independent living
arrangements.
It is another way to describe leaving care.
It means a child or young person have reached the age when they are legally
obliged to leave their alternative care setting.
It means a young person has stayed in an alternative care setting for too long
and must now leave.
Question 4
How can we best support an unaccompanied or separated child/young person in
their leaving care process?
By preparing a Pathway Plan that addresses needs and takes into account the
specific challenges they may face.
By preparing a Pathway Plan that is the same in every way for all care
leavers.
By supporting them to integrate in the community, for example ensuring they
can attend language courses.

By providing them with an information pack containing information
on the services that they may access.
Question 5
What is successful social integration for unaccompanied and separated young
people leaving care?
Local employers have a successful campaign to recruit unaccompanied and
separated care leavers.
All unaccompanied and separated young people are welcome at local social
events.
Unaccompanied and separated young people leave care and receive a legal
status that allows them to continue with their education.
Social integration is a dynamic and multifaceted two-way process that leads

to full social, legal, and economic integration into the local community.

8. SUPPORTING ADOLESCENT

LEARNERS

Check your understanding

Question 1

Adolescence is a stage of development that is universally understood and agreed upon in terms of defined: age range; and the pace, order and extent of changes.

- True
- False

Question 2

There are many strategies for enhancing metacognition in adolescence. Which of the following is *not* a strategy?

- Reflecting on learning
- Reading about the way brain development occurs
- Using a range of mind map templates to prepare content summaries
- Regularly attending class

Question 3

The brain is a complex network of neurons processing information constantly. Emotions in the brain are controlled by what system?

- limbic system
- prefrontal cortex
- amygdala
- synapses

Question 4

Social, emotional, physical and cognitive aspects of development are unrelated.

- True
- False

Question 5

Synaptic pruning is dangerous and should be avoided.

- True
- False

Question 6

The structures in the brain are exactly the same for young adolescent males and females.

True
© False
Question 7
The hippocampus is part of the limbic system and plays an important role in:
Balance and fine motor skills
Our sense of smell
Our metabolism
The consolidation of information from short-term to long-term memory
Question 8
Who has more verbal centres in their brains?
© Boys
© Girls
Question 9
What is <i>not</i> a positive effect of well-developed social and emotional skills?
O Positive mental health
© Life satisfaction
Academic success
The ability to cry on demand
Quartier 10
Question 10
Positive youth development (PYD) frameworks view young adolescence as a stage of

development where young people have a lot of problems that need to be fixed.

- True
- False

9. PREVENTING CHILDHOOD

OBESITY

Is it safe?

Answer *true* or *false* for the following statements to test your knowledge about food safety for young children.

Question 1

Honey should be used as an alternative to sugar for children under 12 months of age

Question 2

Whole nuts and seeds should be avoided until at least the age of 3

Question 3

Pasteurized cow's milk can be offered as a drink from 6 months of age

Question 4

Hard vegetables should be cooked or grated to reduce the risk of choking

Question 5

Leftover food should be cooled down thoroughly before refrigerating

Answer the following multiple choice questions about nutrition.

Question 1

	What can you do to encourage young children to eat more vegetables?
	Select all the answers you think are correct.
	Keep offering vegetables on different occasions, it can take a while for
chile	dren to try them
	Bribe children with dessert to eat their vegetables
	Try growing your own vegetables
	Take children shopping to help choose vegetables

Question 2

Present them attractively

Take vitamins instead as they are just as good

Which of the following foods contain good amounts of unsaturated fats? Select all the answers you think are correct.

Seeds
Olives
Avocados
Butter
Nuts
Beef
Salmon
Question 3
Which of the following ingredients are high in sugar?
Select all the answers you think are correct.
Maple syrup
Corn syrup
Coconut sugar
☐ Agave syrup
Fruit juice concentrate
All of the above
Question 4
What can you do to make recipes healthier?
Select all the answers you think are correct.
Replace the salt with herbs
Replace butter with palm oil
Add more vegetables
Reduce the amount of meat
Question 5
Placing excessive restrictions on particular foods can increase children's desire those restricted foods?
True
False

for

Answer the following multiple choice questions about physical activity.

	Question 1 Children are more likely to be more active when they spend time outdoors? True False
	Question 2 How much active play is recommended per day for pre-schoolers? At least 1 hour At least 2 hours At least 3 hours At least 4 hours
and	Question 3 Physical activity for preschool children should include a mixture of structured unstructured activity? True False
	Question 4 What are some of the potential benefits of physical activity for children? Select all the answers you think are correct. Increased self esteem Development of gross motor skills Increased social skills Increased concentration All of the above
chile	Question 5 Support from parents/caregivers or early childhood educators affects how active dren are True False

Answer the following multiple choice questions about screen time.

Question 1
Sedentary time is:
the time spent sitting or lying down doing activities that do not require a lot
of energy
the time children spend watching TV
the time children spend engaging in any type of electronic media
None of the above
Question 2
Young children's screen time is the time children spend:
in quiet play activities – such as puzzles and blocks
in learning activities – such as writing, counting and playing problem-solving
games
engaging with electric media – including viewing television programs or
DVD's, and playing electronic games or apps
in recreational activities – including imaginative play and active play
Question 3
Guidelines suggest that electronic media use for children under two years should
be:
discouraged
limited to 1 hour per day
limited to 2 hours per day
limited to 3 hours per day
·
Question 4
Guidelines suggest that electronic media use for children ages 2-5 years should
be:
discouraged
limited to 1 hour per day
limited to 2 hours per day
☐ limited to 3 hours per day
None of the above

Question 5
For young children what is the most common type of screen time?
the use of mobile touch-screen devices
browsing the internet
playing electronic games
playing electronic games and apps
television viewing
Question 6
Television viewing can contribute to the development of unhealthy weight gain
among children by:
encouraging over-eating (promoting energy intake)
displacing active play (reducing energy expenditure)
influencing sleep patterns
All of above
All of above
Question 7
Strategies to reduce children's screen time include:
monitoring the time children spend engaging with electronic media
setting SMART goals
planning to reduce children's screen time
All of the above
Question 8
High levels of sedentary time (particularly screen time) in young children have
been associated with several health outcomes including:
higher body fatness, better diet, higher self-regulation and self-esteem
higher body fatness, poor diet, lower self regulation, lower cognitive
development
higher body fatness, lower self-regulation, higher cognitive development
higher body fatness, poor diet, lower self-regulation, lower cognitive and
motor development and poor cardiovascular health

Which behaviours are sedentary?

Answer these True or False questions to test your knowledge of sedentary behaviours. Remember sedentary behaviour is not simply a lack of physical activity. It is a group of behaviours that occur whilst sitting or lying down and that require very low energy expenditure.

Question 1

Is sitting while at work or school a sedentary behaviour?

Question 2

Is sleeping a sedentary behaviour?

Question 3

Is reading a sedentary behaviour?

Question 4

Is playing video games a sedentary behaviour?

Question 5

Is pushing yourself in a wheelchair a sedentary behaviour?

Question 6

Is sitting in a car or other form of motorized transport a sedentary behaviour?

Question 7

Is playing on a computer or iPad a sedentary behaviour?

Question 8

Is watching television a sedentary behaviour?

Question 9

Is floor-based play in young babies sedentary behaviour?

Question 10

A child who completes at least 60 minutes per day of moderate physical activity can still be considered sedentary if they spend a great deal of their time sitting or lying down (e.g. playing video games).

Knowledge Checkpoint

	Question 1
	The amount of sleep needed reduces across childhood
	True
	Folia
	False
	Question 2
	Which of the following is needed to measure sleep?
	Electroencephalogram
	Electrooculogram
	Electromyogram
	All of the above
	Question 3
	When we are asleep our brains shut down
	True
	False
	Question 4
	In the Two-Process Model of Sleep, the Homeostatic Process refers to:
have	An internal body clock that tells us when to sleep, regardless of how long we been awake for
	The release of the hormone melatonin at night which tells the body to sleep
	The increased need to sleep the longer that we have been awake for
	None of the above
	Question 5
	Shorter sleep duration may increase the risk of obesity by:
	leading to over-eating (promoting energy intake)
	increasing fatigue (leading to reduced energy expenditure)
	influencing the concentration of hormones leptin and ghrelin
	All of the above

Question 6 The sleep wake hormone maletonin is strongly influenced by:
The sleep-wake hormone melatonin is strongly influenced by: Exercise
Light
Food intake
All of the above
Question 7 Sleep hygiene refers to personal cleanliness before going to bed True False
1. What does healthy eating mean to you?
2. What do you think should be done to protect children from unhealthy foodmarketing?
3. What are the ways that you can change an environment to encourage physica activity for children?
4. Share a personal / individual, social or environmental factor that you think is big influence on the screen time of children in your community.
5. What are the similarities / differences regarding the amount of time children spend with screens in different countries?

6. How does screen time influence obesity?
7. What factors might be influencing children's ideas and feelings about screen time?
8. How important is a healthy amount of screen time in fighting childhood obesity?
9. What is sedentary behaviour?
10. What do you think are the primary sedentary behaviors of young children in your country?
11. What factors might be influencing children's ideas and feelings about sleep?
12. How important is sleep in fighting childhood obesity?