



Spark



# With Children in the **MIDDLE!**

**M**ainstreaming and **I**nclusion of children  
with **D**evelopmental **D**isabilities in **L**earning  
in **E**thiopia

A Training Programme for Teachers in Ethiopian  
Regular Primary Schools and Kindergartens  
(Refresher's Course Guide)

in partnership with:



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# PART A (ALL TRAINEES)

## Introduction

Start the refresher day by reminding participants that they are there to remind themselves of key contents of the course done earlier in the year, on children with developmental disabilities, how to understand and address their needs, teach them in the best possible way and keep them safe in their schools.

Then, spend on average 30-45 minutes discussing each of the sessions below. For each session, you can start with questions that can help participants brainstorm, remember and discuss the key messages, then help them with what they forgot using the key messages (and additional notes) below.

## Session 1

**Question A: Do you remember what developmental disabilities are and what they are not?**

**Key point:** Developmental disabilities are delays or differences in child development that can impact day-to-day functioning, cognition, behaviour, and communication.

### **Additional notes:**

- Child development is the process of growing and acquiring new skills (for example, walking and grasping objects, communicating, playing, and interacting with others). All children are different and develop at different paces, but all typically developing children acquire skills approximately around the same age.
- Children with developmental disabilities acquire some skills much later than other children, or do not acquire them.
- Examples of developmental disabilities are autism, intellectual disabilities, attention-deficit hyperactivity disorder and communication disabilities.
- The precise causes of developmental disabilities are unknown, but we know from science and research is that they are a disability and could happen to anyone. They are not punishments, curses, or evil spirits and are not caused by life experiences such as bad parenting.
- Developmental disabilities are not diseases, but conditions: people with developmental disabilities need to be accepted as people that behave differently and are not contagious.

**Question B: Why are we striving to include them in schools?**

**Key point:** Children with developmental disabilities have a right to education and to be loved and cared for and not be discriminated against with words or actions.

### **Additional notes:**

- Children with developmental disabilities have some difficulties learning and tend to learn more slowly than other children, but they have the capacity to learn practical skills as well as academic subjects and to become productive members of the society with the appropriate support.
- Children with developmental disabilities need as much love and patience as other children and they have a right to quality education and the right to be

treated equally as others and not be discriminated against. By Ethiopian law, they also have the right to attend any government schools, and principals cannot decide to reject them.

### **Question C: How can teachers promote inclusion among peers?**

**Key point:** You can promote inclusion among peers by raising awareness, teaching positive behaviour, supporting inclusive extracurricular activities, training peer “buddies”, and being a role model.

#### **Additional notes:**

- While “developmental disabilities” is considered an appropriate term, “mental retardation”, “deficiency”, “cretinism”, “handicap” and “abnormality” are considered discriminatory
- Raise their awareness on the fact that all people have strengths and weaknesses, many may have various kinds of difficulties and all deserve to be respected and included.
- At a time when any children with disabilities are not in the class, explain some of their needs, in a way that helps children understand and does not emphasise difficulties. For example, “Tizita may need a bit more time to learn things” rather than “Tizita has learns slowly”.
- Support extracurricular activities such as inclusion clubs and awareness raising mini-media programmes.
- Use role play of social situations and group work to actively promote children’s interaction and facilitate inclusion.
- Give children roles and responsibilities to care for a child with developmental disabilities and promote their inclusion (“guardian angels”, “mentors” or “buddies”)
- Be a role model, show patience and love towards children with developmental disabilities and trust them with small responsibilities.

## **Session 2**

### **Question A: Do you remember what difficulties and needs children with developmental disabilities can have?**

**Key point:** Children with developmental disabilities can have difficulties in cognition, attention, practical skills, social behaviour, and communication, can display behavioural challenges, sensory sensitivity needs and needs for structure and predictability, and they can need environmental, teaching, and other adaptations.

#### **Additional notes:**

- Children with developmental disabilities can have a variety of difficulties and needs and one child with developmental disabilities is never the same of another, just like no child or person in general is ever the same of another.

### **Question B: How can you know when you address the needs of a child with developmental disabilities?**

**Key Point:** Assessing the difficulties and strengths of children with developmental disabilities helps address their needs effectively, often preventing crises caused by unmet needs.

**Additional notes:**

- A few repeated observations at the start of each academic year in class and recreation settings, both in natural situations and when asking children to complete specific tasks (write, draw, play with a ball, academic tasks at different levels)
- Communication with children and caregivers.

**Question C: How can you identify the concerns in child with developmental disability and how do you refer them?**

**Key Point:** Refer the caregiver to a health centre for further evaluation when identifying potential developmental concerns in undiagnosed children and describe your concerns accurately and objectively.

**Additional notes:**

- Use the form provided
- Try to think about what difficulties and peculiar behaviours the child has, compared to other children.
- Cross all areas of the checklist in which you have noticed potential concerns.
- Don't worry about getting it "wrong": you are not supposed to be certain!
- Take a few minutes to provide context and clarifications in the given box: you know the child in a way that may be very helpful to the health worker.
- Avoid discriminatory language and try to describe rather than writing general judgements (rule of thumb: avoid the verb "to be", use activity verbs instead).
- Leave the form for the health worker attached to your own.
- When you give the form to the caregiver, explain your concerns with compassion, ask what they have noticed and what their plan is, let them know that yours is not a definite diagnosis and that a diagnosis from a health professional may help teachers to address the child's needs at school.

### Session 3

**Question A: Why do we need curriculum adaptations?**

**Key point:** All children have different interests, learning abilities, and understanding levels and may require adaptations in the curriculum, teaching methods and assessments.

**Additional notes:**

- Adapting the curriculum and teaching method means teaching in a way that gives all children an opportunity to learn.
- It involves selecting content, presenting it and promoting learning of it in a way that makes the content accessible to all children.

**Question B: What are easy-to-implement strategies to adapt the curriculum and teaching for learners?**

**Key point:** Most children's needs can be addressed by presenting content to the whole class at multiple levels and using different interactive methods and various materials.

**Additional notes:**

- In a regular class, you do not need to make adaptations for each individual child's needs.
- Knowing the individual needs of children with disabilities is helpful to make sure that your planned adaptations also meet their special needs.
- You can engage children's attention and promote their learning by using multiple teaching methods and activities.
- You can address the difference in children's academic levels by trying to present content at multiple levels and ensuring that children know what the key pieces of information to know and key skills to have are.
- You can adapt your communication by:
  - Not talking with your back to the class
  - Talking clearly using simple words
  - Using concrete day/to/day examples
  - Using one-step instructions
  - Promoting peer support and mediation

**Question C: How assessment adaptations can you make?**

**Key point:** Assessments can be flexible in the way answers are given, time available and amount of content tested at each assessment.

**Additional notes:**

- Allowing responses orally instead of in writing
- Dividing tasks/assignments into parts given one at a time
- Giving additional time to complete assessments when needed.
- Administering group assessments as well as individual
- Giving frequent quizzes (every other day, weekly) on specified topics instead of one long unit test
- Lesson plans are helpful to plan for adaptations.
- Concrete resources are very helpful to engage children with developmental disabilities and all children and promote their learning and can often be made from simple available materials.

## Session 4

**Question A: What are behavioural challenges?**

**Key point:** A behavioural challenge is any behaviour that stops a child from being with other people, learning new skills, or is harmful for her/him or others.

**Additional notes:**

- All children show challenging behaviour.
- Every child is different, but some examples are crying, screaming, moving fast and running around, moving or producing sounds, or in some cases becoming aggressive towards others or themselves (for example biting, banging their heads, etc.).

**Question B: What comes to mind when hearing the following statement?:  
Behavioural challenges always have a reason**

**Key point:** Behavioural challenges in children can be used as communication and always have a reason, such as discomfort, the need for attention or control, and desired objects or activities, which can be addressed by keeping these needs addressed and teaching alternative communication methods.

**Additional notes:**

- Possible reasons include a discomfort the child cannot communicate (frustration, sensory over or under stimulation, unexpected change, boredom, hunger, pain, etc.) and wanting attention, control, or a preferred object or activity.
- It is important to notice newly arising challenging behaviour, as they may be signaling new situations of discomfort such as illness or anxiety.
- Strategies to limit challenging behaviour due to discomfort are limiting the discomfort (appropriate structure, stimulation, task level) and teaching children alternative ways to communicate it (images, gestures).
- Strategies to limit challenging behaviour due to wanting attention, control (choice), objects, activities involve giving more regular access to these.
- However, giving the child's the attention, control, object or activity they want during or immediately after the challenging behaviour reinforces the behaviour (that is, makes it more frequent).

**Question C: What other strategies can you use to encourage positive behaviour?**

**Key point:** Other useful strategies are implementing few clear and positively-phrased class rules and utilising appropriate consequences and rewards, but never corporal punishment.

**Additional notes:**

- Other strategies to limit challenging behaviour include calming the child after initial signs of agitation (for example repetitive sounds, fast repetitive movements, becoming disengaged, looking around) and offering alternative behaviours (that is, behaviours that address the need or reduce discomfort but are not harmful or disruptive).
- Effective class rules are:
  - Limited in number
  - Specific and easy to understand
  - Focused on the positive
  - Visible
  - Taught and reiterated regularly
  - Linked to known consequences
- Consequences can be punishments and rewards.
- Corporal punishment is ineffective, harmful and illegal.
- Time-out strategies remove rewards and preferred activities from children and/or remove the children from a preferred situation. They must:
  - Be limited in time
  - Not deprive children of key learning opportunities

- Not give positive reinforcement
  - Not punish children for behaviours they cannot control
- Rewards are objects or activities that children enjoy that are used as reinforcement of desired behaviour. Verbal praises should be used as preferred rewards whenever possible, but other rewards may be more effective for more challenging situations.
  - Modifying what usually happens externally before the behaviour and/or what usually happens after can be the key to reducing the frequency of the behaviour.
  - If you identify and recognise signs that a child is agitated, you can help the child go back to a calm state and prevent challenging behaviour.

## Sessions 5 and 6

**Question A: What are some important things to be mindful of to keep children with developmental disabilities safe?**

**Key point:** Supervision, environmental adaptations, behavioural management, and teaching about dangers and sexual and reproductive health education can help protect children from potential harm and ensure their safety.

**Additional notes:**

- There are multiple safety concerns in each child's life.
- Children with developmental disabilities may be more vulnerable to some. They may have reduced awareness of dangers or reduced perception of pain, they may seek out sensory sensations through potentially harmful behaviours, or they may run away.
- Protecting the child:
  - Supervise them to be able to intervene.
  - Environment adaptations: hiding plugs, soft furnishings, removing dangerous items, etc.
  - Behavioural management.
  - Teach children about dangers and about sexual and reproductive health.
  - Contact-information cards or bracelet for children to return safely if they run away.
- What to avoid as a teacher:
  - Corporal punishment.
  - Giving medication, even when given by the caregiver.
  - Giving sweets and foods, unless checked with caregivers.
  - Being alone with only one child / Leaving a colleague alone with only one child.
- You can teach older children in primary school about possible dangers in day-to-day life through images and told and enacted social stories: crossing roads safely, recognising unsafe environments and harmful and abusive actions, knowing the risks of cigarettes, kchat, alcohol.



## **Question B: How can you teach sexual and reproductive health to children with developmental disabilities?**

**Key point:** Appropriate sexual and reproductive health education should start with teaching basic concepts relative to body parts, personal hygiene, private parts and behaviour, appropriate and inappropriate interpersonal behaviours.

### **Additional notes:**

- Children with developmental disabilities may be at increased risk of abuse due to their difficulty in social communication and desire to be socially accepted.
- Puberty can be a stressful and confusing time for adolescents with developmental disabilities and cause increased vulnerability.
- Parents should be the primary source of SRHE for their adolescents, but school provides important opportunities.
- All people have the right to receive knowledge about sexuality in a way that they can understand, obtain high standard sexual health care, marry, have children and pursue a satisfying, safe and pleasurable sexual life.
- The most important thing to adapt SHRE will be knowing the child. his/her unique world, and their perspective on sexual feeling and its management.
- Considerations and steps when teaching about body parts and sex are:
  - Teach body part names, that these parts belong to them and are part of them, and that they have functions.
  - You can start from basic body parts, then teach about genitalia and other private body parts.
  - You can teach about sex by demonstrating body parts unique to males and to females.
  - Use visual stimuli, best if 3D.
- Considerations and steps when teaching personal hygiene are:
  - Remind adolescents to clean their teeth, wash their hands, face, hair and bodies and wear clean clothes.
  - Teach adolescent girls about periods: what they look like and how to keep menstrual hygiene and use sanitary pads.
- Considerations and steps when teaching about private parts and places:
  - Teach that no body parts are “public” but some are more private: penis, vagina, mouth, buttocks and breasts.
  - Teach that some places are private, others are public: appropriate behaviours differ.
  - You can teach these concepts include told and enacted instructional stories and role plays.
- Considerations and steps when teaching about appropriate interpersonal behaviour:
  - Teach about boundaries, relationships, appropriate touch, communicating emotions, recognising other people’s emotions and intentions.
  - Teach them to behave appropriately and recognise inappropriate behaviour from others, including strangers and trusted circles.
  - Teaching about strangers and trusted circles is complex and needs to be taught consistently.

- Teach that people may have different intentions from the ones that they are making explicit.
- Teach children to report abuse, even when done by a trusted person that says to keep it a secret.

**Question C: What is the most important thing that you need to do if you witness, are told, or notice signs of neglect or abuse or if a child requires emergency health assistance?**

**Key point:** It is important that you always know who you must contact within the school and from external services (emergency health services) if you witness, are told, or notice signs of neglect or abuse or if a child requires emergency health assistance.

**Additional notes:**

- Safeguarding also involves recognising existing situations that harm or may harm the child and acting appropriately. Some may be directly observed, some may be reported to you and for others, you will need to check regularly and recognise the signs.
- Indirect signs may include deterioration of physical or emotional health, broken bones, bruises, bites, burns and scratches, being watchful, flinching, fearing a person or place, difficulty walking or sitting down, unexplained pregnancies and sexually transmitted diseases, exaggerate attachment to someone, unexpected knowledge about sex.
- Report suspected harmful situations even if you are not sure, using the school’s reporting system. Also ensure that all children know how to report.
- In case of emergency, immediately provide initial first-aid, ask a specific student to call the designated first-aid member of staff, and ask another specific student to call the local health clinic.
- Refresher of first-aid:

Incident	First Aid
Nosebleed	<ul style="list-style-type: none"> <li>• Child must lean forward slightly</li> <li>• Pinch the soft part of the nose 10-15m</li> <li>• Apply something cold</li> </ul>
Minor open wounds	<ul style="list-style-type: none"> <li>• Clean with soap and water</li> <li>• Cover with clothing</li> <li>• If bleeding, apply pressure</li> </ul>
Heavy bleeding wounds	<ul style="list-style-type: none"> <li>• Do not wash</li> <li>• Apply pressure with clothing</li> <li>• Seek help</li> </ul>
Wound with object inside	<ul style="list-style-type: none"> <li>• Do not remove</li> <li>• Seek help</li> </ul>
Burns	<ul style="list-style-type: none"> <li>• Keep under cold running water for at least 20 minutes</li> <li>• Do not apply ice</li> <li>• Seek help if severe</li> </ul>
Sprains, bumps, etc.	<ul style="list-style-type: none"> <li>• Apply wrapped ice or cold water up to 20m</li> <li>• Keep elevated</li> </ul>

Broken bones	<ul style="list-style-type: none"> <li>• Apply wrapped ice or cold water up to 20m</li> <li>• Do not move</li> <li>• Seek help</li> </ul>
Head injury	<ul style="list-style-type: none"> <li>• Apply wrapped ice or cold water up to 20m</li> <li>• Monitor for signs of concussion</li> <li>• Seek help if headache, dizziness, vomiting, or confusion occur</li> </ul>
Fainted, breathing normally	<ul style="list-style-type: none"> <li>• Lay child on the back</li> <li>• Elevate legs</li> <li>• Loosen tight clothing</li> <li>• Ensure there is fresh air</li> <li>• If lasts more than a few seconds, seek help</li> </ul>
Unresponsive, breathing with difficulty	<ul style="list-style-type: none"> <li>• Lay child on the side</li> <li>• Tilt head backwards</li> <li>• Loosen tight clothing</li> <li>• Ensure there is fresh air</li> <li>• Seek help</li> </ul>
Unresponsive, not breathing	<ul style="list-style-type: none"> <li>• Lay child on the back</li> <li>• 5 rescue breaths</li> <li>• 30 chest compressions (one hand)</li> <li>• Cycles of 2 rescue breaths + 30 compressions</li> <li>• Seek help</li> </ul>
Chocking	<ul style="list-style-type: none"> <li>• Don't give food or drinks</li> <li>• Encourage coughing</li> <li>• Up to 5 firm hits between shoulder blades</li> <li>• Heimlich maneuver: stand behind and press firmly above belly button</li> <li>• If object is dislodge but not out: seek help</li> <li>• If unconscious and not breathing: see above</li> </ul>
Asthma attack	<ul style="list-style-type: none"> <li>• Child must be upright</li> <li>• Reassure child</li> <li>• If available, use inhaler</li> <li>• Stay with child and monitor breathing</li> <li>• If lasts more than a few minutes, seek help</li> <li>• If unconscious and not breathing: see above</li> </ul>
Severe allergic reaction	<ul style="list-style-type: none"> <li>• Child must be upright</li> <li>• Reassure child</li> <li>• If available, use auto-injector</li> <li>• Stay with child and monitor breathing</li> <li>• If unconscious and not breathing: see above</li> <li>• Seek help</li> </ul>
Seizure*	<ul style="list-style-type: none"> <li>• Protect from injuries</li> <li>• Do not light matches</li> <li>• Do not restrain</li> <li>• Don't give food or drinks or put things in the mouth</li> <li>• If first seizure or lasts over 5 minutes, seek help</li> </ul>
Panic Attack**	<ul style="list-style-type: none"> <li>• Child can sit or lie down</li> <li>• Reassure the child</li> <li>• Slow deep breaths</li> <li>• If first time or in doubt, call medical emergency</li> </ul>

# PART B (KG and SNE teachers)

## Introduction

Spend on average 30-45 minutes discussing each of the sessions below. For each session, you can start with questions that can help participants brainstorm, remember and discuss the key messages, then help them with what they forgot using the key messages (and additional notes) below.

## Session 7

**Question A: What different types of developmental disabilities do you remember?**

**Key point:** Diagnoses of developmental disabilities include intellectual disability, autism, ADHD and language disabilities.

### Additional notes:

Diagnosis	Features
Autism	<ul style="list-style-type: none"><li>• Difficulties with communication and social skills</li><li>• Restricted fixed interests, repetitive behaviours, difficulties with change</li><li>• May also present challenging behaviours, intellectual and practical difficulties, specific sensory needs</li><li>• A minority may have a special talent</li></ul>
Intellectual Disability	<ul style="list-style-type: none"><li>• Delay (based on age) in cognitive skills</li><li>• Related difficulties in play and learning, social interaction and communication, motor skills</li></ul>
ADHD*	<ul style="list-style-type: none"><li>• Forgetfulness and difficulties in paying attention and keeping focus</li><li>• Excessive talking and moving, challenging behaviours, impulsivity</li></ul>
Language Delay	<ul style="list-style-type: none"><li>• Difficulties in communicating verbally in written and oral form</li><li>• Absence of intellectual difficulties</li></ul>

**Question B: Do you still need do assess needs if the child has a diagnosis? For what reasons?**

**Key point:** Diagnoses may not fully capture a child's needs, and children with the same diagnosis can have different requirements.

### Additional notes:

- Individualised needs assessment remains important because a diagnosis may be partial or inaccurate, and children with the same diagnosis may have different needs.
- The severity of a developmental disability also varies and affects children's needs and independence.
- It is helpful to divide children in the special unit by levels, to be able to teach each group skills that children in the group need the most and that they are able to learn.

- Existing difficulties and strengths, required support, priorities for the child and family, age, and learning potential are important factors to consider when grouping children across multiple levels in the special unit.

## Session 8

### Question A: What are routines?

**Key point:** Routines are activities which can be broken down into manageable steps that the child and adult do together regularly used to teach self-care, daily-living, vocational, and communication skills: they involve teaching one step at a time by showing it and naming it with a verbal label and providing the child with the appropriate level of support to imitate the step.

#### Additional notes:

- Routines are tasks made of multiple simple steps that the adult and child do together regularly.
- To plan a routine aimed at teaching a skill:
  - Break down the skill into manageable steps
  - Select the first step you want to teach (the first, the last, the easiest, the most motivating, depending on context)
  - Identify the action you will have to demonstrate and how to label it verbally (how to say what you are doing)
  - Use the form from your manual
- To teach a step:
  - Get the child's attention
  - Show the step and say the chosen verbal label
  - If the child does not imitate, repeat the verbal label
  - If the child needs more support, give help at the needed level (e.g. guiding the child's hands, either for a portion of the step or from start to finish)
  - Make sure not to give more support than the child needs
  - Reward the child with tokens, activities or praises

### Question B: What are some practical strategies we can use throughout the school day to encourage and expand communication opportunities for students with developmental disabilities?

**Key point:** Strategies to help children progress in their communication skills include observing and responding to the child's communication attempts, creating opportunities for communication, and expanding their vocabulary.

#### Additional notes:

- You can teach children to point, use gestures, make sounds or say words to communicate, according to their current communicative abilities.
- Children's own communication attempts are useful opportunities for demonstrating better ways to communicate. These attempts can include looking, pointing, producing sounds or words, taking and moving your hands, gesturing, and challenging behaviours.

- You can create opportunities for the child to communicate by placing preferred objects out of reach, giving a choice between two items, giving an item 3 or 4 times and then pausing, generating surprise.
- Expand the child's vocabulary by showing and naming items.

**Question C: What are some strategies for toilet training?**

**Key point:** Toilet training requires teaching a child how to communicate the need through words, gestures or visual aids and how to use the toilet, taught as a step-by-step routine that can be assisted by visual aids.

**Additional notes:**

- Teach children a regular toilet pattern by taking them to the toilet at specific times every day.
- Teach children to communicate when they need to use the toilet through pointing and saying and with the use of an image on the door and a toilet card
- Teach children to use the toilet by teaching them steps: walk to the toilet, trousers/skirt down, underpants down, sit on the toilet, pee/poop in the toilet, use toilet paper, underpants up, trousers up, flush toilet, wash hands, dry hands.
- You can also use visuals of the steps, ensure that children's clothes are easy to take off for toilet use and make the toilet a pleasant environment for the children
- It's important to always take children to the toilet when you understand that they need it, even if they don't communicate it appropriately.

## Session 9

**Question A: What is the purpose of documentation?**

**Key point:** By keeping organised documentation (IEPs, yearly/period plans, lesson plans), educators can make informed decisions, assess their teaching methods, and provide guidance for others.

**Additional notes:**

- Plans and documentation of your work can help to:
  - Make quicker informed decisions
  - Evaluate your teaching strategies
  - Ensure that others can follow in your footsteps

**Question B: How can we strengthen our IEP development process to ensure the plans reflect each student's unique profile and learning needs?**

**Key point:** Individualised Education Plans (IEPs) are based on assessments, collaborative discussions with families, and cover learning goals, objectives, and strategies tailored to each child's abilities and needs.

**Additional notes:**

- An IEP details what individualised teaching and support a child is going to receive, based on the assessment made, and including learning/development goals and objectives as well as individualised teaching and support strategies.
- You can have one file for each child that includes:
  - Referral form (if present)
  - Diagnostic information
  - Other communications from health services
  - Notes of parents' meetings
  - Needs assessment forms
  - Individualised Education Plans (IEPs)
- Individualised goals and objectives are based on the child's current abilities and difficulties, what is possible for the child to achieve and priorities set in collaboration with the family and if possible the child; it is usually good to have goals that cover different areas of development.
- Individualised strategies are based on the child's strengths, interests, likes and dislikes as well as difficulties and needs.

**Question C: How can we strengthen our IEP development process to ensure the plans reflect each student's unique profile and learning needs?**

**Key point:** Individualised Education Plans (IEPs) are useful for planning teaching, when incorporated in whole-class teaching plans (e.g. lesson plans), and for assessing children's progress

**Additional notes:**

- It is important to update IEPs regularly, like assessments, and develop new ones at least once a year.
- You can use IEPs for assessment, by encouraging tasks that show any progress on IEP objectives and recording your observations.
- It is also helpful to have teaching plans for the whole class, with goals, objectives and activities, such as:
  - Year Plans (mapping onto general goals for the year group)
  - Unit Plans (focused on few objectives, 2-12 weeks)
  - Lesson Plans (for specific lessons)

## Session 10

**Question A: What strategies can be help you self-evaluate and self-develop?**

**Key point:** For self-evaluation and self-development, educators can reflect on their teaching methods, seek feedback from supervisors or colleagues, and access training resources.

**Additional notes:**

- Observe and evaluate how well your plans are implemented, which strategies are effective and which are not, what are children's reactions, what may have gone wrong.

- Reflect on the way you teach, including behaviour, gestures, words used, tone of voice, pace
- Ask a supervisor or colleague to observe and give you feedback
- Read the material from this programme, or other training resources and reflect on how you are implementing your learning

**Question B: What are some strategies to encourage caregivers to collaborate in supporting their child’s learning?**

**Key point:** To promote caregivers’ collaboration, be open and honest about the importance of continued practice at home and involve caregivers in setting priorities and supporting skill development, safety awareness and sexual and reproductive health education.

**Additional notes:**

- Caregivers can provide information on the child, collaborate with you in setting priorities and support the children’s learning at home of skills taught at school and skills that can be taught less effectively at school.
- To promote caregivers’ collaboration, be honest and open. You can:
  - Explain that at school you work in restricted conditions and that it is important that the child continues practicing at home with support.
  - Explain that, rather than teaching skills being an extra task, they can often incorporate teaching as they go about daily activities, though perhaps more slowly.
  - Help caregivers visualise their child’s future improvements, while also managing expectations.
- You can explain to caregivers the importance of teaching safety and sexual and reproductive health, and how to help children know their bodies and recognise dangers.

**Question C: What discussion might you need to have with caregivers about nutrition?**

**Key point:** As children with developmental disabilities can have specific sensory and practical difficulties eating certain food, it may be important to remind caregivers that their nutrition should be varied.

**Additional notes:**

- Caregivers may neglect healthy nutrition to accommodate children’s challenges in eating due to difficulties in movement, motor disabilities and sensory sensitivity. You can remind them that their children should:
  - Eat grains (bread, injera...), legumes (shiro, beans...), nuts/oilseeds, fruits, vegetables and milk products everyday
  - Eat meat/fish/eggs 3-6 times per week
  - Drink a minimum of 8 large glasses of clean water per day
  - Have limited sugars, sweets, soft-drinks and salt
- When the caregiver faces challenges in following nutrition advice, try to be mindful of these and to help them problem solve. For disliked foods, you can suggest to blend them, cool them, cook them differently, hide them in preferred foods, etc. as appropriate.



**Question D: What can be done to support the mental health needs of caregivers that are struggling?**

**Key point:** If caregivers struggle with their mental health, it is not your role to provide counselling, but you can be empathetic, refer them to health services, help them access peer support, raise awareness and promote acceptance, remind them of the importance of self-care.

**Additional notes:**

- Raise awareness and support acceptance
- Be empathic
- Stress the importance of wellbeing and time for themselves
- Help caregivers reach out to each other
- Refer to health services those who need further support

**Question E: Who else must you take care of, besides helping children and supporting caregivers?**

**Key point:** It is important that you take care of your own wellbeing too!

**Additional notes:**

- Remember to take care of yourself. Neglecting yourself for too long may lead to burnout, when high work stress may lead to exhaustion and reduced focus. Tips for self-care:
  - Focus on the positives and celebrate small wins
  - Turn to colleagues for support
  - Talk of your feelings with family and friends
  - Get 7-8 hours sleep
  - Eat regularly and healthily
  - Exercise and engage in pleasant activities
  - Meditate / focus on your breathing