

Inclusion

INCLUSION

Schools and pre-schools should promote the inclusion of all children with additional needs. The aim of special education provision should be for children/ young people with disabilities to share, with their peers, as complete an educational experience as possible. The ideals behind inclusion are based on human rights principles.

Self Esteem

This is the need to feel good about yourself, to receive recognition, attention and appreciation. Self-actualisation is about developing the talents you have. Children must be given opportunities to experiment with their own ideas. They must feel free to do their best or achieve.

The Five Building Blocks of Self-Esteem

Security

A feeling of strong assuredness. Involves feeling comfortable and safe; knowing what is expected; being able to depend on individuals and situations; comprehending rules and limits.

Selfhood

A feeling of individuality. Acquiring self-knowledge, which includes an accurate and realistic self-description.

Affiliation

A feeling of belonging, acceptance, or relatedness, particularly in relationships that are considered important. Feeling approved of, appreciated and respected by others.

Mission

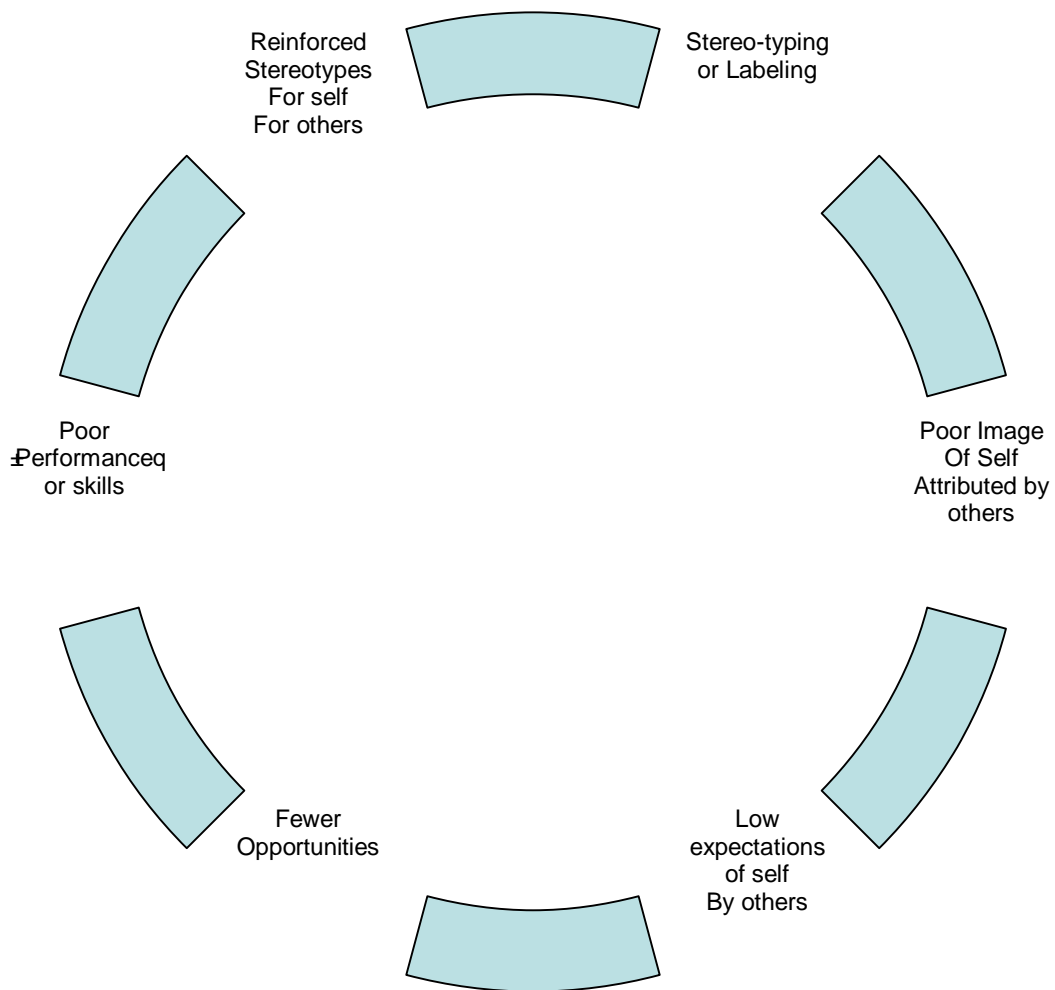
A feeling of purpose and motivation in life. Self-empowerment through setting realistic and achievable goals and being willing to take responsibility for the consequences of one's decisions.

Competence

A feeling of success and accomplishment in things regarded as important or valuable. Aware of strengths and able to accept weaknesses.



If you don't boost self-esteem it will lead to:



NEGATIVE & CUMULATIVE CYCLE

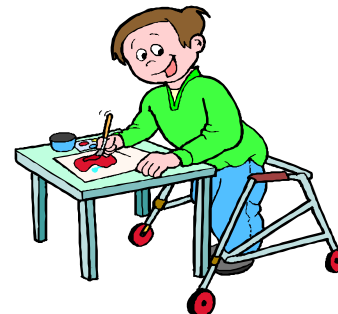
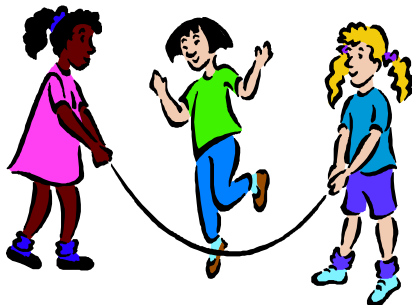
DISABILITY LANGUAGE AND ETIQUETTE

Many people have surprising apprehensions and fears when interacting with people with disabilities. Disability etiquette comes down to basic common sense and being polite. Always behave as naturally as you can and focus on the person's ability and potential, not their disabilities.

The following are some principles to remember:-

'Unhandicap' your language

- Put the person first rather than the disability. For example, it is better to talk about a child who has Down Syndrome rather than a Down Syndrome child.
- Don't use terms like - afflicted with, stricken with, victim, invalid, cripple, or suffers from. This denotes pitiful helplessness and dependency and denies other aspects of the person.
- Don't use terms like; slow, simple, moron, retard, vegetable. These are abusive and offensive labels when applied to people with disabilities.
- Don't talk about how a person is inspirational or courageous because they have overcome their disability. People with disabilities are not collectively inspirational or courageous. They live with their disability and have to overcome attitudinal and social barriers in their lives.
- Don't sympathise. Individuals with disabilities would trade this instantly for acceptance and respect for their talents and abilities.



Dos and Don'ts when meeting a person with a disability

- Do not treat people with disabilities as if they are disabled in other ways. Do not assume physical disability means learning disability.
- Don't always assume that people with disabilities need help, but do ask if you can help, and how, if it looks as if help is needed.
- Do not touch or grab wheelchairs, walking frames or communication aids without asking permission first.
- Do not make decisions for the person. Let the person decide . then when necessary you can facilitate.
- Do chat to a person in a stationary wheelchair with your head at the same level instead of looking down chatting from a distance.
- Do treat children with disabilities as far as possible just like their peers. This includes not allowing them to misbehave anymore so than their peers. Children with disabilities need to learn the boundaries of acceptable behaviour just the same as any other children.
- Do not over-protect children with disabilities. Help them to maximise their potential by recognising their ability rather than focusing on their disability.
- Do talk directly to the person rather than through a companion or parent. Do make eye contact.
- Do be patient . allow plenty of time for the child to reply. If you don't understand say, "I don't understand, can you repeat that please?" +Do not pretend to understand when you do not.
- Do examine your own pre-conceived ideas.



ADAPTING ACTIVITIES TO MAKE THEM INCLUSIVE

Simple changes to activities can make them inclusive for all the class. It requires minor adjustments in how the activity is presented and how instructions are given. This can be done easily by the teacher or special needs assistant.

- Break down instructions into shorter pieces using clear, simple language.
- Always include visual cues e.g. pictures, flash cards, hand signals etc.
- Have written and/or visual instructions.
- Use work schedules (visual timetables)
- Make sure you have the child's attention and make eye contact when giving instructions or explanations.
- Use jigs to visually show where everything goes e.g. the outline of puzzle pieces to help the child see where to put each piece, or the outline of a plate, knife and fork to show how to set a table.
- Adapt to have simpler versions of activities.
- Pre-teach the activity.
- Use signs for instructions or actions.
- Work in small groups.



ENCOURAGING PEER INTERACTION

The opportunity for children to interact and play with their classmates has huge benefits for a child's development, including the forming of friendships, developing social skills and language learning. Some children with additional needs will require help in interacting with others for a variety of reasons. They may have physical difficulties which make accessing the playground or playing certain games difficult. They may have language difficulties which mean they can't communicate as easily with others or others may find it difficult to understand them. They may have difficulties with their social skills, meaning they don't quite know how to go about interacting with others.

Some children need to WORK at their play and interaction skills.

Here are some simple ideas to encourage interaction in the classroom and playground:

- Work in small groups of children and in structured play activities to allow the child time to develop interaction skills. It helps to have an adult in the group initially to ensure the child gets their turn and an opportunity to participate.
- Think about skills that are important for interaction such as turn-taking and sharing. Many children will benefit from work in these areas. Have structured turn-taking games identifying whose child's turn it is first. If the child is finding this extremely difficult, work initially just with an adult (who is sometimes more able to wait their turn than another child!).
- If the child is using an augmentative communication system, like a voice output device or picture system, encourage the class to talk about the device and encourage the child to interact using this system. Always remember though that it is not a toy and other children should not be allowed to play with the system.
- Sometimes the use of pictures during games can help. For example, a small group of children could be working on sharing and turn-taking by dressing up a Mr Potato Head. If the child is having difficulty producing the word or direction when it is their turn, have a picture of the items and the child can use the picture to indicate what they want. Other children in the group may like to use the pictures as well.
- If the child is using an augmentative communication system then make sure it is ALWAYS accessible to them (for example, if the child has a communication book make sure they have easy access to it). This is the child's voice.

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION & ASSISTIVE TECHNOLOGY

Augmentative and alternative communication (AAC) involves the use of nonverbal means and systems to communicate. It is used to enhance an individual's communication skills, facilitating communicative, social and personal development, and increasing independence. The implementation of an AAC system should not be viewed as an alternative to speech, by replacing a person's current communication system. Instead it should be constructed as complementary.

AAC can be broadly classified into three groups: **no technology**, **low-technology** and **high-technology**.

No-tech includes:

- Natural gestures
- Eye contact
- Facial expression
- Sign Language

Low-tech systems do not typically involve voice output and include:

- Objects
- Tactile symbols
- Eye-transfer (E-Tran)/ eye-gaze boards
- Rotary scanners
- Communication boards, wallets and books

Hi-tech systems are communicative aids, which typically produce digitised (recorded) or synthesised (artificial) voice, replicating the verbal mode, and are more typical of the way human beings communicate with each other. Some examples include:

- The Bigmack switch is a single channel voice output switch. Its function and range is limited.
- Macaw, Alphatalker, Chatbox. these store words and phrases, using recorded speech.
- The Deltatalker and Dynavox are communication aids that use software, with artificial speech.
- Hardware such as personal computers or laptops can be used as a communication aid when communication or language software is loaded on to them.



Attention & Listening

CLASSROOM HELPER ACTIVITIES

Classroom helper activities are most useful for those children who have difficulties sitting still for prolonged periods of time or for those children who have attention and concentration difficulties. They also have the added benefits of encouraging the development of perceptual-motor skills and can boost children's self-esteem making them feel that they are contributing to the classroom. It is often a recommendation to teachers to shorten work periods for these children. Children can perform a classroom helper activity during break times. Changing or rotating activities can prevent boredom.

The following are a list of possible activities to use:-

- The child collects the lunch money for one week from the class and takes it to the office.
- The child helps to organise any classroom charts.
- Label classroom shelves with words, pictures or drawings so that the child can clean up the room by matching toys with words or pictures.
- The child mixes and stirs the ingredients as you prepare paints, modelling clay or glue.
- The child learns how to use the tape dispenser, and tapes art work on the wall.
- The child washes/ wipes tables or desks.
- The child helps to wash classroom supplies.
- The children could take turns to write/draw greetings on a calendar or chalkboard. Adapted from *Making It Easy*qHaldy and Haack



Heavy work activities can also be useful to calm and alert the children to help them attend. These have also been listed in the pack and can be used as helper activities.

HELPING CHILDREN TO ATTEND

Within the school environment it can be difficult for children to attend to the teacher or their class work. The classroom provides a range of visual and auditory stimuli that can be very distracting. Children need to attend and concentrate on the teacher to aid their learning and understanding of the school curriculum.

Some ideas to help children to attend are;

- Fidget toys e.g. blue-tac, play dough, stress balls, koosh balls etc.
- Balls or move mats/cushions (can be sourced at Epsan Waterfly (UK) Ltd) to sit on.
- Work schedules (sets out the day's plan on either a visual or written schedule)
- Baroque music or white noise (a shhh-type noise: can be sourced at www.purewhitenoise.com) to play in the background or through ear phones.
- Star charts or some other reward system.
- Visual cues e.g. pictures, flash cards, hand signs etc.
- Sensory toys or areas e.g. sand tray, water tray, ball pool etc.
- Individual work stations- These can be created by using cubicles or creating your own work cubicle by using cardboard boxes. They must be as far as possible free from distraction.
- Time out/corner with beanbags and books or toys.
- Punch bag to get rid of frustration (for the teacher as well as the child!)



Body Awareness

HEAVY WORK ACTIVITIES

Heavy work activities are useful to build body awareness and help a child with motor planning. A heavy work activity targets the body's proprioceptive system. This is the system which tells us where our body parts are in relation to each other and to space.

- Place chairs on desk at end of day or take down at beginning of day.
- Erase or wash the blackboard.
- Help rearrange desks in the classroom.
- Fill box (one that child can carry) with books to take to other classrooms or library.
- Have child pass out papers/objects to class members.
- Help the PE teacher move equipment.
- Animal walks (crab walk, bear walk, army crawl).
- Encourage activities such as running, jumping, ball skills.
- Mini trampoline.
- Tug of war.
- Push-ups against a wall.
- Run around track.
- Throwing/catching activities with ball/beanbags.
- Sharpen pencils with a manual sharpener.
- Cut out items for display from heavy paper.
- Have a child carry heavy notebooks to the office or from class to class.
- Staple papers together.
- Pin up notices on notice board.
- Sip from water bottle with straw.
- Chair push-ups.
- Rice play, water play, play dough.
- Playing in sand box with damp heavy sand.
- Stack chairs.
- Train: use several sturdy boxes that children can fit into and have other children push each of the box cars.
- Bounce ball, alternating hands, while counting or doing maths tables.
- Have child colour with large paper on the floor whilst on their hands and knees.
- Climb stairs.

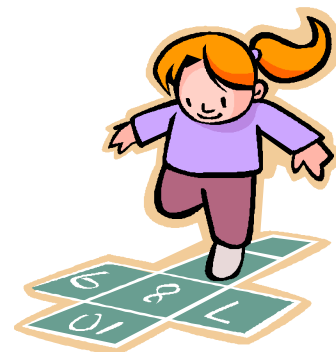
Adapted from Sensorimotor Groups by Scheerer.



P.E. PROGRAMME

The exercises listed below are beneficial for all children in terms of improving balance and eye-hand co-ordination skills.

- jumping jacks.
- hand to knee (lift left knee to touch with left hand, repeat on right) progress to lifting left knee and touching with right hand, i.e arm crossing body).
- elbow to knee . progress as above.
- heel-hand behind body.
- stride jumps.
- walking along taped line on floor without falling off
- jumping in and out of hoops on the floor, i.e. forwards / backwards / sideways.
- climbing into hoop and lifting up and over head.
- throwing bean bag into bucket / centre of hoop.
- relay race with bean bags / ball.
- passing ball over head / between legs / sideways to person behind.
- throwing / catching ball (with and without bounces).
- throwing bean bags into air and catching.
- Simon Says
- clap, walk, march, crawl, jump, gallop, skip to music.



Pre-writing/ Writing Skills

ACTIVITIES TO DEVELOP WRITING SKILLS

Writing is a complex skill that is dependent on a number of variables, which include good finger strength and dexterity as well as good visual motor integration. The following are a few suggested activities that could assist in its development.

Activities to help improve finger strength and dexterity

- **Nesting Coins.** Place a collection of coins on a flat surface. Ask the child to pick up the coins one at a time and nest it in his palms. Encourage him to pick up as many as possible. Then ask him to put down the coins one at a time, moving the coin from palm to fingers to surface. Do this with both hands.
- **Clothes pegs.** Clasp a clothes peg between the thumb, index and middle fingers. Start off with pegs that have little resistance and move up to the more resistive ones.
- **Spiders on the table top.** Place the child's fingertips on the table top, palms raised above. Encourage the child to place his fingers onto the table, as if they were spiders legs glued to the surface. Maintain position for 20 seconds and repeat 3 times.
- **Newspaper Scrumpling.** Child sits with a single piece of newspaper laid down on the floor in front of him. First place the non dominant hand behind the child's back so that the dominant hand is free to work independently. Place the wrist of the first hand at the base of the newspaper's edge, spreading the fingers forward onto the paper. Using only the fingers and keeping the wrist in its original position, start to scrumple the newspaper into a tight ball. When the child is finished, allow him to spread out the newspaper using both hands, and then repeat activity with the second hand.
- **Tug O War.** Sit opposite, placing your feet together and your knees slightly bent. Hold a thick rope or strong fabric (like a towel) between the two of you and pull. Ensure that the child is pulling with his arms rather than leaning back on his trunk.
- **Fists.** Ask the child to close his hands into tight fists, and open them very wide like stars.
- **Crossing fingers.** Instruct the child to cross his middle fingers over his index fingers and reverse with index fingers crossing over middle fingers. Use both hands. Reverse with thumbs crossing over index fingers.
- **Snap Fingers.** Snap fingers until efficient. Snap only one hand at a time.

ACTIVITIES TO IMPROVE VISUAL MOTOR INTEGRATION

Kinesthetic Level

- Finger tracing over outlines of simple designs made from various textures, like sandpaper, sand, play dough, shaving foam or any other textured material.
- Trace a shape, letter or number on the child's arm or back . this helps with kinaesthetic reproduction.
- Draw large shapes in sand or with a skipping rope, and ask the child to walk on the shape and around it.

3D/3D

- Build a design with Lego, building blocks or any other construction toy and ask the child to copy your design.
- Pegboard patterns.
- Matchstick designs

3D/2D

- Use construction games and ask the child to copy designs on paper.
- Make a pattern with play dough and ask the child to copy the design on paper.
- Copying matchstick design on paper.

2D/2D

This is a paper and pencil stage. Remember to correct the child's pencil grip and posture at this stage.

- Stencil drawings.
- Dot to dot patterns.
- Picture completion exercises.
- Tracing activities.
- Writing over sandpaper or corrugated cardboard.



HANDWRITING HELPS

Children with sensorimotor problems often have difficulty organising and sequencing information. Teachers and other professionals working with the children can present information using alternative methods that maximise the children's ability to process information.

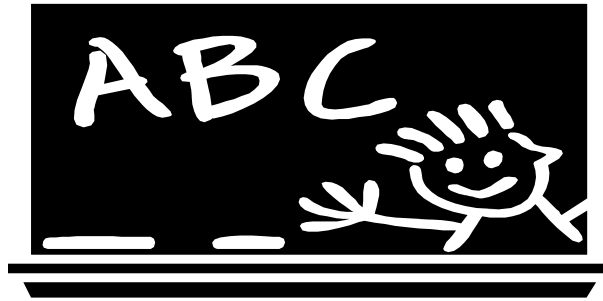
Some ideas that can be incorporated into class lesson plans are as follows:-

- Copying work from the board may be difficult so let children practice writing on a vertical surface using the chalkboard, an easel, or paper taped to the wall. This promotes shoulder, elbow and wrist strength as well as the correct pencil grasp.
- Similarly when completing writing tasks let the children write on top of a lever arch folder turned sideways or encourage them to use a slant board.
- Write small amounts on the chalkboard at a time. Clean the chalkboard regularly to reduce distraction. Yellow chalk is thought to have the best visibility.
- Alternate chalkboard activities with less visually demanding tasks.
- Provide the child with a copy or outline of the material to be covered on the chalkboard. Copying from one paper to another in the same plane is easier than copying across two visual planes.
- Provide various-sized pencils, soft and heavy art pencils for better visual and tactile feedback and markers of different colours for better visual feedback.
- Tape the alphabet and a number guide to the child's desk for easy reference.
- Put a stripe of tape on the child's desk at no more than a 45° angle against which they can place a sheet of paper to get the correct angle for writing.
- Provide a lolly-pop stick or paper strip to use as a marker between words as they are written to help the child with proper spacing.
- Playing prewriting warm-up exercises such as wheelbarrow walking, donkey kicks, bunny hops, or tug of war. These games wake-up some of the stabilising muscle groups used for good fine motor control.

Adapted from *Making It Easy* by Hady and Haack.

ACTIVITIES TO PROMOTE INDEPENDENT NAME WRITING

These ideas can be used to help develop the underlying skills needed for recognising and remembering the sequence of letters for independent name writing.



- Label lockers in large letters with the children's names.
- Put out name cards at lunchtime, vary the position, and let the children find the right place.
- Put name cards on the back of chairs for group time and see if the children can find their chairs.
- Put a set of letters in the middle of a group of children. Ask each child to find the first letter of their name. Use names cards for prompts if needed.
- Give each child their name on a large card, from a group of letters; get the children to find the letters to match.
- In a small group, write one child's name in large letters on a chalk board, whiteboard or similar, let the child hold a torch and guide his hand so that the beam traces over his name. Tell him how the letters are made as you go.
- Write the child's name on an A4 sheet of paper and place it inside a plastic sleeve. Get the child to trace on it with a whiteboard marker. Rub the sheet off and it can then be used again and again.
- Give the children opportunities to write their names on their work. Give hands on help as needed.
- Put the child's name card in front of them and let them copy it using a variety of media (paint, play dough and chalk).

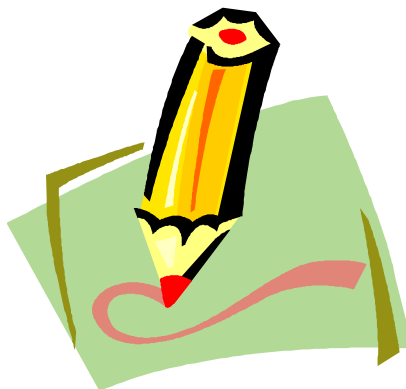
PRE-WRITING SKILLS

Movement is a great way to teach children about shape direction and other concepts associated with pre-writing. When carrying out activities try to keep movements large and talk to the children about what they are doing in order to draw their attention to the movement.

Activities to promote pre-writing skills

- Draw shapes in the sand. Children can trace over them with their fingers or with cars, farm animals or other toys.
- Use shaving cream or finger paint. Draw a shape and children trace over it with their fingers.
- Put a large shape on the wall. Let children trace the outline using a strong torch light.
- Find shapes in the environment. Let the children trace around them and identify them.
- At music and movement time, give children scarves to make shapes or letters depending on the themes for the session.
- Make sandpaper shapes and letters. Children can then feel their way around them with their fingers.
- Draw large shapes with chalk on the ground as part of an obstacle course. Ask children to walk or jump around the shapes.
- When doing specific pencil and paper activities, try to keep your tracing lines thick and bold, and keep the activity large.

Adapted from Making It Easy by Haldy and Haack.



Structuring the Environment

STRUCTURING THE ENVIRONMENT

When children attend school they are aiming to function independently and within a group setting. They can be assisted to do this by providing structure to the environment.

Structure can reduce anxiety children may feel in an unfamiliar environment such as school, where the routine is new and the people are busy and noisy.

Children cope much better when they know:

- Where do I have to be?
- What am I doing?
- How much do I have to do?
- When will I know I have finished?
- What will I do next?

Even young children attending a preschool benefit from structure. Pre-school often focuses on developing free play and peer interactions but some children are unable to do this independently. Structure can provide the guidance they require without an adult necessarily guiding them.

It cannot be assumed that children understand verbal communication. Their understanding is greatly enhanced when instructions:

- are put in writing
- use written symbols and timetables
- use photos, symbols and drawings.

Children need planned breaks. This reduces tiredness and helps maintain attention skills. When possible ensure children are aware when clearly defined breaks between activities will take place.

Structure can be presented in two forms:

Physical structure

Children benefit from each area in their classroom having clear bold boundaries. This clearly indicates the purpose of each area and encourages independent working. Each work area is kept quiet and clear of distraction.

Physical structure can help a child to maintain attention and concentration for a longer period of time. If they are at their desk doing individual work using a physical boundary e.g. working left to right, this will settle them to their task and reduce the occasions they get up and wander about. In the free play area a thin line marked or taped to the ground will indicate that toys stay within this line. It is not a solid boundary but still provides the physical structure that children may need to play independently.



Visual structure

Within daily life we all use visual structures to assist us in our daily activities. Diaries and planners are written visual structures. As are road signs, logos, shop names, signs and pictures on public toilets. These visual systems allow us to function independently within our environment.

Visual structure can be individualised to any child. It can be an object or picture - anything that the child will recognise that helps him or her understand.

Options may be:

- an object . a cup to represent drink
- a picture symbol . picture of toilet or pictures of familiar people - mum
- a written word (mainly for older children)
- colour - a red sticker on child's chair, toys or coat peg
- other visual boundaries . a mat to sit on at story time.

Visual structure can be used:

- to organise sequences of time: a timetable
- to organise the steps of a sequence: self-help sequences such as eating, going to the toilet
- to organise space within the environment . labels on cupboards
- to help the child initiate and exert control . to cue communication: to learn to request or make a choice

Ways in which visual structure may be used in the classroom:

- label key objects/areas in the class and in the school setting e.g. teacher's desk, child's desk and chair, area to line up in. Pictures with the written word underneath are appropriate labels. Even if children cannot read it is beneficial to expose them to the written word as well as the picture.

Constantly observing labels in the classroom will help children:

- follow commands e.g. go to the teacher's desk- a visual label will enhance the child's understanding
- develop their association of picture/object relationship

The TEACCH programme is founded on a need for structure. It provides a framework for structured teaching which maximises visual presentation in both physical and visual structure. Children develop a work cycle of working left to right in a clear organised work system. Their daily routine is illustrated by individualised timetables.

Each TEACCH programme allows for the child's developmental level and is tailored to each child's individual needs.

Symbols

- Winslow press sells a range of picture symbol resources
- Pics for Pecs CD-Rom contains a range of pictures and symbols
- Boardmaker from Mayer and Johnson also has a CD-Rom

If possible laminating pictures and symbols will increase their life span and durability. They can be fixed to surfaces using blue-tac or Velcro.

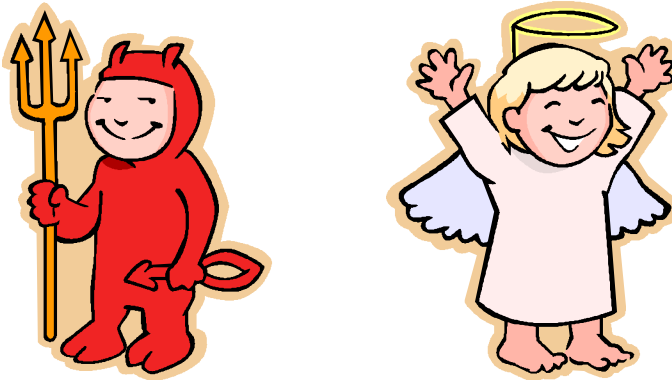


Adapted from 'Autism in the Early Years' Cumine et al.

Promoting Positive Behaviour

PROMOTING POSITIVE BEHAVIOUR

Based on Parent Plus Early Years Programme,
Dept of Child & Family Psychiatry, Mater Hospital, Dublin 7



Building a positive relationship & promoting development

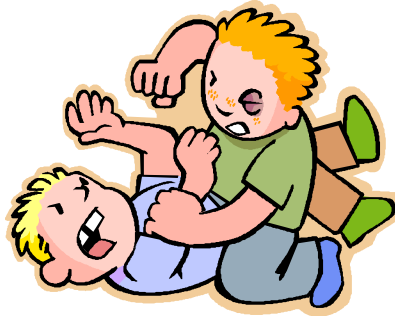
By building a positive relationship with a child and catching him/ her being good incidents of misbehaviour can reduce. This can be achieved by -

- **Tuning into the Child**
 - Follow the child's lead
 - Watch & wait
 - Get down to the child's level
 - Go at the child's pace
- **Child centred play & communication**
 - Reduce questions & wait for child to respond
 - Use descriptive comments
 - Imitate what child does
 - Listen to & repeat what child says
- **Encouraging & Supporting the Child**
 - Encourage rather than criticise
 - Ensure encouragement gets through by being clear, genuine, warm & specific
 - Acknowledge child's feelings particularly those of frustration & upset
 - Go out of your way to catch child being good
- **Expanding Language & Teaching New Tasks**
 - Listen to the child's existing language & then build on & expand by adding new words
 - When learning new tasks wait until the child is ready to learn
 - Take time to show the child what needs to be done
 - Guide the child as they complete the task
 - Use praise and encouragement

Building Cooperation & Responding to Misbehaviour

The following gives some ideas on how to encourage good behaviour and strategies for responding to misbehaviour.

- **Understanding & Responding to misbehaviour**
 - Teach children the skills of behaving well
 - Try not to react to misbehaviour
 - Pause & take time to think through how you want to respond
 - Respond in a calm way
- **The Praise . Ignore Principle**
 - Calmly ignore misbehaviour, giving no attention whatsoever
 - Make sure to return positive attention the minute the child begins behaving well
 - Tell children what they can do to behave well
 - Go out of your way to catch them being good
- **Being Assertive . Taking the Lead with Children**
 - Tune In to children as you take the lead
 - Give clear instructions & tell children what you want to happen
 - Praise children when they do what you want
 - Pay attention to children's feelings
 - Distract young children towards the behaviour you want
- **Following Through on Rules**
 - Calmly & firmly insist children keep rules, use polite voice & keep good eye contact - Keep rules to a minimum . Use choices & consequences
 - Use praise & encouragement when they comply
 - Enforce consequences when they don't
 - Use Time Out
- **Rewards & Routines**
 - Use reward systems such as star charts . be clear about the behaviour you want . start small . use motivating rewards . use lots of encouragement
 - Establish predictable routines using picture schedules if required.



Specific Disabilities/ Conditions

RETT SYNDROME

Rett Syndrome is a neurological disorder. It mainly affects girls. Although rare it is possible for boys to also have Rett Syndrome. The disorder is named after Dr. Andreas Rett, an Austrian physician, who identified the syndrome in 1966, although it remained unknown in the United States until 1983. Girls with Rett Syndrome appear to develop normally until 6 to 18 months of age. They then enter a period of regression, losing speech and hand skills they had acquired. Most girls develop seizures, repetitive hand movements, irregular breathing and motor-control problems. A slowing of the rate of head growth may also become apparent. The girls can live to adulthood, but most never regain the ability to use their hands or to speak.

Further Information:

Rett Syndrome Association UK	õ	www.rettsyndrome.org.uk
Rett Syndrome Resource Foundation	õ	www.rsrf.org
Rett Syndrome Association Ireland	õ	www.rettsyndromeireland.com

Books

Hunter, Kathy : **The Rett Syndrome Handbook**

Lewis & Wilson: **Pathways to learning in Rett Syndrome**

Kerr Alison & Witt: **Rett Disorder and the developing brain.**

AUTISM SPECTRUM DISORDER

Autism Spectrum Disorder is a developmental disability that affects the way a person communicates and relates to those around them. The term autistic spectrum is often used because the condition varies - some children have accompanying learning disabilities whilst others may have Asperger syndrome or high functioning autism with an average or above average intelligence. Despite wide-ranging differences, everyone with the condition has difficulty with social interaction, social communication and imagination. This is known as the triad of impairments. Unlike some developmental disorders, autistic spectrum disorders cannot be diagnosed at or around the time of birth, since the behaviours necessary for diagnosis do not show themselves in a child until around the age of 18 months.

Further Information

Irish Society for Autism
PAPA (Northern Ireland)
TEACCH

NAS (National Autistic Society UK)
General Information

www.iol.ie/~dary/isa
www.autismni.org
www.teacch.com
www.nas.org.uk
www.autism-resources.com

Books

Wing, Lorna

The Autism Spectrum: A parent's guide to understanding and helping your child.

Constable 2001.

Jackson, Luke.

Freaks, Geeks & Asperger Syndrome. (A book for teenagers written by a 13 year old boy who has Asperger Syndrome)

Jessica Kingsley Publishers. 2002.

Howlin, Patricia.

Children with Autism and Asperger Syndrome...A guide for Practitioners and Carers

Wiley 2002

Edited by Powers, Michael.

Children with Autism...A parents' guide

Woodbine House 2000

CEREBRAL PALSY

What is it?

- Cerebral palsy refers to a group of disorders that affect a person's ability to move and to maintain balance and posture.
- Other parts of the brain may also be damaged and this may cause problems with sight, hearing, communication and learning.
- The damage does not get worse but the symptoms/signs may change as the child gets older.
- Cerebral Palsy affects each child differently.
- Early intervention helps all children with cerebral palsy (and their families) in their care and development of their potential.

Types of Cerebral Palsy

Spastic

Spastic means stiff or tight muscles. Muscle stiffness makes movement slow and difficult. Muscle stiffness is worse when the child is upset, excited, using a lot of effort or being moved too quickly.

Athetoid

Athetoid means uncontrolled movements. Movement is slow and jerky, wriggly movements of the child's legs, arms, hands and face. The movements occur most of the time and get worse when the child is excited or upset. Abnormal body positions come and go as the muscles change from stiff to floppy. Balance is poor but these children usually enjoy movement. Children with athetosis are floppy as babies. They usually develop uncontrolled movement at two or three years of age. A few children remain floppy.

Ataxic

Ataxic means unsteady shaky movements. These unsteady movements are seen when the child tries to balance, walk or do something with his hands. For example when a child reaches for an object he may miss the first time. Standing and walking take longer to develop, because balance is poor and children with ataxia are often afraid of movement.

Resources:

Cerebral Palsy Help

www.cerebralpalsyhelp.com

Cerebral Palsy Support

www.cerebralpalsysupport.org

Other

www.enableireland.ie (formerly known as Cerebral Palsy Ireland)

www.disabilityresource.com

www.getbestinfo.com

DOWN SYNDROME

Down Syndrome is estimated to occur about once in every 600 births in Ireland. A syndrome is a name used for a collection of several features that usually occur together. The name Down Syndrome comes from Dr. John Langdon Down, an English doctor who in 1866 first described the characteristic features of this syndrome. Almost 100 years later, Professor Lejeune (Paris 1959) discovered why children with Down Syndrome share characteristics in appearance and have a degree of physical and learning disability.

People with Down syndrome are individuals like everyone else, with their own personalities and family characteristics. It is caused by a chromosomal arrangement that often results in degrees of learning disability and recognisable characteristics. Nearly all will develop and learn into late adolescence or early adulthood. Adults will then continue to learn new skills and knowledge for most of their lives.

It is important to work with parents, other family members and professionals who are involved with a child who has Down Syndrome, to maximise the child's potential.

Further Information

The Down Syndrome Educational Trust - information and community resources

<http://www.downsyndrome.info>

The Down Syndrome Educational Trust online

<http://www.downsed.org>

Down Syndrome Health Issues

<http://www.ds-health.com>

The Down Syndrome Information Network

<http://www.down-syndrome.info>

Down Syndrome Quarterly

<http://www.denison.edu/dsq/>

Books

Oelwein P.L. (1995)

Topics in Down Syndrome: Teaching Reading to Children with Down Syndrome - A Guide for Parent and Teachers

Woodbine House USA.

DEVELOPMENTAL DELAY

This is when a child does not reach their developmental milestones.

It is a major delay in the developmental process, not just if the child is slightly lagging behind.

Delays can occur in one or many of these areas: - language, motor development, social skills and/or cognitive skills.

The level of the delay varies in these areas and also with individual children. Some children may improve in specific areas but also some never appear to catch up.

Often these children will have a psychological assessment before attending school to see how significant these delays will be.

Resources:

Greenspan S.I., Simon R., Wiede S., (1998)

The Child with Special Needs: Encouraging Intellectual and Emotional Growth

www.flooritime.org is a website dedicated to the flooritime approach as described by Dr Stanley Greenspan.

www.specialneeds.com is a good site to order books and other materials.

LEARNING DISABILITY

The World Health Organisation defines learning disabilities as 'a state of arrested or incomplete development of mind' and somebody with a learning disability is said also to have 'significant impairment of intellectual functioning' and 'significant impairment of adaptive/social functioning'.

This means that the person will have difficulties understanding, learning and remembering new things, and in generalising any learning to new situations. Because of these difficulties with learning, the person may have difficulties with a number of social tasks, for example communication, self-care and awareness of health and safety.

A final dimension to the definition is that these impairments are present from childhood, not acquired as a result of accident or following the onset of adult illness.

Often these children will have a psychological assessment before attending school to see how significant these problems will be.

Having an understanding of how their learning disability affects the child will help plan their educational needs. This can be best achieved by working with parents, other family members and professionals who are involved with the child.

Resources:

St Michael's House . Services & Supports for Children & Adults with a Learning Disability & their Families
www.smh.ie

Mencap . Understanding Learning Disability
www.mencap.org.uk

British Institute of Learning Disabilities
www.bild.org.uk

VISUAL IMPAIRMENT

The Department of Education & Science provides a visiting teacher service to schools and pre-schools. The teacher travels to meet the children, parents/guardians, teachers and other professionals involved with the child. In pre-school the teacher supports the child with a visual impairment and his/ her family and provides information and advice on the range of pre-school and school placements. In primary school they work within a team approach to help plan and manage appropriate supports, strategies, equipment needs and adaptations. They can provide specialised tuition and refer for assessment of Low Vision Aids. A referral form is available at www.education.ie and referrals must be accompanied by an ophthalmologist's report. Parents, schools and pre-schools can refer directly.

CHILDREN WHO ARE DEAF OR HARD OF HEARING

The visiting teacher service is available to all deaf and hard of hearing children. In pre-school they provide guidance and support for parents, inform and demonstrate communication methods and strategies and liaise with audiology services. They monitor language development and communication skills and provide information and advice on the range of pre-school and school placements. In primary school the visiting teacher works within a team approach to plan and manage appropriate supports for the pupil. They provide tuition, monitor progress and evaluate the acoustic environment. They provide a link between home and school and help prepare for successful transition to second level. In general, children are referred by HSE & Hospital Audiological Services. Further information is available on www.education.ie.

Either service can be contacted at -

Special Education Section 1
Department of Education & Science
Cornamaddy
Athlone
Co Westmeath
Tel: 090 647 4621
Fax: 090 647 6939

SPECIFIC LANGUAGE IMPAIRMENT

Specific Language Impairment (SLI) is a developmental language disorder, in which the child's primary difficulty is delayed speech and language. A child with Specific Language Impairment will fall within the average range in non verbal psychological assessment. A diagnosis can be made after other conditions that may impact on language development have been ruled out (for example, Hearing Impairment, Learning Disability, Autism Spectrum Disorder).

Specific Language Impairment can affect all the ways that language is used - speaking, listening, reading and writing. The signs of Specific Language Impairment will vary from child to child. Some of the signs include:

- A delay in beginning to talk
- Decreased vocabulary (use and understanding of different words)
- Difficulty combining words into sentences
- Difficulty using the small words in sentence, e.g. ~~isq~~ ~~aq~~ ~~theq~~
- Difficulty following commands
- Delay in the development of literacy skills
- Frustration from not being understood or not being able to understand others
- Difficulty in interacting with peers as the child may not have the language needed to support interaction

As children with Specific Language Impairment do not present with obvious developmental difficulties it is often difficult to identify. It is very important that children with Specific Language Impairment are identified in preschool or before starting school if possible, as Speech and Language Therapy can be very effective in remediating the child's difficulties.

If you have any concerns regarding a child please contact your local Speech and Language Therapy Department.

Useful Contacts

Acknowledgements

USEFUL CONTACTS

Asthma Society of Ireland

Eden House,
15-17 Eden Quay, Dublin 1.
Tel: 01 878 8511 Fax: 01 878 8128
Asthma Line: 1 850 445 464
E-mail: asthma@indigo.ie

Barnardos

Christchurch Square, Dublin 8.
Tel: 01 453 0355 Fax: 01453 0300
E-mail: info@barnados.ie

Brainwave . The Irish Epilepsy Association

249 Crumlin Road, Dublin 12.
Tel: 01 455 7500 Fax: 01 455 7013

Cystic Fibrosis Association of Ireland

24 Lower Rathmines Road, Dublin 6.
Tel: 01 496 2433 Fax: 01496 2201
Web: www.cfireland.ie

Diabetes Federation of Ireland

76 Gardiner Street Lower, Dublin 1.
Tel: 018363922 Fax: 018365182

Down Syndrome Ireland

30 Mary Street, Dublin 1.
Tel: 01 8730999/ 1890 374374
E-mail: info@downsyndrome.ie

The Dyspraxia Association of Ireland

5 Blackglen, Sandyford, Dublin 8.
Tel/Fax: 01295 7125
Web: www.dyspraxiaireland.com

Enable Ireland

Sandymount Centre, Sandymount Avenue, Dublin 4.
Tel: 01 269 5355 Fax: 01296 4983
Web: www.enableireland.ie

Irish Deaf Society

Carmichael House, North Brunswick Street, Dublin 7.
Tel: 01 872 5748 Fax: 01 872 5737

USEFUL CONTACTS

Irish Haemophilia Society

Block C, Iceland House, Aran Court, Aran Quay, Dublin 7.

Tel: 01 677 8529 Fax: 01872 4494

E-mail: ih@iol.ie

Motor Neurone Disease Association

Carmichael House, North Brunswick Street, Dublin 7.

Tel: 01 873 0422 Fax: 01 873 5737

Multiple Sclerosis Society of Ireland

2 Sandymount Green, Dublin 4.

Tel: 01 269 4599 Fax: 01 269 3746

Helpline: 1 800 233 233

E-mail: mssoi@iol.ie

Muscular Dystrophy Ireland (MDI)

Carmichael House, North Brunswick Street, Dublin 7.

Tel: 01 872 1501 Fax: 01 872 4482

National Council for the Blind (NCBI).

PV Doyle House, 45 Whitwood Road, Drumcondra, Dublin 9.

Tel: 01 830 7033 Fax: 01 830 7767

E-mail: ncbi@iol.ie

Irish Association for Spina Bifida Hydrocephalus.

Old Nangor Road, Clondalkin, Dublin 22.

Tel: 01 457 2326/9 Fax: 01 457 2328

Irish Society for Autism

16 Lower O'Connell Street, Dublin 1.

Tel: 01 874 4684 Fax: 01 874 4224

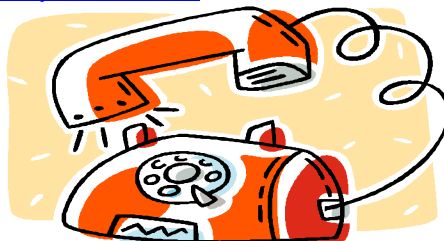
E-mail: autism@isa.iol.ie

The National Safety Council

4 Northbrook Road, Ranelagh, Dublin 6.

Tel: 01 496 3422 Fax: 01 496 3306

E-mail: info@national-safety-council.ie



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