Professional Development

Unit 5: Special Education

PD 5.1 Introduction to Special Education

Lecturer Support Material
Acknowledgements

Materials written by
John August Heribert Eato
Rick Frost Hans Gapog
John Hulum Arnold Koima
Augustine Koroma Donna Mailil
John Pokana Kitione Ravulo
Vengal Vangun David Wengip

Materials compiled and edited by Rick Frost
Thank you to Nick Lauer for assistance with computer graphics

Unit outline

Module 1 Introduction to Special Education is the first module in Professional Development Unit 5 – Special Education. The Lecturers’ Support Material for Modules 1 and 2 booklets are accompanied by the Special Education Student Support Material. The material is also accompanied by the students’ assessment schedules developed separately in each primary teachers college.

<table>
<thead>
<tr>
<th>Unit</th>
<th>5</th>
<th>Modules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 5</td>
<td></td>
<td><strong>Introduction to Special Education</strong> (Core)</td>
</tr>
<tr>
<td>Special Education</td>
<td></td>
<td><strong>Inclusive Education</strong> (Core)</td>
</tr>
<tr>
<td></td>
<td>5.3</td>
<td><strong>Collaborative Planning</strong> (Elective)</td>
</tr>
<tr>
<td></td>
<td>5.4</td>
<td><strong>Intervention Strategies</strong> (Elective)</td>
</tr>
</tbody>
</table>

PASTEP

Primary and Secondary Teacher Education Project
Australian Agency for International Development (AusAID)
GRM International

Papua New Guinea – Australia Development Cooperation Program

Lecturer Support Material
Contents

**Topic 1a**  
**Special Education - Definition**  
What will students learn in this topic? 1  
How is Special Education - Definition linked to other topics in Module 1? 1  
What is special education? 3  
How does a teacher learn about special education? 3  
Who is special education for? 5  
Special education terminology 8  
Further reading 9  
References 9  

**Topic 1b**  
**Special Education – Beliefs and Attitudes**  
What will students learn in this topic? 10  
Beliefs 11  
Traditional beliefs 11  
Christian beliefs 11  
Contemporary beliefs 12  
Consequences 12  
Attitude 13  
Changing attitudes 14  
Advocacy 16  
References 17  

**Topic 2**  
**Disabilities – Types, Causes and Prevention**  
What will students learn in this topic? 18  
How is Disabilities linked to other topics in Module 1? 18  
Why do trainee teachers need to understand disability types, causes and prevention? 18  
What types of disabilities are there? 19  
Learning difficulties 20  
Intellectual disability 25  
Physical disabilities 29  
Hearing impairment 35  
Speech impairment 38  
Vision impairment 40  
Behavioural and emotional disorders 45  
References 48
**Topic 3**  
**Rights and Policies**

- What will students learn in this topic? 50
- How is *Rights and Policies* linked to other topics in Module 1? 50
- The rights of individuals 51
- The inclusive education policy of Papua New Guinea 55
- Benefits of inclusion 56
- References 58

**Topic 4**  
**Support Services**

- What will students learn in this topic? 59
- How is *Support Services* linked to other topics in Module 1? 59
- Service providers 60
- Provincial education offices 61
- Special education resource centres 61
- Other assistance 66
- Accessing and utilizing support 66
- References 67
Module 1  Introduction

Topic 1a: Special education — definition

Planned hours: 2 lectures (1 hour presentation & 1 hour student activities)
1 hour student research & study

Introduction
Special Education is the design and delivery of teaching and learning strategies for individuals with disabilities or learning difficulties who may or may not be enrolled in regular schools. Students who need special education may include students who have hearing impairment or are deaf, students who have vision impairment or are blind, students with physical disabilities, students with intellectual disability, students with learning difficulties, students with behaviour disorders or emotional disturbance, and students with speech or language difficulties. Some students have a number of disabilities and learning difficulties.

There are students who require special education of some kind in most elementary and primary school classes, and with changing social values, increased acceptance and tolerance, and growth in the provision of services and resources for special education across Papua New Guinea, it is likely that the numbers of students with special educational needs attending regular schools will increase rapidly. Consequently, it is essential that all teachers develop practical and effective special educational skills so that they may ensure that all students in their classes, including those with special educational needs, learn effectively.

Class discussion
What do students know about special education?
Who is special education for?
Who teaches special education?
How many students who need special education are there in schools?

What will students learn in this topic?
• Students will explore the term special education and the role of special education in education
• Students will review types of special educational needs and discuss their prevalence
• Students will explore the role of the regular schoolteacher in special education
• Students will examine an overview of Special Education Unit 1
• Students will examine terminology associated with disability and special education

How is Special Education – Definition linked to other topics in Module 1 Introduction?
Module 1 provides information about the context in which special education is provided in regular schools across Papua New Guinea. This includes an examination of who special education is intended for. Topic 1a Special Education – Definition is intended to assist students to understand what is currently meant by the very broad term, special education, in the PNG context, while Topic 1b Special Education – Attitudes and Beliefs examines the
variety of traditional and modern beliefs and perceptions that people in PNG have about special education and special needs.

**Rationale**

There are no national data for Papua New Guinea on how many students in PNG schools have special educational needs. However, the figures from most other countries indicate that around 20% of students require some special education during their school career. Most of these students have learning difficulties or mild disabilities and some require only a very small amount of special assistance from time to time. In PNG schools there are very few students enrolled with more severe disabilities, although there are some, and the special education resource centres report that the numbers are increasing. It is also likely that more students with disabilities will `flow on' to primary schools in future as a result of their involvement in elementary education and the increased number of elementary schools. There is also anecdotal evidence that the rate of temporary and permanent hearing impairment in PNG children is higher than the international average, and PNG special education resource centres report that in many primary classes, up to 50% of students have a hearing-related illness. Whatever the accurate figure might be, it is wise to assume that between 10% and 20%, on average, of PNG schoolchildren have some kind of special educational need, at any one time.

While some large centres in Papua New Guinea have special units or schools to cater specifically for students with disabilities, most schools in PNG and most students in PNG are not able to access any specialist facilities. There are no specialist facilities in PNG at all for students with learning difficulties or mild forms of any other special need. In any case, the international field of special education is rapidly moving away from models of special education in which students with special needs are separated from their peers and towards more integrated, inclusive models of special education. In line with these other countries, PNG has a policy of inclusion for students with special educational needs too (National Department of Education, 1993).

Special education is now included in all primary and elementary teacher training programs in PNG. The major emphasis in these courses is on preparing teachers to work with students with special learning needs in regular school classes. It is also intended to encourage trainee teachers to become advocates in villages and other communities for inclusion of all students with disabilities in their local school. Over many years and in many countries, special education in regular schools has been shown to dramatically improve educational performance and the overall quality of life of students with learning difficulties, disabilities and other special educational needs. At the same time, teachers with good skills in special education have been shown to be more effective teachers with the full range of their students. These things only occur, however, when teachers know and implement good special education methods. Quality special education in regular schools benefits all students, including those with and without special educational needs. When students with difficulties or disabilities are simply placed in regular classes without implementation of quality special education strategies however, it seems that no one benefits (Salend & Duhaney, 1999). It’s the teacher that makes the difference.
**Description**

*What is special education?*

Special Education is the design of teaching and learning strategies for individuals with disabilities or learning difficulties. It is also about attitude, because teachers need a positive attitude to be effective special educators (that means teachers need a positive attitude to be good teachers!). Special education is also about understanding the different needs that students have, including the different types of disability and learning difficulties. Put simply, whenever a teacher makes any kind of adaptation to their usual program so that they can assist a student with a special need, that teacher is implementing special education. The most effective teachers have an attitude that helps them to be successful with all of their students, which can be stated as follows:

*All of my students will learn when I find the right way to teach them*

Effective teachers don’t blame their students for not learning and they don’t exclude students who don’t learn well. They ‘blame’ their instruction and try to alter it so that it works better. This kind of positive attitude is an essential part of special education and is the path to success for all students and their teachers.

**Class discussion**

In groups of four, consider the following questions:

- What do I need to know about special education?
- What is it in special education that I am most worried about?
- What is the most important thing for me to learn in special education?
- What practical activity would be valuable for me in learning about special education?
- Give your notes to your lecturer at the end of the discussion

*How does a teacher learn about special education?*

Modules 1 and 2 of Special Education Unit 1 are aimed at preparing regular primary teachers to be effective special education teachers in their regular classes. Trainee teachers will explore special education through the course of these modules.

**Module 1 Introduction**

Module 1 explores the context of special education in Papua New Guinea.

- **1a Special education – definition**
  
  Explores the essential nature of special education; what it is and who it’s for. An overview of special education teacher preparation is also explored.

- **1b Special education – attitudes & beliefs**
  
  Examines attitudes, and current and traditional beliefs about disability and special educational needs.
• 2 Disabilities – types, causes & prevention
Examines the major types of disabilities, and the known causes, and briefly explores health measures which can prevent some disabilities from arising.

• 3 Rights & policy
Explores the philosophical issues about special education in schools and examines the inclusive education approach and the inclusive education policy of PNG.

• 4 Support services
Examines the special education support services that are available to assist teachers in PNG and the procedures for accessing them.

Module 2 Inclusive Education
Module 2 examines and explores the strategies and methods of special education that can be used by teachers in regular classrooms.

• 1 Screening
Explores practical approaches to finding out which students have special educational needs and the kinds of special needs they may have.

• 2 Individualized educational planning
Examines individual planning for special education and ways in which individual education can be incorporated into a busy classroom environment.

• 3 Task analysis
Examines the process of breaking complex learning tasks into teachable parts to assist students with learning difficulties and disabilities.

• 4 Utilizing aids
Examines the different aids and devices that can be constructed to assist students with learning difficulties and disabilities.

• 5 Adapting the environment
Examines ways of adapting the classroom and school environment to suit or accommodate students with special educational needs.
Who is special education for?

Special education is for students with special educational needs. These may be students who have a general difficulty with some part of their learning at school or who seem to have difficulty with all kinds of learning. They may be students with a particular disability, such as a hearing impairment, a vision impairment, a speech impairment, a physical impairment, or intellectual disability. They may be students with behaviour disorders, emotional problems or a medical condition of one kind or another. Their special need might be permanent or it might be temporary; this depends on the nature of the need and, to some extent, on what action is taken by their parents, teachers and other community members. Any student can have a special educational need at some time or another, and any student can develop a special need. This is why it is sometimes said that special education is for all students.

Practical activity

Arrange for a teacher from a regular school who has students with disabilities in their class to give a five-minute talk about their experiences. An alternative would be to have a special education resource centre teacher who supports integrated students to talk about the experiences of teachers in regular schools.

There have been many research studies conducted across the world in an attempt to work out how many students there are with special needs. The figures vary from time to time and from country to country. They depend on the nature of the society, the ways in which special needs are defined and described, the ways in which data is collected, and so on. Some figures are based on formal medical and psychological assessment, whilst others are based on less formal, but often more practical, assessments. Consider the following examples, which may help to clarify the issues:
Giwi

Giwi lives in the northeast of Papua New Guinea. His village is a fishing village and all the men and boys in the village hunt for fish each morning and evening. Giwi's family also carve canoes and Giwi helps his father and his elder brother with fishing and canoe-carving whenever he is not at school. Giwi has earned a reputation for being a good fisherman and he is also learning to carve very well. Giwi likes school because he has some good friends from other villages that he only sees at school. However, now that Giwi is in Grade 4, his inability to read, and to understand mathematics problems and some other school activities, is causing real problems for him. Giwi's teacher arranged for him to be assessed at a special education resource centre and it was found that Giwi has a mild intellectual disability and a mild hearing impairment as well. Giwi's teacher reported these findings to his parents who were very upset to find that their child had a disability. They said to the teacher that they had always been proud of Giwi and that other parents had told them how lucky they were to have such a good boy. They said that now they felt sad and ashamed.

Embosa

Embosa is doing very well in her studies in Grade 3 at school. Embosa's teacher is very proud of how well Embosa is doing. Embosa's parents are now very glad that they enrolled Embosa in school. Embosa has a form of paralysis in one arm and one leg, which makes housework and gardening very difficult for her. Embosa's parents were always proud of their daughter because she is a cheerful and kind person and she is also clever at drawing and making patterns but they were worried that she might have trouble earning a living and finding a husband when she grows up. Some other people in Embosa's settlement are sympathetic towards Embosa and her parents and also shared the parents' concern about Embosa's future. Now that Embosa has been at school for two years and is doing so well, Embosa's parents think that she might have a good chance of earning a good living in the future, so they are not as worried as they were. Embosa's teacher says that there are a lot of other children in Embosa's class that don't have disabilities but need a lot more of her help!

The assessment of Giwi and Embosa is very different at home and at school. In the village, no one assessed Giwi as having a difficulty or disability at all, whereas at school, his disabilities are noticeable and cause concern. In Embosa's case, everyone in the settlement assessed Embosa as not being very capable and having a serious disability. At school, however, although everyone knows that Embosa has a disability, her disability doesn’t affect her schoolwork and she is regarded as very capable. The lesson is that assessment, disability and special needs can vary according to the context and, often, the attitudes of parents, teachers, other students, community members and the student’s themselves.
It is only possible to estimate very roughly the number of students with special needs in Papua New Guinea schools. Firstly, it is very likely that most students with more severe disabilities do not attend school in PNG. Some attend other special facilities but most stay at home (NDOE, 1993). Secondly, there appears to be a higher proportion of students with hearing impairment in PNG than in most other countries (NDOE, 1993). This appears to be a characteristic of South Pacific countries generally, but there are cultural practices in PNG (such as sniffing rather than nose-blowing), environmental features (the many rivers and areas of swamp used for bathing; the remoteness of many areas from clinical services) and socio-economic factors (shortage of clinical services; some hygiene practices; costs of medical services and supplies) that seem to cause ear disease and hearing impairment to be more prevalent even than in similar countries. Informal reports from special education resource centres suggest that up to 50% of PNG children have ear disease of some kind and that around 25% may have some permanent hearing loss. In most cases, however, the hearing impairments would be mild.

In most countries, 10-15% of students have learning difficulties at school. There is no data available on the levels in PNG schools, but it is practical to assume that around 10% of students probably have learning difficulties. In practical terms, this means that in a typical PNG class of 50 students, there are likely to be about 5 or 6 who need special assistance from their teacher with their academic work, and another 3 or 4 (estimate only) who might need some assistance or special consideration because of their hearing impairment.

The numbers of students with vision impairment, blindness, deafness, physical disabilities or serious medical conditions are significant but less than 1% of any school population would usually have these disabilities. There are also some students with intellectual disability (mild or moderate) in PNG classrooms. It is likely that most elementary and primary classes would have at least 1 or 2 of these students. The numbers of students with emotional disturbance are very low and most classes would not have any of these students. There are also students with behaviour disorders but there is no data available on the numbers of students with behaviour disorders who attend PNG schools.

Beware of Categories

It is easy to get the impression when reading most special education textbooks that all of the students with one type of disability are very similar to each other and need the same sort of things. Nothing could be further from the truth! While deaf students, for example, all need some of the same things, they are all very different from each other. Their ability differs, they have different personalities and backgrounds, and they have different interests. They are just as different from each other as all other children are from each other. This is true of all students with disabilities; they are different from each other and they all have different needs. Only some needs will ever be similar. Teachers must beware of placing students in disability or difficulty categories. In most cases, categories are misleading and unhelpful. Students with disabilities should always be treated as individuals with their own, unique characteristics.
Special Education Terminology

Advocacy groups, and others representing people with disabilities in recent years, have asked that professionals, the media and schools discontinue the use of disability terminology that devalues people with disabilities. People with disabilities do not wish to be known as ‘a Down syndrome person’ or ‘the handicapped’, or by any such term. They wish to be recognized as valued members of society, that is, people, who have a disability. People with disabilities therefore prefer terms such as:

- a person with a disability
- people with disabilities
- the child with cerebral palsy
- Sione has a physical disability
- Do you have a hearing impairment?

The principle to be followed is people first, disability second (Foreman, 2000).

People with disabilities do not wish to be seen as the object of a punishment or blight, or as victims, either. Nor do they wish to be seen as continually suffering or in need of sympathy. They don’t like terms such as ‘suffers from’, ‘afflicted with’, ‘physical problem’, etc. They prefer their disability to be referred to as something that they just have. Foreman (2000, p. 21) provides a list of suggested terms:

The World Health Organization (1980) determined the following definitions, which have been generally accepted throughout the world:

- **impairment**: an abnormality in the way organs or systems function
  - *e.g.*, a medical condition, eye disease, a heart problem

- **disability**: the functional consequence of an impairment
  - *e.g.*, an intellectual disability due to brain impairment; low vision; deafness

- **handicap**: the social or environmental consequence of a disability
  - *e.g.*, a person with a wheelchair is not handicapped when paths and buildings are wheelchair accessible

In writing and speaking about, and with, people with disabilities, whether they are young or old, it is most important to use appropriate terminology. Firstly, it demonstrates to all that we value people with disabilities as members of our society. Secondly, it educates those who read and hear what we say, about appropriate terminology, and therefore gives them an opportunity too, to help develop and promote positive, inclusive and equitable values.
Use of language when talking about disability

Avoid expressions such as … | Use …
--- | ---
the cerebral palsied | people with cerebral palsy
the deaf | people who are deaf
spina bifida children | children with spina bifida
epileptics | people with epilepsy
the handicapped | people with disabilities
his handicap is … | his disability is …
the disabled | people with disabilities
a blind man | a man who is blind
a victim of blindness | intellectual disability
mental retardation | people with intellectual disability
the retarded | people with intellectual disability
the intellectually disabled | he has a physical disability
he is crippled | he has Down syndrome
he suffers from Down syndrome | she uses a wheelchair
she is wheelchair bound | he was angry when I told him
he had a fit when I told him | my sister
my deaf sister | people with and without spina bifida
spina bifida people and normal people | people with and without spina bifida

Further Reading

References
Bowden, W. & Bowden, J. (Undated). Me too…the child with special needs in the regular classroom. Callan Services, PNG.


Module 1  Introduction

Topic 1b:  Special education – beliefs and attitudes

Planned hours:  2 lectures (1 hour presentation & 1 hour student activities)
1 hour student research & study

Introduction
Understanding the relationship between traditional and modern beliefs about why some individuals in our community have some forms of disability or learning difficulties assists teachers in their work with students, parents and their school communities. It is also the case that teachers need to have positive attitudes towards students with special needs if they are to be effective in working with these students. Trainee teachers need to develop positive attitudes and gain a good understanding of how to go about changing attitudes from negative to positive, as teachers have a special role to play in raising awareness and developing positive attitudes towards students with special needs in schools and their communities.

What will students learn in this topic?
• Students will reflect upon their personal experience with traditional beliefs regarding disabilities
• Students will examine their attitudes regarding people with disabilities
• Students will explore the implications of positive and negative attitudes towards people with disabilities
• Students will explore ways of changing attitudes

Rationale
In any elementary or primary school class there are likely to be several students with special educational needs. Most of these students have learning difficulties or mild disabilities, such as mild hearing impairment. There are also some students in some classes who have more significant disabilities, and, with changing community attitudes and Papua New Guinea’s inclusive special education policy, it is likely that more students with disabilities, and students with more severe disabilities, will attend school in the future. For teachers to be successful in teaching students with special educational needs, they need to have a positive attitude towards them, along with confidence and the specific skills needed to teach them. On the other hand, to work effectively with their colleagues and school communities, teachers also need a good understanding of their colleagues’ and community members’ values, beliefs and attitudes in regard to education of students with special educational needs. In some instances, teachers become involved in shaping the attitudes of others. These may be students, colleagues, students’ parents or the parents of students not attending school. In Papua New Guinea and in many other countries, teachers have long been very effective advocates for students with special needs. The continuing development of special education in PNG will require teachers to continue in, and continue to develop, this important role.
Class discussion

In groups of 5, discuss responses to the following questions:
What are your own traditional beliefs about people with disabilities?
What are the community’s consensus traditional beliefs about people with disabilities?
Do you think we should hang on to traditional beliefs or views?
How relevant are these traditional beliefs in relation to modern views about causes of disabilities?

Description
Beliefs
Teachers need to be aware of the range of beliefs about disabilities and other special needs that exist within Papua New Guinea communities, because an understanding of different beliefs helps teachers to understand and respond to the different attitudes towards students with special needs that teachers are likely to encounter from parents, students, other communities and colleagues. Sometimes teachers also need to examine and review their own beliefs and attitudes.

There are three main influences on community beliefs about disability in contemporary PNG. Firstly, there is the great variety of traditional beliefs from the many and varied traditional communities of PNG. Secondly, there is the Christian influence, and the many interpretations of some biblical references to disability. Finally, there is the influence of contemporary medical research, and the new findings and views emerging from the educational and social sciences of the international community.

Traditional beliefs
Most South Pacific countries, including Papua New Guinea, have traditionally regarded the birth of a child with a disability as a consequence of particular actions on the part of the parents or one of the parents, or the particular actions of other community members. Usually, the child’s disability has been associated with the parents breaking a traditional tabu, upsetting local spirits by harming the land or committing an unacceptable act, or not living up to all their responsibilities and obligations. Disability has often been regarded as the consequence of a curse, spell or other magic (puri puri) being used against the parents by another community member, or even a person from another community.

Christian beliefs
The Bible has been interpreted by many different groups in many different ways, so there is no international consensus on what the Bible actually means. Some groups believe that every aspect of the Bible should be interpreted literally, meaning that everything in it is exactly true, and should be interpreted as such. Other groups believe that the Bible is a document that reflects the period in which it was written and therefore reflects the knowledge and beliefs of its age, and should not be taken literally. These groups believe that it is the underlying message of the Bible that is important, and that the specific details
should not be regarded as factual. The Bible makes many references to disability, usually physical disability or blindness. Such disabilities are usually described in negative terms, with people with disabilities usually seen as relatively helpless and in need of assistance and comfort. The Bible actually makes very few references to causes of disability but some people have interpreted verses such as those in Deuteronomy 28: *...if thou wilt not hearken unto the voice of the Lord thy God...cursed shall be the fruit of thy body...* as an indication that disability can be a punishment for a parent’s misbehaviour. Other passages, however, seem to contradict this notion, e.g., *the son will not share the guilt of the father, nor will the father share the guilt of the son. The righteousness of the righteous man will be credited to him, and the wickedness of the wicked will be charged against him* (Ezekiel 18).

**Contemporary beliefs**
Views about disability and special educational needs have changed dramatically in recent decades. Medical research has explained many of the causes of most of the known disabilities while educational researchers are continually finding new information about the social, educational and other non-medical causes of apparent disabilities, learning difficulties, behavioural and emotional disorders, and so on. Much remains unknown and it remains the case that many children are born with disabilities or develop disabilities of which the cause is unknown, but, generally speaking, new findings from medical and social science research fields are rapidly replacing traditional views of causes and treatments of disabilities. New methods of treating and responding to special needs are continually emerging as well, from the fields of medicine, social science and education, with a high degree of success, and new technologies are also rapidly changing the ways in which many people with disabilities are able to interact with the world. Technological innovations do not reach developing countries as quickly as highly industrialized countries so PNG does not yet have access to most of these innovations but teachers and clinicians, and people with disabilities, are able to access these technologies as they do become more affordable and more robust. For example, there are some students and adults with disabilities in PNG using Braille devices, hearing aids, computers, modern wheelchairs and other examples of modern technology. On the other hand, PNG teachers are in a much better position to take advantage of new teaching techniques that do not require expensive technology but, nevertheless, can dramatically improve the lives of their students.

---

**Class discussion**

- What things do we know that cause disabilities?
- What non-medical causes are there?
- What causes learning difficulties?
- Can a teacher or school cause learning difficulties? How?
- How can a student’s life at home affect their performance at school?
- Does a teacher need to know what causes disabilities? Why?

---

**Consequences**
Sometimes when a child is born with a disability, community members can be quick to identify some wrong previously committed by parents, or others, in an effort to explain the appearance of the disability. Such beliefs can lead to blame being cast against parents or others, ill feeling developing within and among communities, and embarrassment on the
part of the parents. This kind of situation has sometimes led to children with disabilities in PNG communities being hidden away, denied access to regular village or community life, and denied an education. Community based rehabilitation workers have reported that this situation has occurred, for one reason or another, in many communities in PNG, including cities, settlements and villages.

Practical activity

In groups of 2-3, design a cartoon that highlights a negative attitude about disability, for example:

A parent saying to a child “Yu nogat save. Yu wastim muni yu go long skul.”
The child replies “Pasin bilong yu mekim mi bagarap.”

When parents and communities are informed of medical explanations for disabilities, or when it can be shown that a child’s behaviour or performance can be explained by particular socioeconomic or educational circumstances, their feelings about the child or the parents can be very different to those they might have traditionally held. Many communities in PNG are trying to come to terms with the clash of traditional, religious and scientific information and attitudes. Attitudes about disability are a good example of this process.

Benjamin

Benjamin was born with a deteriorating form of physical disability in a village in Morobe Province. During his early years, he was able to move around without any assistance but after some years, he lost his ability to walk. After much talk among community members it was found that Benjamin’s father had committed adultery with another woman of the same village. Benjamin’s mother was hurt and contemplated divorcing her husband. Community members believed that if Benjamin’s father confessed his sins, Benjamin would be able to walk again and reconciliation of the family might also be achieved. Benjamin’s father did confess and asked forgiveness from his wife. Benjamin’s condition did not improve after his mother accepted his father’s confession, though, and his disability continued to deteriorate. Benjamin’s parents developed a stronger relationship and it was said in the village that it was their love for their child in his remaining years that brought them closer together.

Class discussion

In groups of 3-4, discuss responses to the following questions:
What could have caused Benjamin’s disability?
How did traditional beliefs affect Benjamin?
Did traditional beliefs help Benjamin? How?
How would you describe the parents’ attitude toward Benjamin?
**Attitude**

Attitudes are, to a large extent, a reflection of a person’s fundamental beliefs. To understand and appreciate a person’s attitudes (and even one’s own attitudes) a teacher often needs to understand or identify that person’s beliefs. Special education, to a large extent, is all about attitudes and attitudinal change. Many authors, and many practitioners, say that the single most important factor that determines whether or not inclusive education works for students, is attitude. Usually, this means the attitude of the teacher, but the attitudes of parents, students, principals and colleague teachers are also very important and can ‘make or break’ inclusive education. Sometimes, in order to bring about a successful model of inclusive education, teachers need to change the attitudes of others or change their own attitudes. This can involve changing or modifying others’ beliefs or one’s own beliefs.

In most highly developed countries, much of the debate in special education is about segregated models of special education (i.e., special schools and special classes) versus integrated or inclusive special education. The attitudes of teachers, parents, students, principals and so on, are a most important factor in this debate and often influence the effectiveness of the various approaches. In Papua New Guinea, transport and communication factors, costs, attention to the international directions of special education and a fundamental philosophy supporting equity of education for all within the administration of the national Department of Education, have resulted in inclusive education becoming the preferred (and probably the only practical) model of special education nationally. Consequently, the issue in Papua New Guinea communities is not whether a child with a disability should attend a special school or class, or a regular school, but, rather, whether the child can go to school at all, and for how long the child should attend school (i.e., should the child proceed to upper primary, secondary, and so on). At the school, the issue is *should this child be at school* and *how can this child be managed at school*.

Under Papua New Guinea’s National Special Education Policy (NDOE, 1993, p.1), every child, including those with special educational needs, has the right to attend school where feasible. As it has already been demonstrated in several schools in PNG that students with even moderate disabilities can be included in regular classes, it can be assumed that it is the responsibility of every teacher to make every attempt to accommodate students with special educational needs in their classes. In any case, because many students with learning difficulties and mild disabilities already attend school, teachers already have a responsibility to make every attempt to ensure that these students receive an appropriate education and that their special needs are addressed. Teachers need to have a positive attitude towards students with special needs. They need to believe that their students can and will succeed when they *find the right way to teach them*. Teachers with this attitude are usually the most successful teachers and often the most influential teachers. It is teachers with this kind of attitude that make special education work.
Changing Attitudes

For teachers to fulfill their responsibility in making sure that students with special educational needs receive a proper education, they often need to become involved in attitude change. They may need to change their own attitude. They will often be involved in changing the attitudes of others; colleagues, principals, parents and students. Effective teachers are usually agents of change.

Changing attitudes isn’t always easy, although many teachers have changed attitudes simply by demonstrating new or better practices. Teachers, parents and students are usually very impressed when they observe effective practices. Practicing what you preach can be the most effective strategy of all for changing attitudes. This often works to change teachers’ own attitudes! Teachers who actually try out inclusive special education strategies often find that the strategies actually work, and this experience changes their whole view of what can be done and what can be achieved. In fact, research has shown that teachers who are more involved with inclusive special education have more positive attitudes towards it than teachers who have not been involved in inclusive education and that teachers’ attitudes towards inclusion and students with special needs improve with support and experience (Foreman, 2001).

Attitude can be thought of as having three components:

- **Perceptions** The way people see things; the information they have about something; beliefs; facts; assumptions; interpretations; experiences; understanding
- **Emotions** The way people feel about something; commitment; subjectivity
- **Actions** The way that people act, based on their perceptions and emotions; what people do according to their attitude

Each component of attitude affects the other components. A person’s perceptions affect their emotions (the way they feel), and their feelings influence the actions they take. When a person takes action, they then usually change their perceptions, and so on. For example, a person may perceive that working with a student with a disability is going to be difficult and unpleasant. They then have negative emotions about doing it, but might go ahead with it anyway due to their feeling of responsibility. If they then find that they can manage the student and feel more positively about the experience, then they are likely to feel more positively about taking further action, and so on. In this way, each component of attitude influences each other component.

Changing perceptions is probably the most important strategy in changing attitudes about disabilities and other special needs. Informing people about actual causes of disability, demonstrating what can be achieved, demonstrating and explaining the benefits of inclusive special education, and so on, can make a huge difference to people’s attitudes. Changing perceptions works best when the explanation or demonstration uses terms that the person understands, and when the benefits described or demonstrated are ones that are valued by the person.
Emotions about students with special needs vary greatly. Some teachers feel uncomfortable working with students with disabilities, while some have very positive emotions. Some teachers, and parents, have very caring emotions but are *over-protective* and can actually limit the achievements and opportunities of students with special needs by not exposing them to the hazards and risks of normal life. Changing a person’s feelings usually involves changing the person’s perceptions but exposing the person to the feelings of others encourages the person to have empathy, that is, they can begin to see how others feel, and can see themselves *in their shoes*. For example, when a teacher or parent sees the positive feelings of a child with a disability succeeding at school, playing with other children, and so on, they begin to appreciate how important it is for that child to have those opportunities.

*Actions* are the most important component of attitude because it is actions that make the difference and it is through actions that perceptions are changed. As mentioned above, people can change their own perceptions and emotions by trying things out, and changing the attitudes of others can be achieved very quickly by demonstration, or by *walking the talk* (actually doing what you say should be done).

*Advocacy*

One of the most important changes occurring in Papua New Guinea society and schools is the opening up of opportunities for children and adults with disabilities and other special needs. In most communities of PNG, people with disabilities have been cared for and valued, but they have not been given access to the same opportunities as people without disabilities. They have not had access to education, employment, independence and self-determination. As Papua New Guinea society continues to develop and evolve, teachers have an important role to play as *advocates* for children with special needs. The most effective teachers are those that make a difference with the students whose needs are greatest and who can be difficult to teach. When teachers aspire to be effective special educators, and take on an advocacy role by making sure that students with disabilities attend school and receive an excellent education at school, and are treated properly by
others, then they become effective teachers. Effective teachers benefit all students, win respect, and experience the highest levels of job satisfaction.

Practical activity
From your own experience or from your imagination, design a case study about a girl or boy with a disability. Make sure you describe

- the child’s special need
- any traditional, spiritual or contemporary beliefs about the child, the child’s parents or the child’s disability
- any attitudes that affect the child
- any attitudes that affect the child’s school attendance or enrolment
- any other relevant information

What are the positive and negative consequences of people’s attitudes in your story?
How could you change the negative attitudes in your story?

References


Module 1  Introduction

Topic 2: Disabilities – types, causes & prevention

Planned hours: 6 lectures (3 hours presentation; 3 hours student activities)
3 – 4 hours student research & study

Introduction
Teachers in Papua New Guinea have an important role to play in teaching students with special educational needs, accessing special education support services, accessing medical or clinical services, and even providing some medical and therapy services. Teachers also have an important role to play in educating students and their communities about strategies that can prevent students from becoming disabled or more disabled.

What will students learn in this topic?
• Students will examine the major types of disability in PNG
• Students will explore known causes of disabilities and related special needs
• Students will explore preventative measures
• Students will explore the teacher’s role in identification, prevention and community awareness raising
• Students will discuss special teaching strategies associated with each disability

How is Topic 2 Disabilities linked to other topics in Module 1 – Introduction?
All topics in Modules 1 and 2 of Special Education deal with students with disabilities and other special educational needs. Topic 2 Disabilities is intended to describe to trainee teachers what kind of disabilities and other special needs students may have, what is known about how such disabilities occur and, in some cases, how they can be prevented.

Rationale
Why do trainee teachers need to understand disability types, causes and prevention?
As a general rule, teachers do not need to know a whole lot of information about disability types. They do, however, need to be able to recognize what kind of disability a student may have and how to identify students with less obvious disabilities.

Probably the most widely-held myth about teaching students with a disability is the belief that a detailed knowledge of the child’s disability is needed before a teaching program can be commenced. Teachers often say ‘But I know nothing about Down syndrome’ or ‘I haven’t studied cerebral palsy – how could I teach that child?’ Another myth is that teachers need special patience and special skills to be able to teach children with disabilities. Research suggests that good general teaching skills and techniques are what are required to teach students with disabilities. There is no need for special patience or unusual skills. (Foreman, 2001, p.25)
**Class discussion**

- What sort of disabilities are there?
- What causes disability?
- Which disabilities are most common?
- Can disability be prevented? How?

In Papua New Guinea, because many schools are located in remote areas and don’t have immediate access to special education support services and some medical services, teachers also need to know what basic treatments of a non-educational nature they may need to use, and how to educate students and their communities about preventing disabilities. In any case, trainee teachers have a natural curiosity about disability types and causes that can help build an interest in special education.

**Description**

*What types of disabilities are there?*

There are eight major areas of special need that teachers are likely to come across in Papua New Guinea schools:

- learning difficulties
- intellectual disability
- physical disability
- hearing impairment
- speech impairment
- vision impairment
- behavioural and emotional disorders

**Research and practical activity**

*In groups of four, investigate one area of disability, using library resources:*

- What are the characteristics of this disability?
- What different types of this disability are there?
- What are the known causes of this disability?
- What traditional beliefs are there about this disability?
- How can this disability be prevented?
- How can teachers help their community prevent this disability?

*Groups present their findings to the class as their chosen area of disability is covered in lectures.*

Some students have a number of disabilities or other special needs. Sometimes, this is a coincidence but it can also be the case that a particular disease or condition has caused a number of disabilities (*e.g.*, a student with cerebral palsy might have a physical disability, a speech impairment and intellectual disability (although many people with cerebral palsy do not have an intellectual disability)) or it can be that one disability has caused another (*e.g.*,}
a student with a severe hearing impairment may have learning difficulties because they haven’t heard all the information they need to learn to read effectively).

There are no national data for Papua New Guinea on how many students in PNG schools (or children not attending school) have disabilities or other special needs. Figures from other countries may provide some indication of numbers that could be expected in PNG but, generally speaking, the only safe assumption that a teacher should make is that there are likely to be some students in most classes with some type of disability or other special need. The incidence of hearing impairment appears to be particularly high in PNG so teachers should always check for this, as students with hearing impairment (even mild hearing impairment) are likely to experience learning difficulties at school if their needs are not addressed.

**Learning Difficulties**

**Description**
The students with special educational needs that teachers are most likely to come across in their classes are students with learning difficulties. These are students who do not necessarily have any disability but, for some reason, have difficulty with learning. Usually, these students have difficulty in only some areas of their learning, such as literacy, mathematics, and receptive language (understanding instructions or directions, following stories, and so on). Put simply, students with learning difficulties are students who are experiencing significant difficulties with at least one area of their learning at school.

Learning difficulties are often called *learning disabilities* or *specific learning disabilities*, and trainee teachers will often find references to students with *learning disabilities* in textbooks. Some school systems regard students as having *learning disabilities* if there is a major difference between their *intellectual ability* and their actual academic performance (see Vaughn *et al.*, 2000, pp. 133-5). However, this definition requires an accurate assessment of the student’s intellectual ability, to be useful. Intellectual assessment tools and specially trained personnel are generally not available in PNG and, in any case, there is no practical advantage for the teacher or the student in having this kind of information. The term *learning difficulties* is used in some school systems overseas and is a more general definition that is more suited to Papua New Guinea schools. It refers to students who are having *significant difficulties with at least one area of their learning* at school. Trainee teachers should not ignore textbooks about learning disabilities, however, as learning difficulties and learning disabilities are much the same thing and most of the practical information provided for use with students with learning disabilities is useful for students with learning difficulties.

It is important to point out that learning difficulties (or learning disabilities) are not the same as intellectual disability. Students with learning difficulties have normal intelligence but students with intellectual disability have a level of intelligence that is significantly below the normal range. Teachers should expect that students with learning difficulties in one or two academic areas, such as literacy and mathematics, or literacy and language, will probably not experience difficulties in other curriculum areas. If students appear to
experience difficulties with learning in most areas of school learning, they might actually have an intellectual disability or another more serious disability.

Students with learning difficulties are most likely to have difficulties in the following areas of school learning:

**General difficulties**
- difficulties in understanding and following directions
- difficulties remembering things (short-term and long-term memory problems)
- a short attention span & being easily distracted
- being overactive or impulsive
- difficulties organizing work and time; difficulties ‘getting started’
- lack of confidence; reluctant to attempt difficult or new tasks
- difficulties with tasks that require rapid responses
- lack of effective learning strategies

**Difficulties in reading**
Difficulties in reading are sometimes called *dyslexia* (which is a Latin word meaning *can’t read!* if reading is the only area that the student has difficulties with. Reading difficulties are by far the largest area of learning difficulties, with over 80% of students with learning difficulties having reading difficulties as their particular area of need (Vaughn *et al*, 2000). Particular areas of need are likely to be:
- difficulties remembering sight words and patterns
- difficulties identifying the separate sounds in spoken words
- difficulties blending sounds
- confuses similar letters and words (e.g., *b* and *d*; *man* and *name*)
- difficulties *decoding* words (*i.e.*, working out how written words sound and what they might mean)

**Difficulties in mathematics**
If mathematics is the only area of difficulty, this area of difficulty is sometimes (but rarely) called *dyscalculia* (meaning *can’t do maths!*). Students with mathematics difficulties often have
- difficulty with counting and sorting groups of objects to match numbers
- difficulty remembering number facts (e.g., addition facts, times tables)
- difficulties with arithmetic operations.

Sometimes students develop difficulties in the early primary years but this is often a result of problems they are having with reading and comprehension. Understanding the *order* in equations, number sentences and so on, is also an area where students frequently experience difficulty.

**Difficulties in writing**
Many children have difficulty forming letters, holding a pencil correctly, tracing shapes with fingers, recognizing shapes, copying from the blackboard, drawing, and so on. In
many cases, this is the only particular difficulty that the student has. Teachers need to be careful not to assume that students with poor handwriting have other difficulties. Teachers also need to judge whether the student has difficulty understanding what or how to write, or physically forming the letters.

**Consequences and related difficulties**
Students with learning difficulties sometimes have other difficulties that may be related to their learning difficulties or may be a consequence of their learning difficulties. Some of the frequently occurring difficulties are:

- **low confidence and self-esteem**  
  Students with learning difficulties often have little confidence and may have a very poor opinion of themselves and their ability. Often students believe they are less capable than they really are.

- **poor social relationships**  
  Students with learning difficulties can be socially isolated and can have difficulty making friends. This can be due to their lack of confidence and poor self-esteem.

- **clumsiness, lack of coordination**  
  Some students with learning difficulties are also poorly coordinated, have difficulties with sports, games and other physical activities. Students who have poor coordination as well as learning difficulties are at high risk of having very low self-esteem.

- **poor expressive skills**  
  Problems with memory and problems with learning the more subtle skills of language, can often cause students with learning difficulties to be poor communicators.

**Causes of learning difficulties**
There are a very large number of possible causes of learning difficulties and there are many different theories. In the case of individual students, it is very difficult to pinpoint the actual reason why that student is struggling at school. There are likely to be a number of reasons.

For some reason, teachers, and parents too, usually look to some fault or defect with the student when a student experiences learning difficulties. They often look to theories about possible brain dysfunction, visual problems, hearing impairment, and so on. Some even look at such things as diet and body chemistry. Sometimes, there is a vision or hearing impairment that can be corrected (e.g., the student may need glasses, have a hearing disease or ear blockage) but usually the reasons remain unknown or untreatable. It is often more productive for teachers to focus on possible causes that can be ‘treated’, such as:
• quality and type of instruction given
• teacher’s expectations
• relevance of the schoolwork to the student
• classroom environment
• manner in which the teacher treats the student
• ways in which the student is treated by other students
• appropriateness of the curriculum

(Westwood, 1997, p. 9)

**In-class practical activity**

*With a partner:*

Prepare a list of 10 reasons why a child may have learning difficulties. Now analyze your list according to where the problem comes from and sort your reasons into the following categories –
- problems within the child
- problems within the family or community
- problems within the curriculum
- problems within the instruction the child has received

Some researchers have said that students with learning difficulties should be called *curriculum disabled* because they have found that poor quality curriculum and instruction can be such an important cause of learning difficulties (Elliott & Garnett, 1994; cited in Westwood, 1997, p.9).

**Class discussion**

*Using the results of the in-class practical activity above:*

What proportion of reasons listed by students were ‘within the child’?
What proportion of reasons listed by students were ‘outside the child’?
How many reasons listed were ‘within the curriculum or the instruction’?
Ask students how many of the possible causes identified are ones that the teacher can actually do something about?
How many of the causes can be prevented? How?

One of the major known causes of severe learning difficulties is a phenomenon known as *the failure cycle*. If a student experiences difficulty or failure early in their school life, they can lose confidence, avoid difficult learning tasks, avoid practicing their skills, avoid school altogether in some cases, and so accumulate a whole lot more reasons to struggle at school. The following diagram uses literacy to demonstrate this phenomenon:
Effective teachers make sure that they find out which students are having difficulties and they try to respond to their needs as early as possible. Effective teachers do all they can to stop small problems becoming very big problems that are much harder to address. The longer the time that students experience difficulties at school, the greater the effort that is required to eliminate or reduce the problem.

**Teaching strategies**

Major considerations for teaching students with learning difficulties are:

- Use direct, explicit teaching to teach reading, writing, spelling and mathematics.
- Build up the confidence of students by starting with easy tasks that they can already do, move ahead gradually, introducing harder material very carefully.
- Monitor students’ work regularly and carefully so that you know when students are experiencing difficulties and you can respond quickly.
- Teach skills in practical, meaningful ways, and use concrete materials frequently.
- Give plenty of attention to phonics and decoding strategies in reading, as well as plenty of attention to *phonemic awareness* skills (rhyming games, games involving swapping beginning sounds, ending sounds and middle sounds in words, clapping out the number of sounds and syllables in words). *However, if a student has a hearing impairment, place more emphasis on sight-word approaches to reading as students with a hearing impairment may not be able to hear some sounds in words, even at close range.***
- Provide plenty of practice and revision of skills and knowledge.
- Use peer tutors and parent helpers to provide extra instruction and practice.
**Prevention**

Prevention of learning difficulties is all about providing the best teaching that a teacher can provide, so that students do not experience difficulties, and responding early to problems that do arise so that small problems do not become major problems.

**Intellectual Disability**

**Description**

Intellectual disability is a substantial limitation in cognitive functioning (i.e., thinking skills). People with intellectual disability usually have limited communication skills, limited self-care skills, poor social skills, and very limited academic skills. Most importantly, people with intellectual disabilities have great difficulty with learning and usually require special teaching methods to learn efficiently.

A person with mild intellectual disability usually has severe learning difficulties, limited or poor conversational skills and would usually have a history of slow personal development. Most people with mild intellectual disability learn independent living skills and are usually involved in productive work at home, in the community or in a workplace.

A person with moderate intellectual disability usually has very severe learning difficulties, very poor communication skills and very slow personal development. For example, it may take a student with moderate intellectual disability up to several years to learn very simple academic skills such as writing their own name, recognizing 50 sight words, counting and counting objects, and performing simple arithmetic operations. People with moderate intellectual disabilities do not usually learn all the living skills they need to live independently, without the support of family or other carers. However, people with moderate intellectual disabilities often learn some productive role in their home or village and some have been able to gain limited employment.

A person with a severe intellectual disability is usually not able to perform academic tasks, is unlikely to develop or learn self-care skills and may not learn or develop ordinary communication skills. Pictorial communication systems (using pictures to communicate) have been successful, in some cases, in teaching students with severe intellectual disabilities to communicate choices and needs. People with severe intellectual disabilities do not learn to live independently and require ongoing support for their survival.

Teachers in Papua New Guinea are not likely to have a student with severe intellectual disability in a regular school but there are some students with moderate intellectual disability enrolled in regular schools. It is likely that more students with moderate intellectual disability will be enrolled in PNG schools in the future but it is highly unlikely that there would ever be more than two or three students in a large primary school. In a community of 1000 people, there are likely to be three or four people with moderate intellectual disabilities, but in Papua Guinea, most of the children with this disability do not attend school.

Most primary schools in Papua New Guinea would have one or two students with mild intellectual disability but it is not known how many students with mild intellectual
disability there are who do not attend school. With increasing awareness and more special education training and resources, it is likely that more students with mild disabilities will attend school in the future. In a community of 1000 people, there are likely to be about 10 – 15 people with mild intellectual disability.

In the past, intellectual disability was called mental retardation, a term that continues to be used in some textbooks. People with intellectual disability have formed international associations aimed at eliminating discrimination against people with intellectual disability, and these organizations have asked governments and others to use the term person with an intellectual disability instead of person who is mentally retarded. For that reason, most authors nowadays use person (or student, child, etc.) with an intellectual disability.

Causes of intellectual disability
Intellectual disability is the result of damage to the brain. Damage to the brain can be a result of a developmental or genetic disorder (such as Down syndrome (see Hall, 1994, pp.40-41), a disease before or after birth, or a trauma before or after birth. In individual cases it is often not possible to identify the cause of intellectual disability. Some known causes are:

*Genetic conditions*  Abnormalities in genes inherited from parents, errors when genes combine or damage to genes during or before pregnancy from disease, radiation or poisoning. Examples include Down syndrome and Fragile X syndrome.

*Problems during pregnancy*  Poisoning of the unborn baby from alcohol or other drugs; malnutrition; illnesses of the mother (e.g., rubella, toxoplasmosis, venereal disease, HIV, cytomegalovirus)

*Problems at birth*  Prematurity; low birth weight; injury at birth due to complications

*Problems after birth*  Diseases such as whooping cough, chicken pox, measles, meningitis, malaria, encephalitis; head injury from accidents or abuse; oxygen deprivation from near-drowning; poisoning; ingestion of pollutants; malnutrition; high fever.

Some of these causes also cause other disabilities so some people have multiple disabilities. For example, students with Down syndrome usually have intellectual disability but often also have medical problems. Students with cerebral palsy, often caused by fever of oxygen deprivation before or during birth, usually have significant physical disabilities but sometimes also have intellectual disability. Babies born with intellectual disability due to the mother having rubella during pregnancy, often have deafness or blindness, or both.

Prevention
Preventative measures that parents and others can take to reduce the risk of intellectual disability include:
Before birth
- Avoid alcohol, smoking and other drugs
- Avoid HIV and other sexually transmitted diseases
- Have a good diet and a healthy lifestyle
- Obtain plenty of rest and avoid strain and overwork
- Seek medical assistance for any illness or infection

After birth
- Eliminate child abuse or neglect
- Avoid accidents and injury
- Obtain proper immunization against disease
- Avoid malaria
- Ensure that the child has a healthy diet and a healthy, active lifestyle
- Avoid dirty or polluted water
- Prevent infections by only using clean food and have good hygiene practices

Teaching strategies
The most important thing for teachers to understand about students with mild or moderate intellectual disabilities is that they will have serious learning difficulties and will not be able to access the whole school curriculum. Teachers need to discuss the student’s needs with the student’s parents, and work out some educational priorities for the student. The student’s learning at school will be limited so the teacher must make sure that the educational objectives set for the student are important, achievable and useful. The teacher must also utilize peer tutors and others, if available, to assist the student with learning. The student’s learning will occur gradually and the student will always have difficulty, so the teacher needs to teach skills in small steps using task analysis and make sure that all instruction is clear and direct.

Partial participation. All of the material in the primary school curriculum is useful and important. However, only some material is absolutely essential for every student to learn. Students with intellectual disability cannot cover an entire curriculum so teachers, in collaboration with the student’s parents, have to decide which curriculum outcomes to concentrate on and then focus on those ones only. While other students might be working on many curriculum outcomes at a time, a student with an intellectual disability will probably only be working towards three or four curriculum outcomes in a school term, and may only be working on one or two objectives on each school day. Students with intellectual disability, like all other students, need to be involved in regular school activities with other students but, unless the teacher has access to specialist assistance, the teacher will only be able to provide a limited amount of instruction to the student. Effective teachers make sure that students with intellectual disabilities are included in as many regular school activities as possible but they can only provide instruction on one or two objectives for each student with a disability each day.

Functional curriculum. Because students with intellectual disability learn very slowly, what they learn should be functional (i.e., useful in their daily lives). Functional skills are
usually basic communication skills, self-care skills, personal safety, money management, survival reading skills, social skills and practical skills for making a living. Teachers should use real, practical materials for teaching functional skills, and, if possible, ensure that students practice their skills in real contexts. Parents can be a great help to teachers in this regard.

Research task

Read Vaughn et al., 2000, pp. 226.
Which of the skills listed would be essential in PNG communities?
Select 20 skills that you believe are the most important for daily living. Explain why you think these are the most important.

Make learning fun  Remember, students with intellectual disabilities have as much right to be at school as any other child. To teach these students well, teachers have to treat them with dignity and respect, and make learning fun. Teachers should use plenty of encouragement, patience and praise to build up confidence and feelings of success. For young students, or students who aren’t used to attending school, it is also important to make sure that the student is attentive. Setting up listening games and other listening activities, making sure that students are engaged with other students, and, overall, making the classroom an interesting and busy environment, is a good set of strategies to use to encourage attentiveness.

Task analysis  Breaking simple tasks into smaller, teachable steps, is a very important and useful teaching strategy for students with intellectual disability. While a task may be too difficult for a student to learn, if it’s broken down into smaller steps, the student may learn to do all of it or some of it gradually. Most tasks can be broken down in this way. Students with intellectual disability need lots of repetition and practice before steps are truly learned and they also need to perform their learning tasks with different materials and in different contexts to generalize their skills. Teachers should always reinforce students’ attempts and successes. Teachers need to monitor students’ performances regularly and keep a record of progress. If an approach to teaching isn’t resulting in any progress, then the teacher should find a different way to teach it. Remember, if the student isn’t learning, then the teacher hasn’t found the right way to teach that skill.

Peer tutoring  In a big, busy, crowded classroom, a teacher cannot give any one student much more than a few minutes of individual instruction each day. While those few minutes are very important and useful, teachers should always use other students, parents and any other helpers to also help with students with disabilities. Students with intellectual disability learn best through regular, daily instruction and the instruction doesn’t need to be lengthy. Peer tutors or other helpers can provide just a few extra minutes of instruction for the student each day, and make a very big difference to the student’s rate of learning. Cooperative learning strategies are also an excellent way to include students with disabilities in learning and other school activities.
Physical Disabilities

Description
Physical disabilities place some limitation on a person’s ability to move about, use their limbs or hands or control their own movement. Physical disabilities are the most obvious disabilities, as a rule, although there are some conditions that limit movement and mobility in less obvious or inconsistent ways (e.g., epilepsy, cystic fibrosis, diabetes). Students with more severe physical disabilities often have related health problems and, of course, physical disabilities are often a symptom of health problems. *For an excellent review of types of physical disabilities and ideas on identification and treatment, see Werner (1987).* Physical disabilities most likely to be encountered in Papua New Guinea schools are:

Disability due to injury or other trauma
Accidents, natural disasters, abuse or neglect can cause children to have amputated limbs, impaired limbs or spinal column, or many other physical impairments. Burns victims, for example, often have a loss of mobility in hands or feet. At Aitape, following the devastating tsunami of 1998, there were many children who lost limbs or suffered such severe fractures and other injuries, that their limbs were amputated. Other children have lost limbs or suffered spinal injuries through bone infections (osteomyelitis) or other diseases, or complications following other injuries.

Children from the Sissano Lagoon area injured by the 1998 tsunami

Cerebral palsy
Cerebral palsy is a form of brain damage that can cause a range of different physical disabilities, and, sometimes, intellectual disability. Cerebral palsy can result from the pregnant mother having an infection, rubella, shingles or diabetes, or from problems at birth in which the child is deprived of oxygen or suffers a head injury; prematurity; or problems after birth, such as a very high fever, a head injury, poisoning or a near drowning, a brain tumour or a circulatory problem. In many cases of cerebral palsy, the cause remains unknown. Cerebral palsy is one of the most common forms of physical disability. About 1
in 300 babies are born with or develop some form of cerebral palsy (Werner, 1987) but, in most cases, the symptoms are relatively mild.

The major types of cerebral palsy are:

**Spasticity**  Very stiff muscles or high muscle tension. Some parts of the body are rigid so movement can be very awkward.

**Athetosis**  Uncontrolled muscle movement. Parts of the body move uncontrollably and inconsistently. If the muscles needed for speech are affected, the child may have difficulty communicating, even though their intellectual ability may be normal.

**Ataxia**  Poor balance and unusual clumsiness. The child with ataxia may have difficulty walking and may be teased by other children when clumsy, as children with ataxia may not obviously appear to have a disability.

**Poliomyelitis**
Polio is a common disease in many developing countries, and in some parts of Papua New Guinea. Although the disease is mild in most cases, it can cause permanent and severe paralysis of body parts, usually the legs or feet, in about 30% of cases. Polio can also be fatal if breathing or swallowing is affected. Polio is a virus, spread by breath, that infects the central nervous system. Immunization against polio is very effective, if it is available, but if a child already has polio, medication can make the condition much worse.

**Epilepsy**
Epileptic seizures (commonly called fits) are caused by brain damage or an abnormal brain condition. Brain injury causes about 30% of cases of epilepsy and many children with cerebral palsy also have epilepsy. High fever, dehydration, poisoning and meningitis can cause epilepsy but about 30% of cases of epilepsy are inherited. In many cases of epilepsy, no cause can be identified. Some children only ever have one or a few seizures but some other children develop chronic epilepsy. **Seizures in young children can be a symptom of other serious disease so medical assistance should always be sought if a child has a seizure.**

Some children have major seizures that involve a loss of consciousness and strong uncontrolled movement. Other children have minor seizures that usually involve a short loss of consciousness; the child may fall down or just cease movement for an instant. Seizures are usually temporary and the child recovers fully, although the child may be tired and confused afterwards. In some cases, seizures can cause brain damage but this is usually only in cases where seizures are frequent and severe.
What to do when a child has a seizure:
- Learn to recognize any known warning signs (e.g., sudden fear or cry) and quickly move the child to a safe place, free of obstacles or hazards.
- Do not try to move the child if a major seizure has started.
- Remove any sharp objects or obstacles away from the child.
- Do not try to forcefully control the child’s movements.
- Do not put anything in or near the child’s mouth during a seizure.
- Between spasms, gently turn the child’s head to the side to drain away any spit.
- Let the child rest or sleep after a seizure. Give the child paracetamol or aspirin if the child has a headache.

Spina bifida
Spina bifida is a medical condition that develops in some children before birth. When the vertebrae of the spine do not properly enclose the spinal cord, a soft, unprotected area can be left, and the spinal cord can bulge through the skin. This ‘bag of nerves’ looks like a dark bag and can leak fluid from the brain and spinal cord. The cause of spina bifida is unknown but about 1 in 1000 children are born with spina bifida (Vaughn et al., 2000, p. 267). It is not known how to prevent spina bifida although the effects of the condition can
be reduced through surgery and good management. Spina bifida can be mild or severe and children with spina bifida are at high risk of developing other serious diseases, such as meningitis. Nowadays, most children born with spina bifida have surgery to correct the condition. Nevertheless, even when surgery has been performed to place the exposed nerves back within the spinal column, many children with spina bifida continue to experience the muscle weakness, continence problems and paralysis associated with spina bifida. Werner (1987, p. 167) provides an excellent description of spina bifida and its effects.

Werner (1987) also describes the many different forms of treatment for spina bifida and the special procedures that children can use to help with mobility and toileting. Teachers should seek assistance from a health clinic or special education resource centre to help design any special equipment or medical advice that might be needed for a child with spina bifida.

Birth Conditions
About 1 in 100 children are born with conditions such as cleft lip or cleft palate, joined fingers or toes, extra fingers or toes, or short or deformed limbs. More serious birth conditions include Down syndrome, cerebral palsy, spina bifida, blindness and deafness. In most cases, the cause of such birth conditions is not known but the following circumstances can cause them:

- Poor diet during early pregnancy
- Genetic causes (especially if parents are related)
- Exposure of the pregnant mother to some medicines, poisons, pesticides and other chemicals
- Exposure of the pregnant mother to German measles (rubella)
- Older or very young mothers are more likely to have babies with birth conditions such as Down syndrome

Some common birth conditions are:
- **Cleft lip and palate** A cleft lip (sometimes called a hare lip) is an opening or gap in the upper lip, often connected to the nose. A cleft palate is an opening in the roof of the mouth connecting with the canal of the nose. Cleft lips and palates can be corrected by surgery but even after surgery, children may continue to have some difficulty with speech. If surgery is not performed, the child may need to use sign language to help with communication.

- **Joined fingers or toes** Surgery can usually separate joined fingers or toes but teachers may need to encourage students to stretch the skin around areas where surgery has been performed, to help with flexibility and movement.
Children are sometimes born missing arms or legs, or with limbs that are very short or incomplete. Some medicines are known to have caused this kind of problem but often the cause is unknown. Children without arms can be taught to use their feet for many activities, such as eating, drawing and writing. Special aids can also be made to help children with missing limbs or with limbs that do not function fully.

Other Conditions
There are many other serious and minor medical and physical conditions that can affect children and that teachers may need to gain an understanding of. These include birth conditions such as:
- cystic fibrosis
- fetal alcohol syndrome
- brittle bone syndrome (osteogenesis imperfecta)
- dwarfism

or chronic diseases or conditions that children may contract or develop after birth, such as:
- diabetes
- HIV/AIDS
- cancer
- asthma
- juvenile arthritis
- muscular dystrophy

The following references contain useful information about these conditions for teachers:

Good practical information, mainly about identification, rehabilitation, prevention and medical therapy.

Practical classroom-based advice

Medical information

Teaching Strategies
Most students with physical disabilities do not have any other disabilities (although some do) and it should never be assumed that students with physical disabilities do not have normal intelligence. Indeed, some people with very severe cerebral palsy, who cannot speak or control their body movement very much at all, are very intelligent and very aware of the world around them. For example, Stephen Hawking, one of the world’s leading
physicists, has very severe cerebral palsy and uses an electric wheelchair for mobility, and a special electronic speaking device for speech. Teachers can be very effective in developing positive attitudes about disabilities in their school and community by talking about all the things that children with disabilities can do and achieve, instead of talking about their limitations.

Students with physical disabilities usually need to use some special equipment and materials. Most of these things can be constructed easily by teachers, parents or other community members. Older children can be a great help too. Werner (1987) provides a very comprehensive range of special aids and devices that can be constructed from local materials at little cost. Module 2 Topic 5 Utilizing Aids also provides many useful suggestions.

Students with physical disabilities are often excluded from many school activities and even from attending school altogether. This is often a form of discrimination which is entirely unfair but it is sometimes done to protect the child from harm or abuse. In fact, most children with disabilities do not want to be excluded from activities and are much less likely to lead an independent and fulfilling life if this occurs. Overprotecting children with disabilities can do a great deal of harm. Teachers need to take sensible precautions to prevent injury but students with disabilities should be encouraged and helped to participate in as full a range of activities as possible. Teachers can help all people with disabilities by promoting this approach in their schools and communities too.

Curriculum does not usually need to be adapted much for students with physical disabilities, however, some adaptations need to be made in some cases. Teachers should use common sense in this. For example, it is inappropriate to expect a student to perform tasks that they simply cannot physically perform, so the teacher must select a different task that it is possible for the student to do. There have been cases where students with physical disabilities have been denied passing grades at school because of their inability to perform physical tasks in subjects such as physical education. This approach is discriminatory and ridiculous. Effective teachers find ways to accommodate special needs so that the student can learn and achieve positive educational outcomes.

Effective teachers examine the activities that students need to participate in at school and they examine the educational outcomes that they want their students to achieve. They work out what practical adaptations need to be implemented to assist students with disabilities to achieve those very same outcomes. If necessary, they ask other students, colleagues, parents and other community members to help them with any special equipment or materials that might need to be built or developed.
**Hearing Impairment**

**Description**

Some children are born with hearing loss while others develop hearing loss at some time. Many children have a mild hearing loss while some have severe or profound hearing loss. Severe or profound hearing loss is known as deafness. Children who are deaf before they learn language (2 to 3 years old) are known as prelingually deaf. Deafness is an uncommon disability in children but many children have a mild or moderate hearing loss. There are no data in Papua New Guinea about how many children have hearing impairments but special education resource centre workers have suggested that up to 50% of students could have some hearing loss in many areas of PNG. In any case, teachers should expect to have some students with mild and moderate hearing impairments in their classes and that some students in the local community and school may be deaf.

**Class discussion**

*Read the stories of Tonio and Sandra from Werner (1987, p. 259)*

- How many students know of stories like this?
- What happens in villages when children are deaf?
- How can the school help these children?

Prelingual deafness can be caused by a number of different conditions, including exposure of the pregnant mother to German measles or certain drugs or chemicals, cerebral palsy and some genetic conditions. However, most hearing loss is caused by ear infections or injury in the early years of childhood. Mild or moderate hearing loss can be a temporary condition in many children due to ear infections but ear infections often also lead to permanent damage. Teachers should check regularly to see whether students have developed ear problems as ear infections can occur very quickly. The best ways to prevent ear infections or other ear damage include:

- avoid swimming or bathing in dirty water
- never place any object in the ear
- keep the outside parts of the ear clean
- avoid loud noises
- always use the BBC (blowing, breathing, coughing) strategy.

**Blowing Breathing Coughing**

for Healthy Ears

1. Blow the nose using a tissue or leaf that can be thrown in a bin
2. Breathe in and out strongly five times
3. Cough two times to clear the chest

All children in Papua New Guinea should be taught the BBC strategy. Sniffing is a very common cause of ear infections so children should be taught to blow their nose instead of sniffing.
36 PD 5.1 Introduction to Special Education

The Ear  Courtesy of Callan Services, Wewak

Class discussion

Using The Ear chart, discuss common hearing problems:
How does glue ear affect hearing?
How do ear infections affect hearing?
What are the most vulnerable parts of the ear?
How do infections in the nose and throat affect the ear?
Which types of ear damage can be corrected and which parts cannot?
Why do some people lose their ability to hear high frequency sounds?

Teaching Strategies

Mild hearing loss  Students with mild hearing loss might not be able to hear soft sounds (such as whispering) or they might not be able to hear certain types of sound. For example, many children cannot hear high frequency sounds, such as some of the consonant sounds in speech (e.g., ‘k’, ‘s’, ‘p’, ‘t’). Students with mild hearing loss often miss many of the words spoken by their teacher and other students and they often miss word endings, such as ‘sticks’, ‘playing’, ‘played’, and so on. These students often appear to have learning difficulties and can become frustrated and upset at school as a result. Teachers need to ensure that these students are placed near the teacher where they are most likely to see and hear most clearly. These students do not usually require special materials but the teacher does need to check regularly that the student has understood their lessons. Teachers need to
ensure that they use clear communication, always face the children when talking and always use complete sentences. Effective teachers also use natural gestures and body language to assist children’s understanding.

Teachers can easily make a mistake with students who have mild hearing loss and think that the student has an intellectual disability or learning difficulties. The best, and easiest way, for a teacher to check a students’ hearing is to say different, single words in a normal, quiet voice behind the student and ask the student to repeat the words, one at a time. If the child can repeat the words, then the child probably does not have a hearing impairment but if the child cannot repeat the words, then the child probably does have some hearing loss that may be causing other difficulties as well.

**Moderate hearing loss** Students with moderate hearing loss cannot hear normal speech properly without wearing expensive hearing aids. Unless these students have hearing aids, the teacher will need to pay special attention to these students, repeat instructions very clearly and closely and use written material, gestures and body language more frequently. Teachers would usually recognize moderate hearing loss easily but there have been plenty of cases where students with moderate hearing loss stay very quiet and their hearing loss has not been identified. Teachers should always check the hearing of all students from time to time. Vaughn *et al* (2000, p. 262) suggest the following practices for teachers to use when teaching students with mild or moderate hearing loss:

**Use visual cues and demonstration**
- Face the student directly when you talk
- Use natural gestures
- Use modeling to demonstrate how to do different procedures and tasks
- Do not try to talk to students while writing on the chalkboard
- Use pictures, diagrams and graphs
- Use experiential learning strategies

**Use cooperative learning strategies**
- Use peer tutors to assist the student
- Choose clear speakers for class discussions

**Monitor the student’s understanding**
- Ask the student to repeat important information and directions
- Reword information to make it clearer
- Provide written information as often as possible

**Severe or profound hearing loss** Deaf students can be taught in regular classes but the teacher will need to acquire some special skills. Deaf students need to be communicated with using a combination of clear speech and sign language, in addition to extensive use of written materials. Older students, who already know sign language and who can read, can usually operate reasonably well in a regular classroom as long as their teacher provides appropriate materials and plenty of assistance. Peer tutors and cooperative learning
strategies are very useful for assisting these students, especially if the student’s classmates have learned some sign language.

However, young students who are learning sign language need very specific kinds of assistance from their teacher so teachers will need to seek assistance from the student’s parents or siblings, and the special education resource centre, to find out what language signs to use and what special materials and strategies may be required. Module 4 Intervention Strategies Topic 3 Alternative Communication Strategies deals with sign language.

Children who are deaf usually have associated problems. Deaf children cannot usually use normal speech and usually have some difficulties with learning because they have usually missed many learning activities and much information at home, in their community and at school. Deaf children also experience frustration as they try to communicate in their early years and can sometimes have behavioural problems as a result. Teachers need to be careful not to confuse hearing impairment with intellectual disability and they need to be sensitive to the special needs of deaf children.

Practical activity

Ask a teacher from the special education resource centre to demonstrate audiometric assessment techniques and to demonstrate the effects of different levels of hearing loss. Allow general questions from students about deafness and hearing impairment, how students and teachers deal with it in school, and so on.

Speech Impairment

Description

Children can have communication problems for a variety of reasons. In many cases, a communication problem is the result of another disability, such as intellectual disability, severe learning difficulties, physical disability (e.g., cerebral palsy, cleft lip or palate), deafness or moderate hearing loss, or an emotional or psychological disorder. In other cases, and for no obvious reason, children have difficulty learning, understanding or expressing language. There are three types of communication problems:

- **Expressive problems**
  Expressive problems are the most obvious communication problems. Children may be unable to sequence sentences properly so they use incorrect word order or grammar, or just speak in one-word sentences. Children may have articulation problems, where they cannot physically produce certain sounds or words, or where they stutter. Some children speak too softly or too loudly and others speak in a monotone, without using expression.

- **Problems with interacting**
  Some children lack good social and conversational skills. They don’t know how to take turns when talking, they don’t know how to begin or end a conversation, or
they might not make eye-contact or use appropriate body language. Some children also cannot pick up the subtle expressions and emphases in language.

- **Receptive problems**
  Difficulties with the comprehension and understanding of spoken language - 'receptive' problems, are less obvious than other speech problems and more difficult to identify than other problems. Nevertheless, they can have serious consequences for children’s learning and development (Wright & Kersner, 1998). Children with receptive problems struggle with the meanings of words and the meanings of sentences. They often have difficulty with the subtleties of language and with abstract concepts. They can have problems making predictions and inferences in language. Sometimes they appear to have appropriate expressive skills but this is often just meaningless chatter.

Communication problems can lead to problems in literacy and other areas of school education. Children with language problems often have low confidence and self-esteem, can be very shy and unwilling to participate in school activities.

**Teaching Strategies**

Children who have no speech at all, or whose speech is unintelligible, may need to use a sign language or pictorial communication system. Others may need a properly design speech therapy program. Where this is the case, teachers should seek assistance from their special education resource centre. However, the vast majority of students with language problems do not require alternative communication systems or an extensive speech therapy program. Rather, they need teaching that is responsive to their individual needs. Teachers are most effective in teaching students with communication problems when they:

- provide individual assistance in a kindly way,
- check students’ understanding regularly,
- provide all students with memory games, rhyming games, communication games and other word games frequently,
- encourage students to observe each other making sounds and ask students to feel their own mouths as they make letter sounds, words and other sounds,
- encourage mouth and tongue exercises, such as blowing bubbles, blowing paper balls, coughing, yawning and opening the mouth very wide, moving the tongue about and sticking it in and out,
- encourage and praise all attempts at speech and improvements,
- never make fun of or mimic a student’s speech,
- never force a child with a speech problem to speak in front of the class,
- always respect students’ dignity,
- always allow time for students to finish sentences,
- provide as many communication activities as possible,
- do not correct students’ speech all the time but, instead, target one sound or skill to work on over a period of time, and
- encourage speech practice and exercises at home.
Vision Impairment

Description
Vision plays a vital role in school learning and it is essential that teachers understand the visual abilities of their students. Serious vision problems are not common in Papua New Guinea schools but there are some students who have serious vision loss or who are blind. Many students who have mild to moderate vision impairments are not identified as such, so teachers have an important role in detecting vision impairment. As is the case with hearing impairment and some other disabilities, students with vision impairment can sometimes be mistaken for students with intellectual disability or learning difficulties, so when a teacher finds that a student is struggling at school, they should always check the student’s vision and hearing. When vision impairment is not addressed at school, it can lead to learning difficulties and even behavioural problems, as the student misses important information, struggles to keep up with other students, loses confidence and becomes frustrated.

Class discussion
Read the stories of Shanti and Rani from Werner (1987, p. 247)
How many students know of stories like this?
What happens in villages when children are blind?
What happens in villages when children have very low vision?

The Eye  Courtesy of Callan Services, Wewak
Causes and Treatment of Vision Impairment

<table>
<thead>
<tr>
<th>Eye Condition</th>
<th>Observable Effects</th>
<th>Management at School</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Cortical visual impairment</em></td>
<td>Eyes appear normal but there is damage to the nervous system that the brain uses to process visual information. CVI is caused by brain damage.</td>
<td>Use clear and simple objects and colours to try to teach visual recognition. Use other senses (touch and hearing) for teaching and communicating.</td>
</tr>
<tr>
<td><em>Dry eyes</em></td>
<td>Also called xerophthalmia or keratomalacia. A vitamin A deficiency resulting from malnutrition. The eye becomes very dry and the cornea softens and forms ulcers.</td>
<td>Night blindness and gradual loss of vision. The white part of the eye becomes dull and wrinkles. The cornea may bulge and burst, causing blindness. The condition is reversible in its early stages.</td>
</tr>
<tr>
<td>Eye Condition</td>
<td>Observable Effects</td>
<td>Management at School</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Glaucoma</strong></td>
<td>High pressure inside the eyeball. Eye becomes enlarged and blindness can occur.</td>
<td>Children with glaucoma experience pain, which worsens during times of stress.</td>
</tr>
<tr>
<td></td>
<td>Fluctuating vision loss, over-sensitivity to light, loss of visual field. Glaucoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>can be stopped with medicine.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hemianopia</strong></td>
<td>Loss of vision in half the visual field of each eye.</td>
<td>Teach scanning skills. Use clear markers at the beginning and end of sentences and to mark other important visual information.</td>
</tr>
<tr>
<td></td>
<td>Loss of visual field. Students scan a lot. Condition can be helped with surgery and medicine. If not corrected, reading ability and other school activities can be seriously affected.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hypermetropia</strong></td>
<td>Long-sightedness. Eye strain when reading. Glasses are needed.</td>
<td>No special management is needed if the child wears glasses.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Keratoconus</strong></td>
<td>The cornea becomes cone-shaped.</td>
<td>Avoid heavy contact sports. Avoid glare.</td>
</tr>
<tr>
<td></td>
<td>Decreased distance vision in both eyes. Vision is distorted. Can be corrected with glasses but in some cases a corneal transplant is needed.</td>
<td></td>
</tr>
<tr>
<td><strong>Macular disease</strong></td>
<td>Degeneration of the central part of the retina.</td>
<td>Students need to sit close to the chalkboard. Visual information needs to be very clear and well marked.</td>
</tr>
<tr>
<td><strong>Myopia</strong></td>
<td>Short-sightedness. Blurry distance vision. Glasses are needed.</td>
<td>No special management is needed if the child wears glasses. Very clear materials need to be provided if glasses are not worn.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nystagmus</strong></td>
<td>Rapid, involuntary eye movement.</td>
<td>Provide shorter visual tasks. Allow the child to position themselves comfortably.</td>
</tr>
<tr>
<td></td>
<td>Uncomfortable vision, which worsens at times of stress.</td>
<td></td>
</tr>
<tr>
<td><strong>Optic atrophy</strong></td>
<td>Degeneration of the optic nerve.</td>
<td>Larger, clearer printed material. Visual information needs to be very clear and well marked.</td>
</tr>
<tr>
<td></td>
<td>Fluctuating vision loss. Very strong glasses needed for close and distant viewing.</td>
<td></td>
</tr>
<tr>
<td><strong>Optic nerve hypoplasia</strong></td>
<td>Small, undeveloped optic nerves.</td>
<td>Larger, clearer printed material. Visual information needs to be very clear and well marked.</td>
</tr>
<tr>
<td></td>
<td>Decreased vision, depending on severity of the condition. Very strong glasses are needed for close and distant viewing.</td>
<td></td>
</tr>
<tr>
<td>Eye Condition</td>
<td>Observable Effects</td>
<td>Management at School</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><em>Retinal detachment</em></td>
<td>Partial or total loss of sight. Surgery can correct the condition. Very strong glasses can help.</td>
<td>Avoid contact sports. Use bright lighting for reading and other visual activities.</td>
</tr>
<tr>
<td>Detachment of the retina from head injury or other condition.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Retinitis pigmentosa</em></td>
<td>Loss of peripheral vision, loss of vision in unlit places, tunnel vision, over-sensitivity to light.</td>
<td>Restricted mobility in unfamiliar places. Encourage scanning. Caution needs to be taken in darker places.</td>
</tr>
<tr>
<td>Progressive degeneration of the retina.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Retinoblastoma</em></td>
<td>Depth perception is affected if one eye is removed. Central or peripheral vision loss, depending on the position of the tumour.</td>
<td>If the student has lost an eye, position the child where they can best see the chalkboard.</td>
</tr>
<tr>
<td>A tumour of the retina.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scars of the retina in very premature babies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Strabismus</em></td>
<td>Affects hand-eye coordination and depth perception. Surgery or corrective glasses may help.</td>
<td>Allow extra time for visual tasks.</td>
</tr>
<tr>
<td>Muscle weakness, causing turned-in eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Toxoplasmosis</em></td>
<td>Loss of central or peripheral vision. Blind spots.</td>
<td>Use large print materials and clearly marked visual material.</td>
</tr>
<tr>
<td>Inflammation and scarring of the retina.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Trachoma</em></td>
<td>Irritation and inflammation of the eyes, small lumps under the eyelids, and partly cloudy cornea. Antibiotics can stop trachoma but good hygiene is the best prevention.</td>
<td>Ensure that students and parents adopt good hygiene practices, keeping eyes and faces clean.</td>
</tr>
<tr>
<td>An infection of the eyelids and cornea, usually resulting from poor hygiene. Can also be spread by flies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As a general rule, students with vision impairments need clear, well-marked visual materials (e.g., diagrams with important information highlighted or with arrows marking relevant parts), large, clear print in reading material and good lighting. Teachers should also ensure that the classroom is kept free of hazards and that chairs, desks, and so on, are not moved around all the time. This is to ensure that students with very low vision do not trip or stumble but, rather, can learn the layout of their classroom. Teachers should also compensate for students’ low vision by using more spoken information and asking other students to help students with vision impairments with their work.
Students with vision impairments are often very poor spellers, as they are not able to recognize the patterns in words or to picture words, in the ways that students with normal sight do. Teachers need to be sensitive to this particular need and not assume that the student has a learning difficulty because of their poor spelling.

A blind boy using a Braille typing machine. Braille is a system of raised dots on paper that blind people can use to read. In this picture, the boy is typing with his right hand and 'reading' with his left hand.

All special education resource centres have Braille typing machines.

Practical activity
Using slates and stylus, briefly demonstrate Braille production and allow students to try it in small groups. Ask a special education resource centre teacher to demonstrate use of a Braille typewriter and demonstrate any low-vision aids available. Allow time for questions about blind students and students with low-vision in schools.
**Prevention**

Many types of vision impairments are inherited and cannot be prevented. However, some vision impairments can be prevented, as follows:

- Students need to be educated to never throw stones, sticks or other small or sharp objects at other children.
- Students need to be educated about keeping chemicals such as lime, cement, petrol, and cleaning products away from their hands and eyes.
- Students and parents need to be educated about hygiene, especially keeping eyes, faces and hands clean.
- Eyes should only be cleaned with clean water; no chemicals should be placed in or near the eye.
- Children should always be taken to a health clinic if they have any kind of eye problem or irritation.
- Children and mothers need a diet that is rich in vitamin A. The best foods for vitamin A are leafy vegetables, cassava, paw paw and other yellow and orange vegetables.
- Girls should be vaccinated against rubella (German measles).

**Behavioural and Emotional Disorders**

**Description**

Behaviour disorders are regarded as those behaviours that students sometimes exhibit that are inappropriate and unacceptable in the classroom or school. Sometimes, students exhibit inappropriate behaviour because of emotional disorders but it is often impossible to determine whether or not a student’s behaviour is actually caused by an emotional disorder. For practical reasons, behavioural and emotional disorders can be grouped as one area of special need.

Most students exhibit inappropriate behaviour at some time but students regarded as having behaviour disorders perform inappropriate behaviour more often and usually with greater intensity. The behavioural disorders that usually concern teachers most are those that affect their teaching and other students, such as classroom disturbances, aggressive teasing or bullying, continual talking and calling out, taking or interfering with other students’ property, inability to work independently or cooperatively, and refusal to comply with the teacher’s instructions. However, some students have behaviour disorders that are less obvious and only harm their own education, such as extreme shyness, very low confidence and self-esteem, poor attendance and avoidance of academic work. These behaviour disorders could be called *passive* behaviour disorders.
Causes
There are many reasons why students have behavioural and emotional disorders and it can be very difficult to identify a specific cause. Some causes can be dealt with and changed but others cannot be resolved by the teacher. Some typical causes are:

- home and community factors  
  - difficult or abusive home environment  
  - conflict at home  
  - inconsistent management at home  
  - lack of sleep  
  - lack of attention, love or care  

- school factors  
  - disorganized teacher or teaching  
  - unfair school discipline practices  
  - conflict with other students  
  - difficult or confusing schoolwork  
  - boring schoolwork  
  - lack of praise for good behaviour  
  - intolerant teacher  
  - poor relationship between school and home  

- student factors  
  - low confidence  
  - poor self-esteem  

- lack of interest  
  - learning difficulties  
  - unidentified disability (e.g., hearing or vision impairment, headaches, other illness)  
  - poor training in social skills  
  - mental illness  
  - need for attention

Teaching Strategies
Students with behaviour and emotional disorders have often been excluded from schools in the past. However, under the Papua New Guinea National Special Education Policy (PNG Department of Education, 1993), all students are regarded as having a right to education. This implies that all teachers in PNG have a responsibility to attempt to address behaviour disorders so that such students can continue to access education and not interfere with the education of others. It is also the case that students who are excluded from school because of unacceptable behaviour are more likely to develop more serious behavioural problems away from school. If these students’ needs can be met at school instead, all members of society benefit.

It can be difficult for teachers, other students, other parents, and other community members to accept that students with behaviour disorders should receive special assistance. People often regard these students as not deserving anything except punishment. However, it is the responsibility of teachers to change and modify behaviour; after all, education is really a
process of changing behaviour and appropriate social behaviour should really be regarded as just another set of skills to be learned.

Effective teachers separate the student’s behaviour from the student, by developing the following attitude:

I like the student but I don’t like his behaviour. I’m going to change this student’s behaviour into behaviour that I do like.

This kind of positive approach can benefit everyone. Sometimes it’s hard work, but it’s usually worth the effort!

Fortunately, there are strategies that teachers can apply on a regular basis that do actually improve students’ behaviour in most cases:

- **Effective, interesting, organized teaching**
  Students are much less likely to misbehave when the teacher makes sure that all teaching is understood, teachers in a way that is interesting and treats students nicely.

- **Ignoring poor behaviour**
  Ignoring misbehaviour doesn’t always make the behaviour go away, but it very often does. Teachers should try this strategy if they think that the student is behaving badly just to get attention.

- **Rewarding good behaviour**
  Praising and giving privileges for good behaviour is a very effective strategy that works most of the time. It can be hard to reward a very naughty child but if you *catch them being good* and reward their good behaviour, you can replace their bad behaviour with good behaviour.

- **Time out**
  Removing the student from the classroom or playground for a few minutes or just giving the student a few minutes to ‘cool off’ can be an effective response to very disturbing or aggressive behaviour.

- **Punishment**
  Taking privileges away, reprimanding, scolding and giving extra jobs can also be very effective ways to reduce poor behaviour. Punishment should always be combined with rewards however, so that the student is taught what to do as well as what not to do. The aim is always to replace poor behaviour with good behaviour.
• Talking and investigating
Students behave best when they know that their teacher cares about them. By talking with students and finding out why they are misbehaving or not working effectively, teachers can help students solve their problems and improve their behaviour. This is particularly important for students who are very quiet, shy or who lack confidence.

• Being consistent
Teachers who are consistent in dealing with misbehaviour, and who don’t let their emotions govern their actions, are more effective in encouraging better discipline. Being consistent is essential for good behaviour management.

References


Module 1  Introduction

**Topic 3: Rights and policies**

**Planned hours:** 2 lectures (1 hour presentation & 1 hour student activities)
1 hour student research & study

**Introduction**

A fundamental principle of the Constitution of Papua New Guinea is the right to equal opportunity for all citizens of PNG. In 1993 the Government of PNG and the National Department of Education formulated and implemented a national special education policy (PNG Department of Education, 1993) that declared three foundations underlying the development of special education in PNG for the current era. In essence, these foundations are:

- children with disabilities should have the same right of access to education as other children,
- the Government of Papua New Guinea and the National Department of Education should allocate an equitable proportion of resources, provide special education teacher training and provide specialist teachers to support the education of students with special needs, and
- students with disabilities should attend regular schools along with students without disabilities, in all cases where that is feasible.

In proceeding with this policy, the Government of Papua New Guinea provided a timely response to existing growth in provision of services for students with disabilities in PNG (provided by non-government organizations), and to national and international pressure for new and existing special education services to be more integrated and inclusive than the segregated special schools and institutions of the past. Endorsement and implementation of the PNG National Special Education Plan and Policy (1993) has led to rapid development of PNG’s special education services and infrastructure.

Due to the remoteness of many PNG communities and the difficulties of transporting students to larger centres, the inclusive model of special education may be the only alternative with the potential to maximize the numbers of students gaining access to special education across PNG. Many countries with extensive special education services and infrastructure (e.g., USA, Great Britain, Australia, many European nations) are currently struggling to convert their largely segregated systems of special education into more inclusive, integrated models in a bid to provide greater equity and opportunity to students with disabilities. While PNG’s special education system is young and small in national and international terms, with a great deal of growth and development still to occur, PNG’s inclusive policy is progressive and contemporary in comparison to most other developing countries as well as the world’s most established nations.
50 PD 5.1 Introduction to Special Education

**Class discussion**
What are the basic rights of Papua New Guinean citizens?
Which citizens have more rights than others? Why do they?
Which citizens have fewer rights than others? Why?
Should all students with special needs attend regular schools? Why? Why not?
Who should decide who should attend school and who should not?

**What will students learn in this topic?**
- Students will explore the concept of individual rights in PNG
- Students will examine issues in the rights of people with disabilities in PNG
- Students will examine the inclusive special education policy of PNG
- Students will explore the implementation of special education policy in PNG

**How are Rights and Policies linked to other topics in Module 1 Introduction?**
The Module 1 topics are designed to teach students what special education is, who may benefit from special education and how beliefs and ideas can affect programs and opportunities for students with disabilities. The rights that any citizens have in any community are a reflection of the prevailing attitudes and beliefs of that community (Topic 1b Attitudes and Beliefs). Policies are usually a formalizing or declaration of such rights. Topic 4 Support Services describes to students what services and facilities are available in PNG through implementation of the National Special Education Policy Guidelines.

**Rationale**
Inclusion of students with disabilities in regular schools is a controversial issue in most countries where this occurs, including Papua New Guinea. In most school communities, there are individuals who are supportive of the inclusive education policy and there are those individuals who stand or advocate against it. While teachers are obliged as employees to be supportive of the policy and to implement it, it is important that they fully understand the policy for two reasons.

**Class discussion**
Teachers are obliged to implement Government policy, so why do they need to know how the policy was developed?
Teachers don’t have time to think about policy, do they?
Can teachers just ignore the inclusive education policy? Why not?

Firstly, to implement the inclusive education policy, teachers must advocate in support of it with parents, students and, even, colleagues. To advocate effectively, teachers need to understand the issues that have led to the policy’s development, why the policy exists in its current form and the intent of the policy. Teachers need information to counter some of the criticisms of inclusive education.

Secondly, teachers, as implementers of the policy, are part of the ongoing process of policy development. Particularly as they gain experience, teachers form opinions, ideas and
practices that serve to influence policy and, over time, teachers affect policy change. Teachers who are informed about policy and the factors that have influenced it in the past, are in a stronger position to influence the future directions and features of policy as it develops and evolves. Effective teachers are ‘change agents’ who continually explore ways of achieving better outcomes for students.

**Description**

*The Rights of Individuals*

Papua New Guinea is a country that is made up of a huge variety of rich and highly varied cultures. PNG is immensely proud of its cultural diversity and the individual differences of each cultural group are celebrated frequently and prominently. The constitution of Papua New Guinea emphasizes the individuality of each person and their community, declaring that:

- *respect for the dignity of the individual and community*
- *interdependence are basic principles of our society*

and that

- *we guard with our lives our national identity, integrity and self respect*


While this acknowledgement of individual rights and dignity is clearly intended in the PNG constitution to extend to all people with disabilities in PNG, not all individuals, communities and organizations in PNG have yet responded fully to this benevolent view. Special education resource centre personnel and community-based rehabilitation workers consistently report from many areas of PNG that people of all ages with disabilities, and other special needs, are often treated in discriminatory ways. For example, while all PNG communities contain a proportion of children with significant disabilities, the numbers of students with such disabilities actually attending local schools, remains low. It is clear that, for one reason or another, many children with significant disabilities in PNG still do not attend school.

**Research and practical activity**

*Conduct a class debate with the following topic or a similar topic: ‘Children with disabilities should attend school’*

Examination of most cultures throughout the world reveals a history of people with disabilities being denied access to the opportunities that people with disabilities have usually been able to take for granted. In the worst cases, people with disabilities have been actively discriminated against, despised, discarded, even executed in the very worst cases (*e.g.*, Germany during the Nazi regime). A life of begging and poverty has been a common situation for people with disabilities in most cultures throughout history, and even continues today in many developing and more developed countries. In other cases, people with disabilities have been treated with kindness, regarded fondly by their families and communities but, nevertheless, denied access to the opportunities (such as work, status, love, marriage, independence, authority, normal interactions and conversations, privacy).
that people without disabilities usually have some access to. In such communities, people with disabilities have often been treated as children, even well into their adulthood; an attitude that may be meant well but which is demeaning for the person with the disability.

During the 20th century, most developed nations introduced extensive social services, such as universal education and health systems, and measures to reduce poverty and hunger. These nations typically responded to the needs of people with disabilities by targeting their disabilities. Many very significant breakthroughs in treatment of disabilities and medical prevention of disability occurred throughout the 20th century. Such improvements continue into the present era and are now increasingly available in developing countries as treatment costs fall and education systems and communications also improve.

One consequence of the growth in social services that occurred in developed countries during the 20th century was the construction of special facilities for people with disabilities. Such institutions usually focused on just one category of disability, so this era saw the establishment of ‘institutes for the blind’, ‘institutes of the deaf’, ‘spastic societies’, ‘crippled children’s associations’, ‘special’ homes for people with intellectual disability, homes for people with mental illness, and so on. This era also produced the term special education and spawned a large variety of special schools for children with different categories of disability. Such schools usually catered only for students with one particular category of disability and the students were segregated from other children with other categories of disability and from children without disabilities.

In the current era, authors and practitioners tend to be critical of the segregation of people with disabilities into special institutions and students with special needs into special schools and special classes. Such practices have been called society’s attempt to get people with disabilities ‘out of sight and out of mind’. However, while there have certainly been attempts by some members of society to shut people with disabilities away from the public view and to protect regular schools from children with disabilities, most special institutions and special schools were actually established with much more benevolent intent. The underlying philosophy tended to be to place people and children with disabilities where they could be protected from regular society and regular schools, where they could receive the special treatment that they needed and where they could relate to, and communicate with, their own kind.

Even though the original intentions were usually benevolent, people with disabilities, special educators, rehabilitation workers and others who work with people with disabilities, now reject segregated models of treatment and care in disability. They argue that there needs to be a balance between appropriate care and freedom. Modern practitioners use the principle of normalization to guide the design and establishment of new systems and facilities. The principle of normalization (Nirje, 1970) expresses the belief that people with disabilities are entitled to live as normal a lifestyle as possible in their community (Foreman, 2001) and that all special services should be aimed at achievement of this outcome. The principle of normalization does not imply that people with disabilities should not receive special services or treatment; rather, it implies that special services should never restrict access to freedom, independence and a normal lifestyle but that they should always
be aimed at opening up opportunities for people with disabilities to gain access to all of the opportunities that people without disabilities have.

A typical example of how governments have responded to the principle of normalization and increased advocacy on the part of people with disabilities, is the Australian Government’s statement of directions for services for people with disabilities, announced in 1985 (Australian Commonwealth Office of Disability, 1985). This statement declared seven principles to guide improvement of services for people with disabilities:

- **People with disabilities are individuals who have the right to respect, human worth and dignity**

- **Whatever the origin, nature, type or degree of their disability, people with disabilities have the same fundamental rights as all other members of society**
  People with disabilities should have the same rights to privacy, social justice, freedom of choice, freedom of expression and all other human rights that members of a free and democratic society should expect.

- **Every person with a disability has the same rights as other members of society to realize their individual capacity for physical, social, emotional and intellectual development**
  Children with disabilities have the same right to take risks, make mistakes, have restrictions and protection gradually removed, and to participate fully in community activities, as other children. Overprotection restricts opportunities, increases dependence and keeps alive the attitude that they would be in danger if allowed to face the challenges of life.

- **People with disabilities have the same right as other members of society to services which will support attainment of an acceptable quality of life**
• **People with disabilities have the same right as other members of society to participate in the decisions that affect their lives**

It is often assumed that people with disabilities, especially intellectual disability, are not capable of making decisions and that they should be protected from mistakes and risks. This assumption is wrong. People with disabilities need to be taught how to make decisions and express choices, and supported to make such decisions.

• **People with disabilities have the same right as other members of society to the least restrictive services that are available**

People with disabilities should not have their freedom restricted by too much support or too little support. For example, a child should not be placed in a special school or class if they can be supported in a regular school or class. On the other hand, a child should not have their education restricted by not being allowed to attend school.

• **People with disabilities have the same right to protest or complain about services as any other member of society**

Sometimes people resent people with disabilities complaining about inappropriate treatment, saying that `they should be grateful that they get any support at all’. In fact, all members of society have the right to expect services to be satisfactory and to complain if they are not. People with disabilities should appreciate satisfactory services and complain about unsatisfactory services, just like other members of society.

---

**Practical activity**

In groups of four or five, discuss the story of Niaga and Gusa. Use the questions that follow to guide your discussion:

**Niaga and Gusa**

Niaga has an intellectual disability that makes it hard for her to learn many things. She can learn but she learns slowly and needs to repeat procedures with some help from her sister many times before she can perform the task independently and reliably. Her sister, Gusa, is kind and helps Niaga at home and at school. Sometimes, Gusa is too kind. She doesn’t show Niaga how to do things that are risky or that might lead to Niaga making embarrassing mistakes. Unfortunately, that means that Niaga is not learning how to cook or how to fish from the canoe, because Gusa and her parents are worried that Niaga might burn herself or sink the canoe. At school, Gusa keeps Niaga away from some other children who she thinks might make fun of her, and, in class, she always fixes up Niaga’s mistakes so that the other children don’t laugh.

How is Niaga’s development being restricted by her treatment?
Is Niaga’s treatment limiting her future quality of life?
What could you advise Gusa and her parents to do?
Should Niaga complain about how she is treated?
The Inclusive Education Policy of Papua New Guinea

The Constitution of Papua New Guinea reflects principles of social justice and equity, declaring that respect for the dignity of the individual and community interdependence are basic principles of our society (Constitution of the Independent State of Papua New Guinea – Preamble). Unlike many other countries, the Government of PNG has extended the fundamental principle of equal opportunity into the realm of special education, declaring in the National Department of Education Special Education Policy and Guidelines (NDOE, 1993, p.21) the following goals:

- The Constitution upholds the right of every child to basic education. Therefore the State will promote equality of access to relevant, quality education for all students.

- Children with special needs have a right to an educational program suitable to their needs. Special education shall aim to develop the maximum potential of every child with special needs, enabling self-reliance and a full and happy life as far as possible in an integrated setting in the company of a normal range of children of the community.

- The specific objectives of special education shall be the development of learning competencies and the nurturing of values, which will help learners with special needs to become useful and effective members of society.

- The long-term goal of special education shall be integration or mainstreaming of children with special needs into the normal school system and into the community.

- To promote the above goals and objectives, special education needs shall be included in all forward educational planning.

PNG’s special education policy is not just a general statement of intent. It contains a substantial amount of detailed, practical information and objectives, which serve to guide implementation of the policy. These include (in summary):

- **Definition and scope**
  The policy covers all students with disabilities (physical, intellectual, behavioural or sensory) who require educational modifications. It does not extend to students who are gifted. The policy applies to all levels of education in PNG, including higher education.

- **Teacher preparation**
  All pre-service teacher training should include training in special education. In-service training in special education will be made available through special education resource centres, teachers colleges and provincial education offices. All teachers will be expected to attend in-service training in special education. Special education resource centres will support teachers and schools in the delivery of special education.
• **Special education resource centres**
Special education resource centres will support schools in integration, inclusion and general special education requirements. Special education resource centres will replace their previous role as separate special schools with their new role in supporting schools and communities. Provincial education offices will form teams to support schools in special education.

• **Assessment of children**
Schools will conduct screening and other assessment procedures, to identify students with special educational needs, with the assistance of special education resource centre personnel.

• **Enrolment and organization**
Special educational assistance will commence as early as possible. All schools will enroll children and youths with special educational needs. While some students may attend bridging programs in special classes or special education resource centres, all children should live with their families and attend their local school.

A maximum of 3 students with a severe disability may be enrolled in any one class at a time. Promotion of students with disabilities should follow the promotion policy for all students unless special circumstances prevent this.

• **Curriculum and instruction**
Students with special needs will usually follow the regular curriculum. Instruction will always be modified to accommodate students with special needs. Students will follow a modified or alternative curriculum only when absolutely necessary for the student’s development.

• **Administration and funding**
School funding, design of new school buildings, provincial and national developments in education, collaboration between government departments and other agencies and school administration must support implementation of the special education policy in all respects.

**Benefits of Inclusion**

Rather than a few students being seen to have ‘special’ needs, schools must regard all students’ needs as part of the fabric of human experience and must become open, inclusive and responsive institutions which celebrate rather than eliminate human difference.


Papua New Guinea is a large country with a high proportion of schools distributed across remote areas. Most schools are not located near large towns or other centres and most communities do not have ready access to large centres that would allow daily travel to
those centres. Many students travel large distances each day just to attend their local school and many students reside with other family members so that they gain easier access to their nearest school. In PNG, if funds and expertise in special education were allocated primarily to segregated special schools or special classes in regular schools, most students with disabilities would not be able to access these special facilities. The only way that PNG can provide special education support on an equitable basis to students across the nation is by adopting an inclusive education policy. By supporting schools to deliver special education and by expecting all schools to fulfill this obligation, most students with disabilities in PNG can gain some assistance.

PNG’s inclusive education policy does not abandon all segregated options. It is intended that special education resource centres will continue to provide special classes as some students with disabilities bridge between home and school and it is accepted that a very few students, with the most severe disabilities, will not attend regular schools. It is also intended that in some exceptional cases, special classes will need to be established in regular schools to serve the needs of students from several other school areas. Examples of this include classes for deaf students who need to learn to communicate with sign language, and blind students, who need to learn Braille. In any case, it is intended that students should not lose touch with their local school community and that all efforts should be employed for these students to interact with their local school community.

Most developed nations are in the process of replacing their segregated special schools and units with more inclusive approaches. In most cases this step is not being taken because of geographical circumstances; it is being taken because of the many benefits that inclusive education has to offer schools, students with disabilities and other students. The potential benefits of an inclusive special education policy are:

- Travel time and costs are reduced as students attend their local school
- Social and cultural ties are strengthened as students attend school with the students from their own, local community
- Students with disabilities learn important life skills by interacting and communicating with students without disabilities that help them as they grow up in their community
- Students without disabilities learn how to relate to students with disabilities and become more knowledgeable about them
- Students without disabilities gain status and skills when asked to assist students with disabilities
- Students with disabilities learn a greater variety of academic skills by being in a regular class instead of the narrower curriculum of a special class
- Students with disabilities are better able to develop as a ‘whole person’ in a regular school instead of in a special school where their disability is focused on and emphasized
- By teaching students with disabilities, teachers become more skilled in adapting their instruction to meet different needs, and are able to better meet the needs of more students
• Regular schools have higher expectations of academic performance and behaviour than is the case in special schools, leading to higher levels of performance in students with disabilities
• Communities learn to be more accepting and tolerant of disability and other differences and become proud of the achievements that their members with disabilities, with the help of the community, make.

**Research**

Identify five challenges that a teacher may have in teaching students with disabilities in a regular class. State what the challenges are, how they are challenging and what action that you, as the teacher, could take to meet these challenges.

**References**


Module 1  Introduction

Topic 4:  Support services

Planned hours:  2 lectures (1 hour presentation & 1 hour student activities)
               1 hour student research & study

Introduction
Under the inclusive special education policy of Papua New Guinea, children with disabilities and other special educational needs are expected to attend their local, regular schools at all levels of education (i.e., elementary, primary, high school). All schools are expected to enroll the students with special needs in their local community. PNG has a network of special education resource centres to assist schools in their provision of special education. In most cases, this involves assistance with identification of needs, joint development of instructional programs and assistance in development or procurement of materials and equipment. In some cases, special education resource centres also provide special bridging classes or programs for students with more severe disabilities, and special programs for students who cannot attend school due to a very severe disability.

What will students learn in this topic?
- Students will find out what support services are available in PNG
- Students will examine the roles of existing support services
- Students will explore ways of accessing and utilizing support
- Students will investigate the operation of a special education resource centre

How is Support Services linked to other topics in Module 1 Introduction?
Topic 4 Support Services examines the support services that are available to schools under the PNG special education policy (Topic 3 Rights and Policies). The role of support personnel is further explored in Module 2 Topic 1 Screening and Topic 2 Individualized Planning.

Rationale
Inclusive special education is the only practical model for most students with mild disabilities. Inclusive education generally offers many benefits to teachers and students. Inclusive education is probably the only practical model for Papua New Guinea, in any case, due to the unique geographical circumstances of PNG. Nevertheless, inclusive education is challenging and demanding, and most teachers find it difficult from time to time. Schools and teachers are able to deliver inclusive special education much more easily and effectively if they receive additional support. In PNG, support is available to many schools through special education resource centres. Teachers need to learn how to access and best utilize the resources and personnel offered by the resource centres.
Class discussion

What general support do teachers in schools get?
Who gives this support?
What special education support do you know about?
What support do you think a teacher would need?
What people in the community and school can a teacher ask to assist or provide support? (e.g., volunteers, parents, other students, clinics, local businesses)
What sort of assistance would you ask community members to provide?

Description

Service Providers

Services available to communities and schools in Papua New Guinea include government departments, namely the Departments of Education, Health and Social Welfare and non-government agencies, such as Callan Services, Red Cross, St John Association for the Blind, and some independent agencies that utilize funding from international sources such as Christoffel-Blindenmission and Friends of the Disabled Association (FODA).

Implementation of the PNG Special Education Policy in 1994 involved an agreement between some non-government agencies and the National Department of Education to jointly provide special education resource centre services. From that time on, the department of Education has funded the salaries of teaching staff in the resource centres while the centres have gained non-government funding for their other services, and for their buildings and other facilities.

In 2002 there are 11 special education resource centres, with a total of 43 NDOE-funded teaching staff. The centres have about the same number of other staff who provide community-based rehabilitation and other services to their communities. While NDOE also assists provincial education offices in their delivery of additional special education support, the special education resource centres are the major service funded by NDOE and they are the major special education service provider to schools in PNG. Callan Services is the largest non-government special education and community-based rehabilitation provider, supporting schools and communities through its special education resource centres in Wewak, Mt Hagen, Goroka, Rabaul, Kiunga, Buka and Mendi.

Practical activity

Invite a special education resource centre teacher to discuss the centre with students. Ask the teacher to describe the ways in which the centre operates, who it supports and how teachers can access assistance from a centre. Allow time for questions and ensure that the students engage fully in the discussion.
The National Department of Education Special Education Unit is located at:

National Department of Education  
Special Education Unit  
PSA Haus  
PO Box 446 Waigani  
National Capital District

The national unit provides administrative, teacher staffing and resource support to special education resource centres, assists in NDOE curriculum development and assists teachers colleges, elementary training and secondary teacher training institutions in pre-service and in-service training in special education. The unit also supports provincial education offices in development of support services and in-service teacher training activities.

**Provincial Education Offices**

It is envisaged in the National Special Education Plan (National Department of Education, 1993) that provincial offices of the National Department of Education will develop special education teams to support the schools of each province. Provincial offices will work collaboratively with special education resource centres, and it is also envisaged that each province will have a special education resource centre. In 2002 there are resource centres in 10 provinces. Some provincial offices have employed additional personnel to work in schools as special support teachers (e.g., Morobe Province) or to administer and develop special education within the province (e.g., Manus Province and Enga Province). Most provincial offices are already involved in special education in-service training of teachers, and many provinces have funded school or resource centre personnel to attend specialist courses in special education.

**Special Education Resource Centres**

In 2002 there are 11 special education resource centres in 10 provinces. All centres were established by non-government organizations. Some centres have evolved into resource centres from a previous role as a special school but the newer resource centres have been developed specifically as special education resource centres and community-based rehabilitation centres. All centres provide clinical services and all centres provide direct support to schools. Some centres continue to operate segregated classes but this model is increasingly regarded as a temporary, bridging arrangement to prepare students for school. All centres provide support to children whose disabilities prevent them from attending school. These services are called community-based rehabilitation and usually involve provision of therapy, medical or clinical support, advice and guidance for parents and communities and awareness raising.

The teaching staff in special education resource centres are funded by the National Department of Education. Other centre staff are funded by non-government agencies and the buildings and other services are also provided by non-government agencies. Consequently, the centres are jointly managed by non-government agencies and the Department of Education. The shared management arrangement works efficiently and in all
centres, the NDOE staff and the non-NDOE staff share their workload to some extent. The roles of the special education resource centres are:

i. To develop and deliver special educational support to individual students and their teachers, through materials and program development, program trialling and monitoring, and direct support to the student’s teacher.

ii. To develop and deliver in-service special education programs and materials for schools and teachers.

iii. To assist schools, through training and demonstration, to conduct screening and assessment procedures to identify students with special educational needs. 

   *Special education resource centres should only engage in medical screening activities where hospital, clinic or other medical services are unavailable.*

   *Special education resource centres should also ensure that screening activities are always tied directly to follow-up support, or interim measures if follow-up support is not immediately available.*

iv. To establish early intervention and/or home-to-school bridging programs for children and youths with special educational needs.

v. To provide home-based or centre-based educational and vocational educational programs for children and youths with very severe disabilities who cannot attend school.

vi. To assist schools with establishment and development of integrated special education resource services e.g., *integrated deaf unit; school resource teacher.*

vii. To provide educational assistance to students who are long-term patients in hospital.

viii. To liaise with the Measurement Services Unit, National Department of Education in relation to the national examination preparations for students with special needs enrolled in regular schools.

ix. To arrange referrals to hospital or other clinical services for children and youths who require medical assessment, diagnosis, therapy, treatment or other medical services.

x. To assist teacher training institutions with teacher training through identification and introduction to inclusive special education practicum sites or services, and provision of specialist advice to lecturers and trainee teachers.
xi. To ensure ongoing professional development of special education resource centre personnel.

xii. To conduct and participate in action research and ongoing service evaluation.

xiii. To network with other services and agencies with implications for education and welfare of students with special needs and special education resource centre personnel.

The roles of NDOE-funded teachers in special education resource centres are:

i. To develop and implement inclusive special education programs and materials to individual students and their teachers through
   • assisting the teacher with individualized education program (IEP) development
   • assisting the teacher with materials development
   • trialling and demonstrating IEP implementation
   • assisting the teacher to assume IEP implementation
   • assisting the teacher and school with program monitoring.

ii. To develop and deliver in-service special education programs and materials for schools and teachers.

iii. To assist schools, through training and demonstration, to conduct screening and assessment procedures to identify students with special educational needs.

iv. To design and implement early intervention and/or home-to-school bridging programs for children and youths with very severe disabilities.

v. To design and implement home-based or centre-based educational and vocational educational programs for children and youths with very severe disabilities who cannot attend school.

vi. To provide educational assistance to students who are long-term patients in hospital.

vii. To liaise with the Measurement Services Unit, National Department of Education in relation to national examination preparations for students with special needs enrolled in regular schools.

viii. To arrange referrals to hospital or other clinical services for children and youths who require medical assessment, diagnosis, therapy, treatment or other medical services.

ix. To assist teacher training institutions with teacher training through identification and introduction to inclusive special education practicum sites or services, and provision of specialist advice to lecturers and trainee teachers.
x. To engage in ongoing professional and career development.

xi. To support the special education resource centre in its general services to schools and communities by working collaboratively with community-based rehabilitation workers and other special education resource centre personnel, and engaging in all quality improvement activities.

Research and practical activity

Visit the nearest special education resource centre. Observe the clients, equipment and materials at the centre. Discuss the roles of the centre with centre personnel.

Investigate:
- Who are the clients of the centre?
- How many clients attend schools?
- What sort of disabilities do the clients have?
- How does the centre assist schools and teachers?
- What roles do centre personnel have?
- What materials does the centre have and use?
- What equipment is available at the centre?

Observe:
- Meet some clients and work with them under the guidance of centre personnel.
- Arrange to observe centre clients in schools.
- Find out about the ways in which centre personnel work with teachers and the ways that teachers like to be helped.

The special education resource centres are:

Red Cross Special Education Resource Centre
PO Box 6545 Boroko  National Capital District  Ph: 325 1374  Fx: 325 9714
The Red Cross SERC evolved from a facility for children with physical disabilities prior to 1965, when it was taken up by the newly-established PNG Red Cross Society. The centre moved to its present site at Hohola in 1978. The centre is the larger of two centres in Port Moresby. The centre has 3 NDOE teachers and 7 other personnel, and provides bridging classes as well as school-based services and community-based rehabilitation. The centre is funded by the Red Cross Society.

St John Association for the Blind
PO Box 6706 Boroko  National Capital District  Ph: 325 1238  Fx: 325 4637
The St John centre commenced operation in 1979 as a social club but has evolved into a resource centre, which continues to mainly support blind students. Students with other disabilities in NCD are generally assisted by Red Cross or other non-government providers. The centre has two NDOE-funded personnel and one other worker, and provides
community-based and school-based services. The centre is funded by several Port Moresby-based independent organizations, including the Friends of St John.

**Morobe Special Education Resource Centre**
PO Box 946 Lae  Morobe Province  Ph: 472 2089  Fx: 472 4250
Morobe Centre was established as PNG Mentally Retarded Children’s Association in 1969 by parents. The name was changed in 1980 and the centre has evolved from a segregated special school into a special education resource centre. The centre has 4 NDOE-funded teachers and 7 other personnel. The centre operates bridging classes, clinical services, school-based services and community-based rehabilitation. The centre is funded by independent agencies, primarily Christoffel-Blindenmission.

**Madang Creative Self Help Centre**
PO Box 891 Madang  Madang Province  Ph: 852 3310  Fx: 852 3239
The centre began in 1978 as a prevocational workshop to assist people with disabilities to move from hospital to community life but evolved into a comprehensive service for people with disabilities of all ages. The centre has four NDOE-funded teachers and nine other personnel. The centre operates school-based services, community-based rehabilitation and bridging classes. Funding for the centre comes from a variety of sources, including Madang businesses and other organizations, but the major funding provider is Christoffel-Blindenmission.

**Callan Services**
Callan Services oversees 7 special education resource centres. All are comprehensive services, offering school-based support, community-based rehabilitation services and some bridging programs. Callan Services also provides a range of published materials and runs and extensive schedule of training programs in special education and community-based rehabilitation. The Mount Sion Centre also provides PNG-wide support to students who are blind or have a vision impairment. Callan Services is a Christian Brothers agency of the Catholic Church but receives funding from other sources, primarily Christoffel-Blindenmission. The Callan Services administrative centre is in Wewak.

**Mt Sion Centre for the Blind**
PO Box 1068 Goroka  Eastern Highlands Province  Ph: 732 2850  Fx: 732 3189

**Callan Services – Wewak**
PO Box 542 Wewak  East Sepik Province  Ph: 856 1081  Fx: 856 2924

**Callan Services – Rabaul**
PO Box 1238 Rabaul  East New Britain Province  Ph: 982 9738  Fx: 982 9738

**Callan Services – Mt Hagen**
PO Box 1191 Mt Hagen  Western Highlands Province  Ph: 542 2735  Fx: 542 3042

**Callan Services – Kiunga**
PO Box 42 Kiunga  Western Province  Ph: 548 1304*
Callan Services – Buka
PO Box 85 Buka  North Solomons Province  Ph: 973 9058*

Callan Services – Mendi
PO Box 69 Mendi  Southern Highlands Province  Ph: 549 1102*

* These are new services so the phone numbers are likely to change

Other Assistance
The Department of Health provides services such as immunization against serious disease, early identification of disability, surgical correction and some physical therapy services. The Department of Health also provides some rehabilitation and housing services. The Department runs extensive awareness and prevention programs.

The Department of Social Welfare assists with housing for families who have a child or adult with a disability.

Non-government organizations that are also able to assist children with disabilities and their families include:

National Board for Disabled Persons
PO Box 7501 Boroko  National Capital District  Ph: 325 4087

Cheshire Homes
PO Box 1306 Boroko  National Capital District  Ph: 325 5937

Accessing and Utilizing Support
The school and the teacher are responsible for the education and welfare of each student with a disability. It is the responsibility of each school to identify those students who have special needs and to arrange for any special support that may be required. In most cases, the teacher gains assistance from other students who act as helpers and peer tutors, the principal and other teachers who can provide assistance with materials and advice, and community members, who can make special equipment and provide materials. Teachers should always investigate what resources are available in the classroom, the school and the local community.

Schools may seek assistance from the local special education resource centre. The centre can assist the school in identifying students who need assistance, advising on special techniques, supplying materials and equipment, obtaining other specialist advice or support, and monitoring students’ progress over time.
Once a student has been identified as requiring special support, and it has been decided that support from the special education resource centre is also required, there are a number of steps that the teacher should take:

1. Ask the principal to seek assistance from the special education resource centre and to ask the student’s parents to agree to this step being taken.

2. Investigate all other resources that may be available, such as other students to help, parents, other community members, and colleague teachers.

3. Once resource centre support arrives, ask the resource centre teacher to assess the student. When assessment is complete, ask the resource centre teacher to advise on what needs to be done with the student.

4. Ask the resource centre teacher to demonstrate any special techniques or instructional requirements, and to show how special equipment or materials can be made or obtained.

5. Work out a plan for the student with the resource centre teacher and the student’s parents. The plan should list the main targets and any special actions that will be taken. The plan should include the role of the resource centre teacher.

6. Ask the resource centre teacher to demonstrate any special techniques until they are familiar and understood. This may take a few weeks.

7. Ask the resource centre teacher to check the student’s progress from time to time. A check during each school term will be adequate in most cases but some students will require much more input from the resource centre teacher.

8. Review the student’s plan with the parents and the resource centre teacher at least twice each year.

References