

Englisch für HEP Prüfung Externe: inhaltliche Texte, Grammatik und Textverständnisaufgaben zum Üben und Vorbereiten

Buch	Titel der Einheit	Niveau
Join In	<p>Unit 12 Children who need intensive support p. 127- 142</p> <ul style="list-style-type: none"> • Children who need intensive support • case study: Lennox: ADD (ADHS) <p>Unit 13 Children with special needs p. 143-152</p> <ul style="list-style-type: none"> • Case study: Andrew: sitting in a wheelchair, physical and mental disability, integrated nursery classes/schools. • What does inclusion mean? • Choosing toys for children with special needs 	A2/B1
Work with Children	<p>Unit 4 New families p. 37- 46</p> <ul style="list-style-type: none"> • hearing aids, what do nursery nurses have to take care of? • Autism • How can you prepare the nursery school for children with special needs? 	A2/B1
Work with me	<p>Unit 9 People with special needs p. 105-113</p> <p>various disabilities (intellectual disabilities, cerebral Palsy, visual impairment)</p> <p>p.114-115: working in a residential home for people with special needs (Extra angefügt, weil Fehler beim Scannen)</p>	B1/B2
Careers in childcare	<p>Unit 7 Children with special needs p.92-93</p>	B1/B2

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Freeway (Ausgabe 2011)	<p>Unit 17 Living with Disabilities</p> <p>p. 112- 113: Text about discrimination against people with learning disabilities</p> <p>p. 114: Describing the situation of disabled people</p> <p>p. 115: Mediation: Text about special schools for deaf children</p>	B1/B2



Children who need intensive support

It's Friday afternoon and Mary Parsons, her assistant Rita Williams and their trainee Tom are sitting together for their weekly staff meeting. They are in charge of the red group at Tiny Tots and they want to talk about their new children, in particular about Jamal (3 years and 8 months) who is a refugee child.

Mary: I think we should talk about our new children and how well they have been able to integrate into our group.

Rita: Well, I'm sure that Jenna was integrated into the group very quickly – and she seemed fine on her very first day! But she already knew one of the children here.

Mary: Yes, that's my impression, too. But what about Jamal? I think he still has some problems.

Rita: There are some obvious problems we have to talk about. He is accepted by the children but his behaviour clearly suggests that he doesn't feel comfortable.

Tom: What behaviour are you thinking of?

Rita: The first thing which is striking is that he shows extreme stranger anxiety. He still clings to his mother. Recent mornings when she wanted to go home, he started crying and felt very miserable for the first hour. He also reacts in this way when other parents enter the room. Then he becomes frightened and tries to hide behind me.

Mary: Remember before he came here, he spent most of his time at home with his mother and both can't really speak and understand English.

Tom: At present he speaks a few words which he learnt during recent weeks here but I'm sure he needs much more language promotion.

Rita: There are especially trained language teachers and language programmes for refugee children which he should take part in.

Tom: Another problem is that there are days when he seems to be upset and he retreats into his shell. You need a lot of determination to motivate him to join in.

Mary: When we spoke to his parents it became very obvious that the whole family had to live under horrific conditions in their home country and not much better at the refugee camp. He must have had traumatic experiences and he will need lots of time to feel really comfortable. I think it's important always to give him close attention and guidance and to reassure him that there are no problems here and that everything is okay.

Rita: We have already established one-on-one time as much as we can so that he doesn't feel lost in the classroom and miss his mother. Very often he worries that his family won't pick him up. So we have to confirm again and again that his parents will return and that he is safe with us. Only then does he feel more at ease.

Tom: I think that he likes being with me. I have been able to build a good relationship with him.

Mary: We should take advantage of that and increase his one-on-one time with you. Jamal still needs a quiet space to calm down without the whole group around him. I noticed that you often play with him in the block area. Try to increase activities which help to promote Jamal's language production. Use visuals to introduce him to basic words and classroom activities. You could also take one of the picture books for children under three and look at it with him.

Rita: Let's not forget about his traumatic experiences. It's still very difficult for him to integrate with our normal classroom routines and activities. He reacts very badly and seems intimidated by everyday conflicts between our children. He can't understand or come to terms with those situations and feels very confused. I think he should receive specialist help to overcome his trauma.

Mary: I suggest we invite his parents in once again and talk to them with an interpreter. We should discuss further educational and psychological support.



Working with the text

A Answer the following questions which help you to analyse Jamal's case.

1. What positive aspects in Jamal's development do Mary, Rita and Tom mention?
2. What behavioural problems do they point out?

Explain the meaning of these keywords by using them appropriately in your own sentences.

stranger anxiety • feeling uncomfortable, miserable •
be intimidated and confused • weak language production •
retreat into one's shell • traumatic experience

3. How do Mary, Rita and Tom try to improve Jamal's situation?

Identify what support they think of ...

- to integrate him into the group and group activities
- to establish trust and bonding
- to promote his language production
- to overcome his behavioural problems

Hands-on tasks

Production/Interaction

A Sit in small groups and think of further support for Jamal. What else could Mary, Rita and Tom do? Present and discuss your results in class. Don't forget to give reasons.

B Sit in small groups and discuss activities which could help to promote Jamal's language production. Make three suggestions in class saying why you believe them to be suitable for Jamal. Discuss your results in class.

Working with language

Verbs describing behaviour

A Find verbs in the text that mean...

1. Make something get bigger, better, more efficient or on the contrary more serious or worse.
2. Make someone feel comfortable and take away her/his worries.
3. Give a positive answer so that someone feels okay, and so that someone knows they answered a question correctly.
4. Use positive aspects, a positive situation or something else which is positive to improve a situation even more.
5. Make someone feel relaxed and stop any feelings of being upset or excited.
6. Watch and manage a situation or job and feel certain that everything is fine.
7. Manage a situation and deal with problems and difficulties.

B Here are six nouns. What are the corresponding verbs?

- a) integration b) promotion c) behaviour d) guidance e) retreat f) suggestion

C Look at task A as an example for writing definitions of words. Explain in your own words what the verbs of task B mean.

- *There is also a method card on page 197 on explaining words in English which you can use for help.*

Children who show changed or inappropriate behaviour - two case studies

Like Jamal, children at nursery school can show abnormal or inappropriate behaviour because of some kind of experience which they find hard to cope with. Others suffer from a behavioural disorder like ADD.

In these cases, nursery nurses have to observe children's behaviour and if necessary talk with parents to find ways which can help to integrate children into nursery school and find ways to overcome a critical situation.

ADD - Attention Deficit Disorder. This is a neurological disorder which can cause problems in behaviour. A child with ADD often shows hyperactivity and has problems with concentrating. These children may show impulsive uncontrolled behaviour. For example they act without thinking of the result and therefore take unnecessary risks. They daydream, run around in an agitated manner, fidget, forget or lose things, talk too much, have trouble in taking turns or getting along with other children. In most cases ADD is treated with a combination of behaviour therapy and medication. For preschool children behaviour treatment is preferred and also training for parents to cope with their ADD child before medication is tried.

Case study 1: Lennox - five years and one month

Observation of behaviour

Right now Lennox is screaming vehemently. He has just thrown over a board game because he was going to lose the game. When

- 5 he came into nursery school Lennox had several of these emotional outbursts and had to be calmed down. They have become less frequent now but he still has problems concentrating and gets frustrated very easily.
- 10 This morning he was having problems understanding the game rules. At first everything seemed to be okay but then he didn't want to take turns. Finally, he knocked everything over.

- Very often Lennox can't follow instructions and he gets distracted again and again. He can hardly sit
- 15 still at the breakfast or lunch table, he fidgets and is very impatient. He seems to be always "on the go" as if being driven by something. Shortly after throwing everything down and being excluded from the game, he goes running around in the group room with his arms wide-open, hitting walls, furniture, even children. One of the staff stops him because he is running a high risk of hurting himself and others.

20 This is Lennox's history

Lennox was diagnosed with ADD at four. His parents brought him into a clinic after the situation at home got worse. When he was about three his parents already noticed sudden changes in his behaviour. He could be very dreamy and calm one moment, cuddling with his mother, but then, the next, he would suddenly jump out of her arms and start running around agitated.



- 25 At four, the situation got worse. He bit, kicked and hit his parents and siblings who weren't able to repel his attacks. His nursery school repeatedly asked his parents to fetch him because of his disruptive behaviour. For the past year he has been taking part in a training programme at a nursery school with staff who specialise in helping children with behavioural disorders. In very small groups, or on a one-to-one basis, he is being trained to find ways to self-regulate and control his outbursts.
- 30 Medication is being avoided because of his young age.

Working with the text

A All these statements are false. Correct them.

1. Lennox is an only child.
2. At three he showed emotional outbursts but only at nursery school. He has never shown disruptive behaviour in his family.
3. At nursery school he has problems joining in and playing board games. There aren't any problems with other classroom routines.
4. He comes to terms with difficult situations and would never show dangerous behaviour which could hurt others.
5. He still attends a normal nursery school.

B Have a closer look at Lennox's behaviour and situation.

1. Consider Lennox's behaviour at nursery school. What typical symptoms of a behavioural disorder does he show?
2. What inappropriate behaviour does he show at home?
3. What kinds of therapy does he receive or not?
4. What could be the reasons for him attending a nursery school with specialised staff? Why can it be hard to cope with children like Lennox in a normal nursery school? Give your reasons.

Hands-on tasks

Production/Interaction



Children with ADD like Lennox need one-on-one time and activities to calm down. Sit in small groups and discuss activities for him. Make a list of suggestions, pick out three you prefer and give your reasons. Present all your results in class.

children who need intensive support

intensive support [ɪn'tensɪv sə'pɔ:t]	intensive Betreuung/ Unterstützung
behaviour [br'heɪv.jə]	Verhalten
stranger anxiety [ˈstreɪndʒər æŋ'zaiəti]	„Fremdeln“, Furcht vor Fremden
language promotion [ˈlæŋɡwɪdʒ prə'məʊʃən]	Sprachförderung
(to) promote [prə'məʊt]	fördern
conditions [kən'dɪʃənz]	hier: Lebensumstände
(to) experience trauma [ɪks'piəriəns 'trɔ:mə]	ein traumatisches Er- lebnis erfahren/haben
(to) establish [ɪs'tæblɪʃ]	hier: aufbauen
one-on-one time [wʌn ɒn wʌn taɪm]	Eins-zu-Eins-Betreuung
(to) confirm [kən'fɜ:m]	bestätigen
visual ['vɪʒʊəl]	hier: visuelle Anreize/ Impulse
intimidated [ɪn'tɪmɪdeɪtɪd]	eingeschüchtert
(to) come to terms with [kʌm tu: tɜ:mz wɪð]	sich abfinden mit
(to) overcome [ˌəʊvə'kʌm]	überwinden, über etw. hinweg kommen
behavioural [br'heɪv.jərəl]	Verhaltens...
trust [trʌst]	Vertrauen
bonding ['bɒndɪŋ]	hier: Bindung

Children who show changed ...

inappropriate [ɪnə'prəʊpriət]	unangemessen
disorder [dɪs'ɔ:də]	Störung
(to) observe [əb'zɜ:v]	beobachten
observation [ˌɒbzə(ɪ)'veɪʃən]	Beobachtung
Attention Deficit Disorder [ə'tenʃ(ə)n 'defɪsɪt dɪs'ɔ:də]	Aufmerksamkeitsde- fizitsyndrom
hyperactivity [hyperactivity]	Hyper-/Überaktivität
(to) fidget ['fɪdʒɪt]	hampeln, zappeln
(to) be treated with [bi: 'tri:tɪd wɪð]	behandelt werden mit
behaviour therapy [br'heɪv.jə 'θerəpi]	Verhaltenstherapie
medication [ˌmedɪ'keɪʃən]	Medikation, medika- mentöse Behandlung
emotional outburst [ɪ'məʊʃənəl 'aʊtbɜ:st]	emotionaler Ausbruch
(to) get distracted [get dɪs'træktɪd]	abgelenkt werden
(to) be diagnosed (with) [bi: 'daɪəgnəʊzd wɪð]	diagnostiziert werden
(to) repel [rɪ'pel]	abwehren
disruptive [dɪs'rʌptɪv]	störend, zerstörend
(to) self-regulate [self 'regjələt]	sich selber beherr- schen/regulieren
bubbly ['bʌbli]	hier: lebendig, gesprächig
(to) withdraw from [wɪð'drɔ: frəm]	sich von etwas zurück- ziehen
furious ['fjʊəriəs]	(sehr) wütend
devastated [ˈdevəsteɪtɪd]	am Erdboden zerstört
guilty ['ɡɪltɪ]	schuldig
disturbed relationship [dɪs'tɜ:bd rɪ'leɪʃənʃɪp]	ge-/zerstörte Beziehung

(to) compensate [ˈkɒmpenseɪt]	kompensieren, ausgleichen
family counselling centre [ˈfæmɪli 'kaʊns(ə)lɪŋ 'sentə]	Familienberatungsstelle
family consultant [ˈfæmɪli kən'saltənt]	Familienberaterin/ Familienberater

Aggression in the family

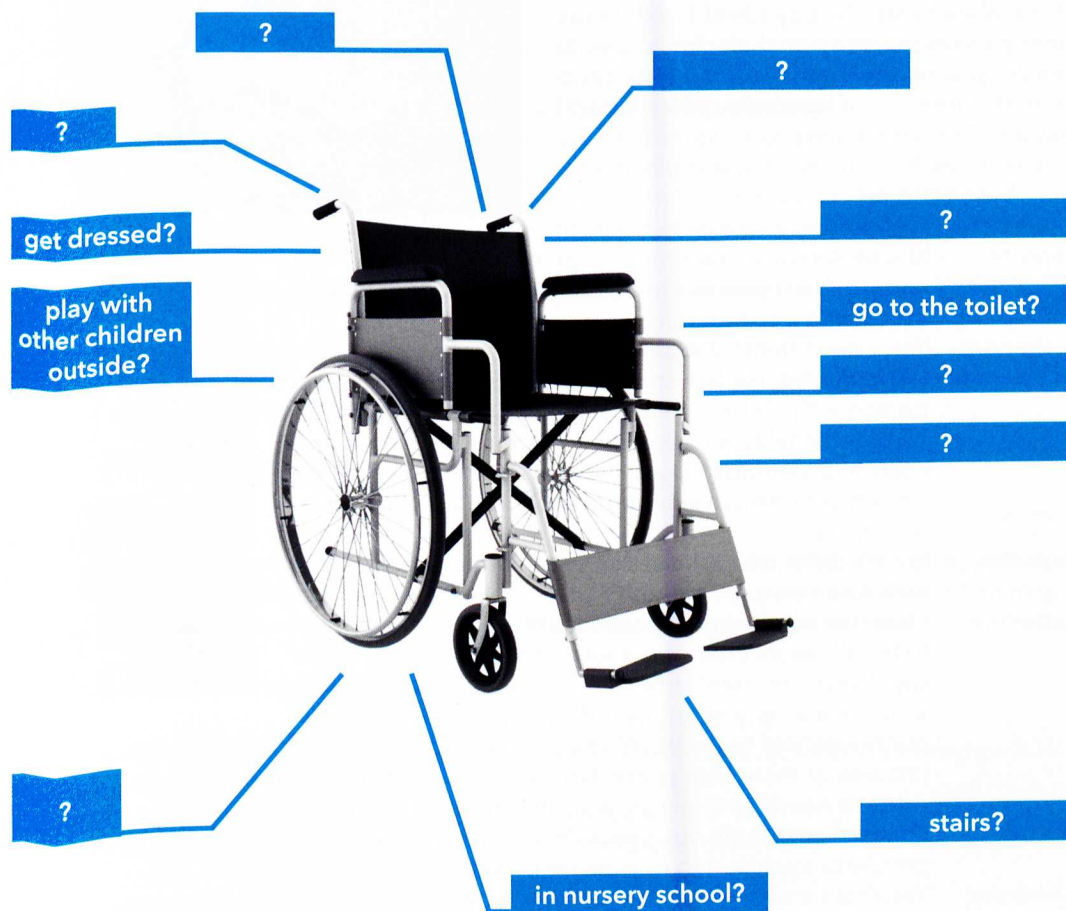
(to) be made redundant [bi: meɪd rɪ'dʌndənt]	gekündigt werden
rude [ru:d]	unhöflich, grob
physical violence [ˈfɪzɪkəl 'vɪələns]	körperliche Gewalt
(to) bully ['bʊli]	jmd. tyrannisieren
foul [faʊl]	hier: unfütig
abusive [ə'bju:sɪv]	beleidigend
(to) intimidate s.o. [ɪn'tɪmɪdeɪt 'sʌmwʌn]	jmd. einschüchtern
(to) abuse verbally [ə'bju:s 'vɜ:bəli]	hier: beleidigen
outburst ['aʊtbɜ:st]	Ausbruch
temper ['tempə]	Wesen, Naturell, hier: Wut
deficiency [dɪ'fɪʃənsɪ]	Defizit, Mangel
(to) have an impact on [hæv ʌn 'ɪmpækt ɒn]	einen Einfluss haben auf

Child abuse

child abuse [tʃaɪld ə'bju:s]	Kindesmissbrauch
mistreatment [mɪs'tri:tment]	Misshandlung
(to) be abused [bi: ə'bju:zd]	missbraucht werden
(to) be mistreated [bi: mɪs'tri:tɪd]	missbraucht, misshandelt
clumsy ['klʌmzi]	ungeschickt
rage [reɪdʒ]	Zorn
(to) pick on s.o. [pɪk ɒn 'sʌmwʌn]	herumhacken auf jmd.
moron ['mɔ:rən]	(Ugs.) Schwachkopf, Depp
abnormal needs [əb'nɔ:məl ni:dz]	abnormale Bedürfnisse
(to) endure [ɪn'djʊə]	ertragen, erleiden
neglect [nɪ'ɡlekt]	Vernachlässigung
denying s.o. affection [dɪ'naɪŋ 'sʌmwʌn ə'fekʃ(ə)n]	jmd. Zuneigung verweigern

Why didn't we react?

fractured ['fræktʃəd]	gebrochen
actually ['æktʃʊəli]	eigentlich, tatsächlich
soaked with sweat [səʊkt wɪð swet]	schweißbefeuchtet
bruises ['bru:zɪz]	blaue Flecke
(to) grab around [græb ə'raʊnd]	umgreifen
wrists [rɪsts]	Handgelenke
(to) stammer ['stæmə]	stottern, stammeln
data sheet ['deɪtə ʃi:t]	Datenblatt, Karteikarte
entry ['entri]	Eintrag
ashamed [ə'ʃeɪmd]	beschämt



This is Andrew's wheelchair

Andrew is five years old and because of a birth defect he is a bit different. He suffers from cerebral palsy and has to sit in a wheelchair. Because of brain damage he has intellectual and language difficulties. Andrew is a child with special needs. What could be a problem for him?



Andrew McArthur - a child with special needs

Katherine McArthur is Andrew's mother. Andrew, who suffers from a physical and mental disability, attends an integrated nursery school class at Windham Integrated Nursery School in Manchester. Katherine, who is the chairman of the Manchester Needy Child Fund, helps other parents to cope with their child's special needs. She recommends that parents send their children to integrated nursery school classes. She also wants to raise money for these classes. In an interview she explains why.



Reporter: Mrs McArthur, in the brochure of the Needy Child Fund you say that it's normal to be different and that you don't accept the word disability.

Katherine: Yes, I don't think of my child Andrew as disabled. He is just different. He has special needs but he's a normal person with his own personality. Everyone has got their own personality and this is his. He may sit in a wheelchair and perhaps his ability to take things in may be limited but he has a wonderful smile and a terrific sense of humour.

Reporter: But it's difficult to believe that you can lead a normal life with Andrew.

Katherine: I feel that we lead a very, very normal life. You get used to the situation. When you meet other people they often say, 'What a burden! How can you bear it?' But our life is as normal as any other life. Of course we had to adapt our household to Andrew's special needs. The fact that he is sitting in a wheelchair is just one of many things which may cause a problem. But we have our daily routines. Andrew needs special care and attention but this has become very normal for us.

Reporter: Quite often people don't know how to treat someone with special needs or they have problems speaking to or even being with a disabled person.

Katherine: Yes, that's a pity. Sometimes people stare at Andrew - most often grown-ups. Children just look at him and ask why he is sitting in a wheelchair. It's not disgust they feel, but real interest. I tell them openly about Andrew. When they know everything about his special needs they treat him like any other child. That's how I would like everyone to react. Openness is the best for all of us!

Reporter: Has Andrew got a sister or a brother? How do they cope with his special needs?

Katherine: Andrew's sister is two years older. Well, sometimes there were moments when she complained and said: 'It's not fair! Why always Andrew first?' But it's wonderful to see her together with Andrew. She fully accepts him as her brother and she loves him dearly.

Reporter: Is this the reason why you support integrated nursery school classes?

Katherine: Yes, absolutely! Andrew attends an integrated class at Windham Integrated Nursery School. The experience there is positive and enriching. Such groups teach the children to accept other people as they are. It's always a real pleasure watching the children playing together. For this reason I want the Needy Child Fund to support integrated nursery schooling.



Working with the text

A Answer the following questions on the text.

1. Katherine says her son isn't disabled. How does she describe his situation?
2. Why does she feel that her family leads a very normal life?
3. How do people – grown-ups and children – react to Andrew?
4. How does Andrew's sister cope with his special needs?
5. What is an integrated nursery school class?
6. Why does Katherine want to support this kind of schooling?

B Find phrases in the text which mean the same as the following phrases.

1. Andrew can't move and he has an intellectual deficit.
2. Andrew lives with a disability.
3. They had to change their household so that Andrew can live in it with all his disabilities.
4. Some people don't know how to behave towards someone who is disabled.

C Now it's your turn. Explain in your own words what Katherine wanted to express with the following phrases.

1. Andrew is a normal person with his own personality. (line 17/18)
2. It isn't disgust they feel, but real interest. (line 35/36)
3. Openness is the best for all of us. (line 38)

Hands-on task

Interaction

Katherine talks about adapting their home to Andrew's special needs. What kind of adaption could this be? How do you have to change a normal household so that Andrew can live in it? Sit in groups and work out your adaptation plan for his home. Present your suggestions in class.

Here are some keywords which might help:

• (to) alter/design s.th. to fit the needs of the disabled	behindertengerecht umbauen/umgestalten
• (to) equip with	ausstatten mit
• adapted to the needs of the disabled	behindertengerecht
• sanitary facilities	Sanitäranlagen
• accessible for wheelchairs	rollstuhlgerichtet
• ramp, wheelchair ramp	Rollstuhlrampe
• lift	Aufzug
• sick-bed	Krankenbett
• invalid chair	Krankenstuhl
• invalid toilet seat (raised toilet seat)	Krankentoilettensitz
• automatic opening/close	automatisches Öffnen/Schließen
• (to) remove obstacles	Hindernisse aus dem Weg schaffen



Windham Integrated Nursery School



Windham Integrated Nursery School

is situated on the outskirts of Manchester. Our school building dates from 1910 and is a building of great warmth and character which has been modernised, extended and improved over time.

We believe that all children should be treated with respect and openness. All of them should be supported according to their different personalities and different needs. Children are just not the same - but they should have the same opportunities. For this reason we support integrated nursery classes, which are best examples of our central idea: **inclusion**. This means that we welcome all children, able-bodied as well as children with a special need.

The majority of our children (around 60%) are children with special needs. The nursery is staffed with nursery nurses who are especially trained for children with special needs and who are supported by health professionals such as occupational therapists, speech therapists and physiotherapists.

At Windham Integrated Nursery School your child will find every help and support to develop physically and intellectually. We want your child to build up all the skills he or she needs to become more independent and to enjoy life.

For this reason we offer your child ...

- **a safe and well-equipped surrounding**

The integrated nursery school consists of three separate classes but our classrooms are semi-open which means that the classes share a central area in the building. The outside play area is well-equipped and attractive. We always take special care that every area and playing equipment meets the special needs of our children and that everything is safe. For example, you will find a special climbing apparatus for children with special needs and all kinds of special equipment that support physical activity. Our play area is especially designed to develop imaginative and mental skills.

- **a young team of professional health workers**

Our staff is well-trained and can give your child all the health care according to his or her needs.

- **close contact with all our health workers**

We provide parents with all the information and support they need. For this reason we have an advisory team that every parent can consult at any time.

- **close contact with other parents**

Much of the information that will be helpful to you is in the hands and heads of other parents like yourself. For this reason we organise parents groups which you can join.

- **small classes**

Our classes are limited in number because we think that every child needs intensive care and attention.

Hands-on task

The topic "children with special needs" aroused your interest.

Surfing the Internet you found Windham's homepage.

Give a short summary of its main ideas in German to inform your colleagues about it.

Working with the text

A Here is what one parent heard about Windham Integrated Nursery School by hearsay.

All of these statements are wrong.

Correct them.

1. Windham only offers places to children with special needs.
2. The school mainly concentrates on children who suffer from cerebral palsy.
3. Windham classes are of normal size – just like in any other nursery school.
4. The school building is equipped with the usual nursery school equipment.
5. The nursery school has separate classrooms for every group and an outside play area.

Inclusion – what is it?

The principle of inclusion in childcare means that all children attend and benefit from the same childcare programme. Nursery schools working with this idea make sure that no one is excluded because of their special needs. The idea behind all this is friendship, non-discrimination and participation of all children. Inclusion means to establish a childcare system without any kind of exclusion. Diversity is seen as a chance for everyone to gain valuable experience.

B There are also some parents who read Windham's brochure but still can't understand some of its expressions. Explain in your own words what the following phrases mean.

1. line 8/9: All children "should be supported according to their different personalities and different needs"
2. line 40/41: The "playing equipment meets the special needs of (the) children"
3. line 58: "advisory team"
4. line 62: Much of the helpful information is "in the hands and heads of other parents"

C Some parents wonder about Windham's central idea. Looking at the info box above, try to explain in your own words what the word inclusion means and how Windham tries to make it work. Have a look at the vocabulary and translate the info box "Inclusion" first to make sure you understood its meaning.

Information on the topic

• birth defect	Geburtsfehler	• hearing loss	Gehörverlust
• paralysis	Lähmung	• hearing impairment	Gehörstörung
• (to) be paralysed	gelähmt sein	• (to) be deaf	taub sein
• malfunction	Fehlbildung	• visual loss	Sehverlust
• malfunction, deformation	Missbildung	• visual impairment	Sehstörung
• cerebral palsy	spastische Lähmung	• speech/language impairment	Sprachfehler
• brain damage	Gehirnschaden	• cleft palate	Gaumenspalte
• Down Syndrome	Down-Syndrom	• autism	Autismus
• dyspraxia	Motorikstörung		

Windham regularly opens its doors for those parents who want to apply for a place for their child but who are still unsure.

Here is what Mrs Betty Palmer, head of Windham, tells one of the parents on their tour of the house.

Mr Hornby: *"My son Robin has to sit in a wheelchair. What problems will there be for him in your nursery school? Very often when we take him out to visit public places he can't get inside because no one had thought about the needs of paralysed people."*

Mrs Palmer: *"Don't worry, Mr Hornby, I can reassure you that our school is perfectly adapted to the needs of your child. Every room can be reached by wheelchair. We have wheelchair ramps and a lift. So I'm sure there won't be any problems for Robin. You will see in a minute."*

Mr Hornby: *"Glad to hear that. There is something else I would like to know ..."*

Hands-on task

Production

Here are some more questions parents asked on that tour.

Now take over Mrs Palmer's role and try to answer them on the basis of what you learnt from the brochure.

Choose one parent's question and write down your advice in detail.



"Our son Michael was born with a cleft palate and for this reason he has communication difficulties. Will there be opportunities for him to improve his language skills?"



"John suffers from dyspraxia and he needs professional physical exercise. Do you have trained people who can take special care of children like John?"



"Six months ago our daughter Sheila had a serious accident. Now she is paralysed and has to sit in a wheelchair. The situation is new to us and of course very hard. I think we mostly need good advice because sometimes the whole situation is too much for us. Do you offer consultation hours or possibilities to exchange experience with other parents?"



"I'm a bit worried. Our son Salim suffers from a birth defect and he has physical and mental difficulties. We know from our situation at home that he needs a lot of attention. How can you make sure he receives the attention and care he needs?"

Grammar box: Who - which - that

Andrew, **who** suffers from cerebral palsy, visits one of the integrated nursery school classes at Windham.

Who → für Personen

- im nicht notwendigen Relativsatz
(= nach *who* steht eine Zusatzinformationen, die für das Verständnis des Hauptsatzes entbehrlich ist)
- Der *who*-Satz wird durch Komma abgetrennt.

The majority of the children at Windham, **which** was established in 1910, are children with special needs.

Which → für Gegenstände

- im nicht notwendigen Relativsatz (s. o.)
- Der *which*-Satz wird durch Komma abgetrennt.

This is the woman **who/that** works as a physiotherapist.

Who/that → für Personen

- im notwendigen Relativsatz
(= nach *who* steht eine Information, die für das Verständnis des Satzes unentbehrlich ist)
- Der *who*-Satz wird nicht durch Komma abgetrennt.

This is the nursery school **which/that** offers integrated nursery school classes.

Which/that → für Gegenstände

- im notwendigen Relativsatz (s. o.)
- Der *which*-Satz wird nicht durch Komma abgetrennt.

Practising grammar

Here is Mrs Palmer on her tour of the house with some parents. Fill in *who* or *which*.

Mrs Palmer: I'd like to welcome you here in our entrance hall (1)... dates from 1910. As you can see there is a wheelchair ramp (2)... makes it possible for those children (3)... can't walk to get around the whole building. There are also some lifts (4)... are at the back of the hall.

Parent A: Is it possible to see the classroom (5)... my daughter is going to be based in soon?

Parent B: Yes, I'd also like to see my son's classroom and I'd like to meet the nursery nurse (6)... will be in charge of his group.

Mrs Palmer: No problem, we will arrange everything for you. Perhaps we could do a tour of the house first and see our outside play area (7)... is also very interesting because there you will find some equipment (8)... is especially designed for children with special needs. That way you will see everything. And then you will have the opportunity to meet the whole staff team and speak to everyone (9)... is of interest to you.

Parent C: Is it true that you are the only nursery school (10)... offers integrated nursery school classes here in Manchester?

Mrs Palmer: Yes, that's true. And I don't want to show off but you won't find another nursery school in Manchester (11)... is as well-equipped and as well-staffed as ours. Everyone (12)... works for us is especially trained to give your child the best health care he or she needs.

Parent D: What do we have to do to apply for a place at your nursery school?

Mrs Palmer: Well, that's a very complicated question (13)... I would like to answer later. First of all, let's go on our tour of the house (14)... you will surely enjoy.

Choosing toys for children with special needs

Look at the following text and fill in *which* or *who*.

Much of the nursery school equipment can be used by both children (1)... suffer from special needs and those (2)... are able-bodied. Sometimes things must be adapted to allow children with special needs to join in with play. A child (3)... has difficulties gripping objects can be offered a sponge for a ball play. A sponge is very light and easy to hold. A child (4)... suffers from visual impairment may need a bell inside a ball in order to be able to catch it. It's always important to provide children, especially those with special needs, with a wide range of objects (5)... help to develop their sensory experience.



These examples show that it takes time and careful consideration to choose a toy for a special needs child.

Before you buy a toy, think of the following questions:

Sound:

Do you need a toy (6)... makes a noise because your child suffers from visual loss? Does the sound have a positive effect?

Sensory:

Does the toy have features (7)... will attract the child's interest? Would a child like to touch them? A blind child might enjoy holding and exploring a toy (8)... has a texture or a smell. Children with hearing loss will need a light (9)... can be activated by touch. Those with visual loss should be able to activate a sound.

Touch:

What does the toy feel like - soft, hard, smooth, rough, cuddly? Does it feel pleasant so that the child, (10)... started playing with it, will like to go on exploring it? For those (11)... have grasping problems: is the toy easy to hold and release?

Size:

Children with dyspraxia may not be able to grip objects (12)... are too small or too large. An object (13)... is too large might not fit on the lap tray of a wheelchair.



Here is a good example:

"Learn your face!" is a toy (14)... is designed for many needs. The toy is easily activated because every part of the face is the appropriate size and can be touched easily. Every part turns on a light and plays a message when it is pushed. In addition the toy can be fixed to a lap tray or to the wall.

Working with the text

Fill in the missing words from the text.

Today there is a wide range of toys. Most toys can be used by all children, those with a special need and those who are (1) Good toys help children to develop their (2) For this reason toys for children with a special need should make use of the senses a child can use. Children with a (3) ... need some kind of visual signal, like a (4) ... which the child activates by (5) Those who suffer from a visual loss need a toy which makes some kind of (6) It's also important how a toy feels like, the texture of a toy should always be (7) Children with a grasping problem need a toy which they can (8) ... and (9) ... easily. For example, those children can be offered a (10) ... instead of a ball. Too large toys are also a problem for children who sit in a (11) ... because they might not fit on their (12)

Hands-on task**Production**

Look at the following children and their special needs.

On the basis of the text and what you have learnt about toys in unit 5, what kind of toy would you suggest for them? Give some advice.

**Aden, 4 years old**

Aden suffers from brain damage which causes mental and physical difficulties. He needs some time to understand how a toy works and he is very slow in movement. His grip isn't firm.

James, 5 years old

James has serious dyspraxia which means that he still can't walk. He only crawls. He also suffers from visual impairment.

Amy, 5 years old

Amy has to sit in a wheelchair. She suffers from cerebral palsy. Because of a malfunction of her right arm she isn't able to move and use it.

wheelchair ['wi:lʃeə]
child with special needs
[tʃaɪld wɪð 'speʃəl ni:dz]

intellectual difficulties
[ɪntrɪ'lektʃuəl 'dɪfɪkəltiz]
language difficulties
['læŋgwɪdʒ 'dɪfɪkəltiz]
cerebral palsy
['serɪbrəl 'pɑ:zli]

Andrew McArthur - a child with special needs

integrated nursery school
class ['ɪntɪgreɪtɪd 'nɜ:səri
sku:l klɑ:s]

chairman ['tʃeəmən]

(to) bear s.th. [beər 'səmθɪŋ]

(to) recommend
[ɪ'rekə'mend]

(to) raise money
[reɪz 'mʌni]

(to) be disabled
[bi: dɪs'ebld]

disability [dɪsə'bɪlɪti]

ability [ə'bɪlɪti]

(to) be able to [bi: 'eɪbl tu:]

personality [pɜ:sə'nælɪti]

(to) be limited [bi: 'lɪmɪtɪd]

sense of humour
[sens əv 'hju:mə]

What a burden!

[wɒt ə 'bɜ:dn]

(to) withstand [wɪð'stænd]

(to) adapt [ə'dæpt]

adaptation [ɪ,ædæp'teɪʃ(ə)n]

(to) stare at s.o.
[steər æt 'sɑ:mwən]

disgust [dɪs'gʌst]

(to) treat s.o. [tri:t 'sɑ:mwən]

(to) complain [kəm'pleɪn]

(to) support [sə'pɔ:t]

enriching [ɪn'rɪʃɪŋ]

intellectual deficit
[ɪntrɪ'lektʃuəl 'defɪsɪt]

physical disability
['fɪzɪkəl dɪsə'bɪlɪti]

mental disability
['mentl dɪsə'bɪlɪti]

Windham Integrated Nursery School

(to) be situated
[bi: 'sɪtʃuətɪd]

(to) modernize ['mɒdənaɪz]

(to) extend [ɪks'tend]

(to) improve [ɪm'pru:v]

majority [mə'dʒɔ:ɪti]

(to) be staffed with
[bi: stɑ:ft wɪð]

Rollstuhl

Kind mit einem
besonderen Bedürfnis,
behindertes Kind

intellektuelle

Schwierigkeiten

Sprachschwierigkeiten

spastische Lähmung

integrative Kindergar-
tengruppe (Gruppe mit
behinderten und nicht
behinderten Kindern)

Vorsitzende,

Vorsitzender

etwas ertragen

empfehlen

Geld aufbringen

behindert sein

Behinderung, Unfähig-
keit

Fähigkeit

fähig sein etw. zu tun

Persönlichkeit

eingeschränkt sein

Sinn für Humor

Was für ein schweres
Schicksal!

standhalten, durch-
halten

anpassen

Anpassung

jmd. anstarren

Entsetzen, Ekel

jmd. behandeln

sich beschweren

unterstützen

bereichernd

intellektuelles (geisti-
ges) Defizit, Mangel

körperliche Behinder-
ung

geistige Behinderung

sich befinden

modernisieren

erweitern

verbessern

Mehrheit

mit Personal besetzt

health professionals
[helθ prə'feʃənɪz]

occupational therapist
[ˌɒkjʊ(:)'peɪʃənəl 'θerəpɪst]

speech therapist
[spi:tʃ 'θerəpɪst]

physiotherapist
[fɪziə'θerəpɪst]

(to) become independent
[bi'kʌm ɪndɪ'pendənt]

well-equipped [wel-ɪ'kwɪpt]

semi-open ['semi'əʊpən]

(to) meet [mi:t]

climbing apparatus
['klaɪmɪŋ ˌæpə'reɪtəs]

imaginative skill
[ɪ'mædʒɪnətɪv skɪl]

health care [helθ keə]

advisory team
[əd'vaɪzəri ti:m]

by hearsay [baɪ 'hɪəseɪ]

reassure [ri:ə'sʊə]

(to) show off [ʃəʊ ɒf]

Inclusion - what is it?

inclusion [ɪn'klu:ʒən]

(to) benefit from
['benɪfɪt frəm]

(to) exclude from
[ɪks'klu:d frəm]

exclusion from
[ɪks'klu:ʒən frəm]

participation
[pɑ:ˌtɪsɪ'peɪʃən]

diversity [daɪ'vɜ:sɪti]

Choosing toys for children

able-bodied ['eɪbl'bɒdɪd]

(to) grip [grɪp]

bell [bel]

wide range [waɪd reɪndʒ]

sensory ['sensəri]

consideration
[kən,sɪdə'reɪʃən]

noise [nɔɪz]

effect [ɪ'fekt]

(to) activate ['æktɪveɪt]

by touch [baɪ tʌʃ]

smooth [smu:ð]

rough [rʌf]

(to) release [rɪ'li:s]

lap [læp]

lap tray [læp treɪ]

(to) fix [fɪks]

(to) crawl [krɔ:l]

B

MEETING A NEW FAMILY

SITUATION: A mother visits your nursery with her daughter, Sophie, to find out if it is a good place for the child. She is concerned because Sophie has a disability. You and your colleagues talk to the mother about her concerns.



1 READING AND UNDERSTANDING THE TEXT

Read the dialogue and find out what Sophie's disability is. What is the best way to talk to Sophie?

- Josh** Hi! You must be Mrs Brown.
Welcome to our nursery! My name is Josh. How are you today?
- Mrs Brown** Hello, Josh. We're fine, thank you.
It's nice to meet you.
Thank you for taking time to show us your nursery. This is my daughter Sophie.
- Josh** Hi, Sophie. How old are you?
- Sophie** ...
- Mrs Brown** Sophie just turned three on Saturday.
She's very shy with new people. She also doesn't hear very well and wears hearing aids¹, so it's best to get on her eye level and speak directly to her.
- Josh** Okay. Let's try this again: Happy birthday, Sophie! So, Mrs Brown, did you have any trouble finding the nursery?
- Mrs Brown** No. Your directions were very good!
Thank you.
- Josh** I'm glad to hear that. This is my colleague Andrea. We'd like to show you around. We can explain our daily routines to you and whenever you have questions, please ask. A little later, we can sit down and you can tell us more about Sophie's hearing difficulties.



TIPS !

It's common practice in English to ask, "How are you?" when meeting someone.

The simplest and easiest answer is "I'm fine, thank you. And you?"

2 WORKING WITH WORDS

Find the equivalent English phrases in the dialogue.

- | | |
|-----------------------------------|--------------------------------------|
| 1 Wie geht es Ihnen? | 3 Hier ist ... |
| 2 Freut mich, Sie kennenzulernen. | 4 Wir möchten Sie gerne herumführen. |

¹ hearing aid Hörgerät

3 DISCUSSION

Sophie is a shy child. Talk to a partner about Josh's reaction when he meets her. How would you react to a shy child in this situation?

4 LANGUAGE IN USE: SIMPLE PAST

→ Simple past, p. 178

A Look again at the dialogue between Mrs Brown and Josh on page 40. Find two sentences in the simple past.



B During the tour of the nursery, Sophie's mother talks about their challenges with Sophie's hearing problem. Put the verbs in brackets in the simple past to complete her statement.

We (discover)¹ that Sophie had hearing problems when she was a small baby. Our doctor (recommend)² hearing aids and that has helped a lot. We (feel)³ that Sophie wasn't ready for nursery because of her hearing problems, but she loves to play with children her age, so we (decide)⁴ to try it. We (have)⁵ a hard time at the first nursery. The workers (be)⁶ very nice but they (not understand)⁷ Sophie's challenges. The nursery (be)⁸ very big and loud, and she (spend)⁹ a lot of time playing by herself because she couldn't hear what people were saying to her. We (think)¹⁰ a smaller nursery might be better for her.

Listen to check your answers.

5 READING AND WRITING

After the tour, Mrs Brown and Josh talk about how they can work with Sophie. Mrs Brown gives him some important tips. Read her statement. Then make a list of dos and don'ts for your colleagues. Use your own words as much as possible.

→ More help, p. 123

Sophie wears hearing aids. They help her a lot, but she still doesn't hear as well as other people. The nursery workers should talk to Sophie as much as possible. It's very important for her development. Sometimes she doesn't answer when you ask her a question. Often people speak loudly or just stop trying when this happens, but it is very important not to do this. If she doesn't answer, it's probably because she didn't understand. Move closer to her. Look her in the face and make eye contact with her. If there is a lot of noise, you might have to move to a quieter area or ask the children to be quiet for a moment. Her hearing aids are very important, however Sophie shouldn't sleep with them in. We'll give you a box that she can keep them in when she is sleeping. Please don't leave the box where other children can find it. The hearing aids mustn't get wet either. Other children are very curious about the hearing aids and how they work, so it's good to talk to the children about them and about what it's like to have hearing difficulties.



C

REGISTERING A NEW FAMILY IN THE NURSERY

SITUATION: An American family whose son, Leo, is autistic come to your nursery. You help them fill in the registration form, and they give you a letter from their son's therapist with important information about their child.

Key.

1 ROLE-PLAY: REGISTRATION FORM

Partner B: Turn to page 138.

Partner A: You are the nursery teacher. Ask Partner B questions in English to complete the registration form. Write the answers in your notebook.

EXAMPLE: **A:** What is your name? **B:** My name is Stefanie Taylor.

ANMELDUNG ZUR AUFNAHME

Name der Mutter: _____ Name des Vaters: _____

Anschrift: _____

Telefon: _____

Handy: _____

E-Mail: _____

Angaben zum Kind:

Familiennamen: _____

Vorname: _____

weiblich/männlich: _____

Geburtsdatum: _____

Muttersprache: _____

Allergien: _____

Geschwisterkinder: _____

Zeitpunkt der Betreuungsaufnahme:

Halbtagsplatz _____ Teilzeitplatz _____ Ganztagsplatz _____
von _____ Uhr bis _____ Uhr

Hat das Kind bereits eine Kita besucht? Ja / Nein

Das Kind lebt bei: Mutter _____ / Vater _____ / anderer Person _____

Kontakt für den Notfall:

Name: _____

Telefon: _____

2 MEDIATION

Leo's parents have brought a letter with them from Leo's therapist to help explain his behaviour. One of the nursery teachers doesn't understand parts of the letter and asks you for help. Read the letter. Then answer his questions in German.



Dear Care Workers,

Leo is a funny, sweet, intelligent child who has autism. He's curious, playful, smart, and he loves to have fun. He also gets frustrated very easily. Often when Leo is frustrated, he has intense tantrums. When you know Leo better, you will see when his mood is
5 beginning to change. Then you can help him calm down before he gets too excited.

Leo loves music and dancing, listening to stories, running, jumping, climbing, and arts and crafts. He does not like loud noises like screaming and crying, and he doesn't like waiting or making eye contact. He also has trouble with long questions or instructions.

When you want Leo to listen, make sure that he is looking at you or the person speaking.
10 The speaker should speak in short, clear sentences. Only ask Leo one question at a time. This will help him focus.

Having the same schedule every day is also very important. Leo usually stays calm when he knows what to expect. Creating a picture schedule of the activities for the day is great for Leo.

15 Leo cannot really use words to say that he is feeling unhappy, but it is very clear when he is going to have a tantrum. The main sign that he is feeling stressed is that he starts to hum. It is a good idea to have a room or space that can be a quiet place for Leo. He can go there with a childcare worker when he starts to feel stressed. It is very important that this is not a place where you send him when he has done something wrong. It should
20 only be used for calming down and never as punishment.

Yours sincerely,
Julia Smith

Your colleague's questions:

- 1 Was macht Leo gerne?
- 2 Was gefällt ihm nicht?
- 3 Warum ist es wichtig, dass Leo einen Stundenplan hat?
- 4 Was fällt Leo schwer, wenn er unglücklich oder gestresst ist?

→ More challenge 2, p. 123





3 WORKING WITH WORDS





The words in the box are from the therapist's letter. Use the words to complete this conversation between Leo's dad and a nursery teacher. There are two extra words. Then listen to check your answers.

calm down ■ curious ■ eye contact ■ frustrated ■ mood ■ punishment ■ smart ■ tantrum

Teacher Thank you for bringing us this letter. Let's talk a bit about how we can help make Leo's time at our nursery as easy as possible.

Dad OK, let's see. If you'd like Leo to do something, it's important to speak to him in clear sentences. He doesn't like to make direct ¹, but you can still ask him to look at you when you're speaking to him.

Teacher OK. And what can we do to make sure that he doesn't have a ²?

Dad Well, he'll probably have them sometimes. He's a kid. But you can watch for changes in his ³. If he starts to hum, this tells you that he feels ⁴ in some way. That means something is not right. You should then take him to a quieter area of the nursery – this usually helps him to ⁵. But it's important when you take him there that it doesn't feel like a ⁶ for him. If the person speaks to him calmly and in a kind way, it's usually fine.

4 ROLE-PLAY: HOW CAN WE HELP?

Partner A: You are a nursery worker. You want to know how you can help Partner B's child.

Partner B: You are a parent. Your child will be starting at Partner A's nursery. Think about the problems or needs your child has. You can base your ideas on Sophie, Leo, or any other child you know.

Discuss how the nursery can help the child feel comfortable at the nursery.
You can start like this:

Partner A: *What can we do to make things easier for ... here at our nursery?*

Partner B: ...

You can use any of these talking points to guide your discussion:

allergies ■ reaction to conflict ■ personality ■ special needs ■ favourite activities

These phrases will also help you:

When Arthur feels ... , he starts to ... ■ Miriam loves to ... ■ Tim hates ... ■
My child has trouble with ... ■ If Clara eats ... , she ...



Form groups of four. Your group is a team of childcare workers at an after-school care centre. You are meeting to talk about how you can prepare your centre for a seven-year-old disabled child in a wheelchair who will start next month.

Look at the pictures of your centre. Talk about changes that will make these areas of the centre more wheelchair-friendly. The words and phrases in the box below will help you. Each person makes notes about one of the areas in the pictures and presents the ideas to the group.



STEP 1 Look at the entrance to the building. Will the child be able to go in and out easily? Talk about possible changes.



STEP 2 How could you make the play area easier and more fun for the child?



STEP 3 Do you need to make any changes in the toilets? If so, what kind of changes?



STEP 4 What about meal time in the cafeteria? Will the child be able to move freely and sit with the other children? What alternatives are there?

STEP 5 Present your group's ideas to the class.

STEP 6 Compare and discuss the different ideas in class.
Which groups have the best solutions?

We could change the ... so that ...
We need to make the ... wider/...
The ... has to / should be ...
high/low, narrow/wide, fixed/movable
stair lift *Treppenlift*
ramp *Rampe*
toilet cubicle *Toilettenkabine*
climbing frame *Klettergerüst*

Text 2: Intellectual Disability [B1]

Eileen and Emily, non-identical twins aged five, attend the same nursery school. Eileen shows average development but Emily has a cognitive disability. Jane has just begun working as a trainee at the nursery and asks Anne, her supervisor, about them.



Jane: Anne. May I ask you something about Emily's disability?

Anne: Yes, of course you can. What would you like to know?

Jane: Well, what exactly is her problem? All I know is that she's in the special needs programme. Yet her twin sister Eileen seems quite normal.

Anne: Emily has an intellectual or cognitive disability; sometimes called mental retardation. Children like her have below-average scores in intelligence tests and have a limited ability to manage in everyday life, for example in communication and in self-care.

Coping with different social situations can be difficult for them.

Jane: Does it mean that Emily can't learn anything?

Anne: No, she is able to learn new skills, it's just that she needs more time to acquire them than a child of average intelligence and with good adaptive skills, such as her sister Eileen.

Jane: Is it the same for all children who have got her problem?

Anne: No, there are different degrees of intellectual disability which range from mild to profound. The degree of the condition is shown by scores in IQ – *Intelligence Quotient* – tests. Different children need different levels of support.

Jane: And what is Emily's main problem?

Anne: It's not always easy for her to let others know what she wants and needs. Taking care of herself is also not easy for her. Learning different skills and abilities, such as speaking, walking, dressing or eating without help, take her much longer and she has to make much more effort than other children. Later on, classroom learning will probably cause her problems. So I'm pretty sure she will

have to be in a programme to focus on her special needs when she starts school.

Jane: Yes, that sounds quite probable to me. I would like to know how you found out about her cognitive disability in the first place.

Anne: Well, there are different signs to look out for. The most common ones – which were seen in Emily too – are:

- sitting up, crawling, and walking later than other children,
- learning to talk later, and having trouble speaking,
- finding it hard to remember things,
- having trouble understanding social rules,
- having trouble seeing the results of one's own actions and
- having trouble solving problems.

These signs were noticed early in Emily because the degree of her intellectual disability is quite severe. But nobody can tell how she will go on later, that is to say, how the disability will develop in detail. We only know that development depends to a great extent on the help a child gets. The earlier and more intensive the help, the more likely it is that Emily will reach her full potential.

Jane: How come Emily has an intellectual disability at all?

Anne: Oh, I wish I knew. There are so many possible causes. Symptoms can be found at different ages and can be traced back to structural dysfunctions in the brain, to injury or a disease. Intellectual disability is often triggered off by a problem before the baby is even born – possibly fragile-X syndrome, where the X-chromosome is abnormal. There are other genetic disorders or infections, and there is even a foetal alcohol syndrome which in Emily's case can be excluded, as I

85 know the mother. But it can also be caused during birth or soon after birth. My own daughter caught meningitis at the age of six months and now has learning difficulties. In some cases the cause of an intellectual disability cannot be found at all, and I think that Emily's case is like that.

Jane: Thank you for telling me so much about intellectual disability. That will be very useful in my career. I would love to help out with Emily to gain more experience. 90

Anne: Thank you Jane. It's good to know that you are so willing to help. 95

Jane: You're welcome!

(668 words)

★ 1. Working with the Text

Answer the following questions in your own words.

- How is intellectual disability defined?
- Are all forms of intellectual disability the same? Explain your answer.
- Why do children with intellectual disability have problems in letting others know about their needs?
- Are the reasons for intellectual disability post-natal only? Why (not)?
- How can you find out whether a child is suffering from intellectual disability?
- How can you stimulate the intellectually disabled child to reach their full potential?

★★ 2. Internet Research

Find out what help there is in your region for children with intellectual disability and their families. Create a brochure or booklet with addresses and short descriptions of the institutions.

★★★ 3. Role Play

KMK Situation: you work in a nursery school and suspect that a child has got an intellectual disability. Prepare a dialogue to tell the parents about your observations – the parents will be played by your partners. Practise it and perform it to the class.

★★★ 4. Group Work

Situation: you work as a team in a social institution of your choice. Your employer tells you that a child or a young adult with Down's syndrome is joining your group. List the kinds of support you can offer them.

★★★★ 5. Project

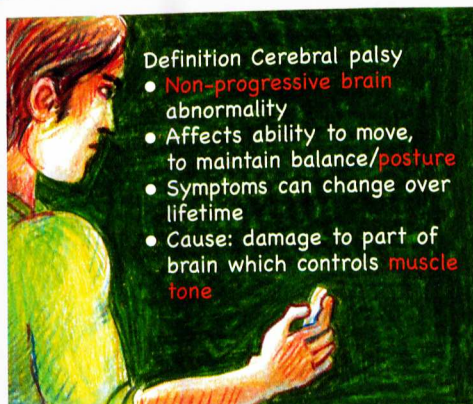
Search the Internet and find different forms of intellectual disability; choose one and describe it in its cause, its appearance and its treatment to your classmates. Make sure you give an interesting presentation.

Text 3: Cerebral Palsy

[B2]

The students at the department of education are working on the topic of cerebral palsy. Today Sam, who is a social worker in a school for children with special needs, has come to their class to do a presentation on the condition.

5 Hi, I'm Sam. I work in the special-needs school down the road. Your teacher has invited me to tell you something about cerebral palsy. Well, I'll try not to make it too theoretical, but there is quite a lot of information you need to know if you are going to work with people who have got cerebral palsy. Before going into detail, I'll write down a definition of it.



- 10 In practical terms, this means that an affected person is not able to keep their body or parts of it in a certain position, they are not able to sit up straight and keep their head up. Control-
- 15 led changes by the muscles are just not possible. I have brought you a picture to show you how we stabilise the physical posture of affected children.



- 25 Cerebral palsy in one person is not necessarily the same in another. I'll outline the four main types.

a) Spasticity

30 About 70 % to 80 % of affected people are **spastic**. The muscles are stiff because muscle tone is **increased**. Spastic cerebral palsy is generally **differentiated** by which part of the body is affected:

- 35 ■ Spastic **diplegia** describes spasticity mainly in both legs.
- Spastic **hemiplegia** means that one side of the person's body is affected.
- 40 ■ Spastic **quadriplegia** affects the person's whole body.

b) Athetoid or dyskinetic

- 45 ■ About 10 % to 20 % have the athetoid form.
- They show slow, **writhing** movements which they cannot control.
- Normally the **extremities** (arms and legs) are affected.
- Sometimes the face and the tongue are affected as well as speech.
- 50 ■ The tone of the muscle can change, even within a single day.

c) Ataxic

- About 5 % to 10 % have the ataxic form.
- Balance and depth **perception** are problems causing unsteadiness when walking.
- Quick or controlled movements (e.g. writing), cause trouble.
- Reaching for things is difficult → poor hand/arm control.
- Tone of muscle increased or **decreased**.

d) Mixed

- Spasticity and athetoid movements combined
- Only affects a small percentage of people with cerebral palsy.

I hope I have shown you that the symptoms of cerebral palsy differ widely from one person to another. One person with a **severe** form of it might not be able to walk, while someone else, with a mild form, might just walk a little awkwardly. This is why the special help we give depends on the individual child and cannot be generalized.

Well, my presentation is over. If you are interested in getting to know more about cerebral palsy and how to work with affected children, you should let me know. Then I'll make arrangements for you to come and have a look around for a day.

(483 words)

★ 1. Internet Research

Find out what tasks your body has to do in order to move your right thumb.

★★ 2. Group Work

Make a list of places in your region where you can learn more about cerebral palsy. Concentrate on information for people with the condition and their families.

★★ 3. Creative Task**KMK**

Imagine you work in a nursery school/ residential home for young people. A new group member with spastic hemiplegia cerebral palsy is arriving. Inform your group about her and her special needs. Plan a welcome party for her.

★★★★ 4. Project

For students doing a work experience in an institution for people with special needs

Choose a person who has a form of cerebral palsy. Describe their case to your classmates. In your description you should make sure you outline the cause of their cerebral palsy, their symptoms and special needs, as well as their daily routine.

★★ 5. Working with Words

Write down definitions for these words.

brain	posture	symptom
awkward	tongue	

★ 6. Working with the Text

Find questions to the following answers.

- a) A person's ability to move and to maintain balance and posture is affected.
- b) The affected person is, for example, not able to sit up straight and keep their head up.
- c) Their muscles are stiff because the muscle tone is increased.
- d) Cerebral palsy cannot be generalized because the symptoms are very different from one person to the other.
- e) Yes, people with cerebral palsy can also be affected by other disabilities.

Text 4: Visual Impairment

[B2]

The weekly youth magazine „Me and My World“ includes a feature called “Things Which Make Me Angry”. It publishes **readers’ letters** on that subject. This week there is a letter from Catherine.



Dear Sir,

I’m a 16 year-old teenager who has been labelled “blind” since birth. It makes me angry that people think I cannot see a thing, just because my condition is described as severe. I am not blind! I am visually impaired!

- 5 The severity of visual loss can be described in different ways but low vision or blindness are the most common terms used to describe the problems affecting me and people like me. It is often assumed that our “blindness” means we cannot see at all, when it often only means that we have difficulty in doing tasks based on vision only, for example reading or filling in forms. This means we need special help and consideration from other people so that we can manage tasks like those.
- 10 Other everyday activities, such as moving around the environment, can mostly be managed with the vision we still have.

- The consequences of vision loss vary from one person to another, even when the degree of loss they have is equally severe. Some people just know better than others how to get the most out what vision they have. And attitude plays such an important part! While one person might say,
- 15 “Okay, I’ll make the best of it,” someone else might just give up. And I definitely have not given up! I really want to get the most out of my remaining eyesight

- Visual impairment, the public needs to understand, only means that a sufferer’s eyesight is at a level below “normal”, and that aids like glasses and contact lenses can do very little to help. The reasons
- 20 for impairment are quite numerous. Often there is a loss of **visual acuity** which means that objects cannot be seen as clearly as usual. This is what I have got as well. Another common impairment is tunnel vision, where one is unable to see a wide area without moving the eyes or head.

- My teacher gives me the level of support I need – not too much and not too little. He also helps me to evaluate my own visual function by observing me in different situations, where he focuses
- 25 on the following aspects:

- Can I find someone or something by scanning the room?
- How much light do I need for doing different tasks?
- How do I use my remaining vision for moving around?

- My visual impairment also affected my childhood development because I was unable to **perceive**
- 30 information or have the experiences a child without vision impairment has. But I think myself lucky not to have had a developmental disability like mental retardation, cerebral palsy, hearing loss or epilepsy. These are found among almost two-thirds of children with my condition.

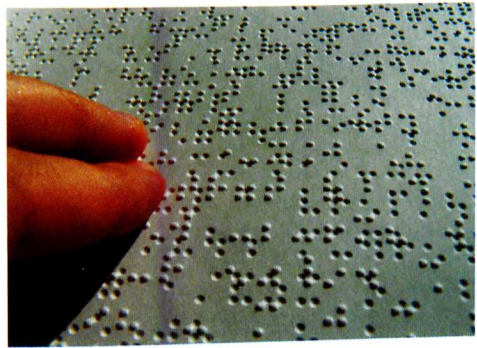
I hope readers will now see “blind” people in another light, and help them where they need help, but let them do as many things on their own as possible.

35 Yours sincerely, *Catherine*

(482 words)

Info 4: The Braille Alphabet

a	b	c	d	e	f	g	h	i	j	k
⠁	⠃	⠉	⠙	⠑	⠋	⠗	⠓	⠊	⠚	⠅
l	m	n	o	p	q	r	s	t	u	v
⠇	⠍	⠎	⠕	⠏	⠖	⠞	⠠	⠹	⠥	⠦
w	x	y	z							
⠠	⠤	⠽	⠵							

★ **1. Working with Words**

Write down three English sentences in Braille using the Braille alphabet. Let your classmates work out what you wrote.

★★ **2. Working with the Text**

Answer the following questions in your own words.

- What does visual impairment describe?
- Why is Catherine angry?
- How do most blind people manage to move around in their own environment without help?
- Explain why the consequences can be so different for two people with a medically equal loss of vision.
- Why is it important to observe the individual in different situations?
- What other problems do many visually impaired children suffer?

★★★ **3. Internet Research**

Find as many types of visual impairment as you can and describe them briefly in your own words in a report – or present them to your group orally.

★★★★ **4. Role Play/Internet Research**

Imagine you work in a school for visually impaired children. Henry, aged 8, is one of your pupils. He can see very little. His parents want to know what can help to improve his eyesight. Tell the parents about existing aids and methods, list the pros and cons of each and then decide between you what further steps to take. Practise the role play and perform it to your class.

★★★★ **5. Group Work**

Plan an activity for a group of children or young people with a visual impairment. Blindfold your classmates and do the activity with them. Afterwards you should reflect on what happened and ask your classmates for feedback.

★★ **6. Creative Task**

Make a "Touch & Feel Braille alphabet" and put it with a self-designed little "Touch & Feel Braille book". It should contain pictures of things with their names underneath.

Text 5: Working in a Residential Home for People with Special Needs

Hi, my name is Emma. I want to become an educational therapist. At the moment I'm doing a work experience in a residential home for people with special needs. There are five males and two females in the group I'm taking care of. They've got different needs, mostly linked to mental retardation.

Jake has got a condition called Trisomy 21 which I didn't know a lot about at the beginning of my practical training. So I had to do research on the internet and read several books about it. Jake is a very nice young man, and I enjoy working with him. But you have to keep your distance otherwise his emotions start running wild, and he won't stop hugging and kissing you. On my first day in the residential home he asked me to marry him! I had a real problem explaining why I couldn't, without hurting his feelings. After talking to the rest of the staff about it, I found out that Jake falls in love very often and very easily. When I knew that, it was a lot easier for me to work with him.

My daily activities in the residential home include a lot of housework, like cleaning, doing the laundry and cooking. But I also have time to play games with the residents, accompany them on trips or go out for a walk with them. I think there's a lot for the residents to do here and they get plenty of exercise, according to their individual needs. And as for me, it's a job with so much to do that I never get bored.

Every day I am more and more fascinated by the way people with special needs live and experience things. Their way of life is so different to mine. They seem to live in an ideal world of their own, seeing everything through rose-coloured glasses, without mak-



ing a fuss about little problems which would drive me mad. In a way I've been learning more from them than they have from me. To be honest, the experience has changed my own behaviour and attitude quite a lot. I've become more open-minded and tolerant in different situations now. It dawned on me that everybody experiences the world differently, in his or her own unique way. Things I would have considered as abnormal are very normal for the people I'm taking care of. And, anyway, who am I to judge what's normal and what isn't?

(410 words)

★ 1. **Working with Words**

Find a German equivalent to the following idioms.

- a) Emotions start running wild
- b) Living in an ideal world
- c) Seeing everything through rose-coloured glasses
- d) Stop making such a fuss!
- e) Things drive me mad

★★ 2. **Working with the Text**

Answer the following questions in your own words.

- a) Why do you have to keep your distance, working with Jake?
- b) What did the staff tell Emma about Jake's marriage proposal?
- c) What does Emma do so that the residents are not bored?
- d) Why is Emma fascinated by the way people with special needs live their life?
- e) How did Emma change her own behaviour and attitude?
- f) Emma mentions things she would have considered abnormal. What things might she have meant?

★★★ 3. **Internet Research**

Find out the causes and symptoms of Trisomy 21. List aspects of good practice for working with children and adults who have the condition.

★★ 4. **Role Play**

Find a partner and make up a dialogue between Emma and Jake. She is telling him that she does not want to marry him after he has proposed marriage to her. Practise the dialogue and perform it to your class. Let your classmates give you feedback, especially about Jake's emotions.

★★★★ 5. **Discussion**

KMK

Should people with Trisomy 21 have children or not? Give reasons for your opinion.

★★★ 6. **Project**

Find out what kinds of special needs people living in a nearby residential home have. Characterize them in terms of cause, symptoms and support needed. Communicate your findings to your classmates, using different methods of presentation.

Vocabulary Module 9 People with Special Needs

Text 1: Hearing Loss

loss	['lɔ:s]
impairment	[ɪ'mpeɪmənt]
(to) perceive	[pɜ:'si:v]
deaf	['deɪf]
hearing aid	['hɪrɪŋ 'eɪd]
sign language	['saɪn 'læŋɡwədʒ]
manual	['mænyu:əl]
lip-reading	['lɪp-rɛdɪŋ]
auditory nerve	['ɔ:ditɔ:ri nɜ:v]
distorted	[dɪ'stɔ:rtəd]
cerebral palsy	['sɜ:brəl 'pɔ:li:z]

Verlust
Beeinträchtigung
wahrnehmen
taub
Hörgerät
Zeichensprache, Gebärdensprache
manuell
Lippenlesen
Gehörnerv
verzerrt; entstellt
Zerebralparese, zerebrale Kinderlähmung

Text 2: Intellectual Disability

(to) lip-read	['lɪp-'rɛd]
(to) score	['skɔ:r]
(to) cope	['kəʊp]
skill	['skɪl]
(to) acquire	[ə'kwæɪz]
profound	[prəʊ'faʊnd]
effort	['ɛfɜ:t]
(to) crawl	['krɔ:l]
(to) trigger off	['trɪɡɜ: ɔ:f]

von den Lippen lesen
erzielen
bewältigen
Fertigkeit, Geschick, Können
erwerben, annehmen
tiefgreifend, heftig
Anstrengung
krabbeln, kriechen
auslösen

Text 3: Cerebral Palsy

non-progressive	['nɒn-prə'grɛsɪv]
brain	['breɪn]
posture	['pɒstʃɜ:]
muscle tone	['mʌsəl təʊn]
athetoid	
athetosis	
dyskinetic	[diskaɪ'netɪk]
spastic	['spæstɪk]
spasticity	['spæstɪsəti]
increased	[ɪ'nkrɪ:st]

nicht fortschreitend
Gehirn
Körperhaltung
Muskeltonus
athetoid
Athetose, Hammond'sches Syndrom (unwillkürliche umständliche Bewegungen bei Hirnläsion)
dyskinetisch, bewegungs(ablauf)gestört

(to) differentiate	
diplegia	[daɪ'plɪ:dʒiə]
hemiplegia	[hɛmə'plɪ:dʒiə]
quadriplegia	[kwadrɪ'plɪ:dʒiə]
(to) writhe	['rɪθ]
extremity	[ɪ'kstreɪməti]
ataxic	
decreased	['di:kri:sɪŋ]
severe	[sə'vɪr]
perception	[pɜ:'sepʃən]

spastisch
Spastik
erhöht; gesteigert
unterscheiden; differenzieren
Diplegie, doppelseitige Lähmung
Hemiplegie, komplette Halbseitenlähmung
Quadriplegie, Tetraplegie, Lähmung der vier Extremitäten
sich winden
Extremitäten
ataktisch, unsicher; ungeordnet, regellos
reduziert, abgenommen, geschmälert
schwer, heftig, hart
Wahrnehmung

Text 4: Visual Impairment

reader's letter	['ri:dɜ:z 'lɛtɜ:]
visual acuity	['vɪʒəwəl]
perceive	[pɜ:'si:v]
Braille	[b'reɪl]

Leserbrief
Sehschärfe
wahrnehmen
Blindenschrift

Text 5: Working in a Residential Home

educational therapist	[ɛdʒə'keɪʃənəl 'θɛrəpɛst]
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Heilerziehungspfleger/-in

Unit 9: Disability and illness



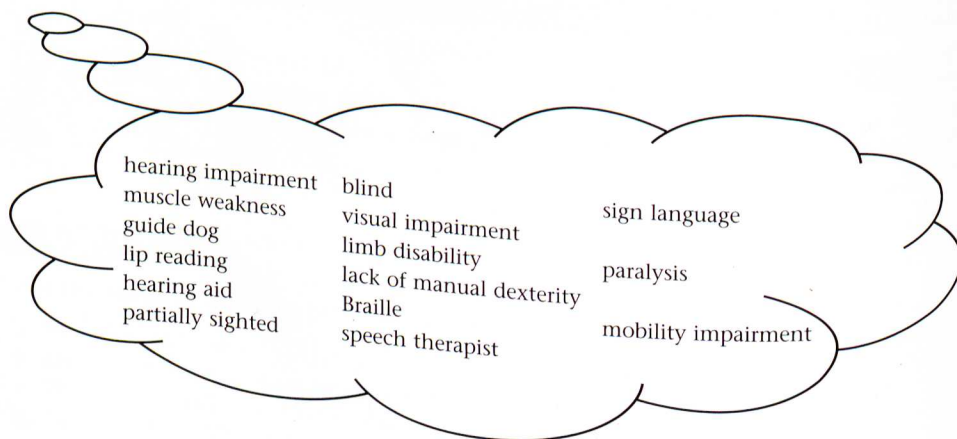
Module 1: What is disability?

Comprehension



Task 1

Look at this word cloud. In pairs, put the words into three different groups.



Writing

Task 2

In groups of four, write a survey to find out about attitudes to disability.

- 1 Your survey should have five questions. Think about the information you want to get. An example question might be: How would you feel if one of your siblings was planning to marry somebody with a disability: very comfortable, quite comfortable, quite uncomfortable, very uncomfortable? Why?

Activity

Task 3

Move around the class and conduct your survey on your classmates.

- Ask at least one person from each group of four, so that there is a good exchange of information between groups. When you have finished, compile your findings. For example: "Four of the six people we asked said that they would be very comfortable ..." One or two of your group should then present this information to the class.

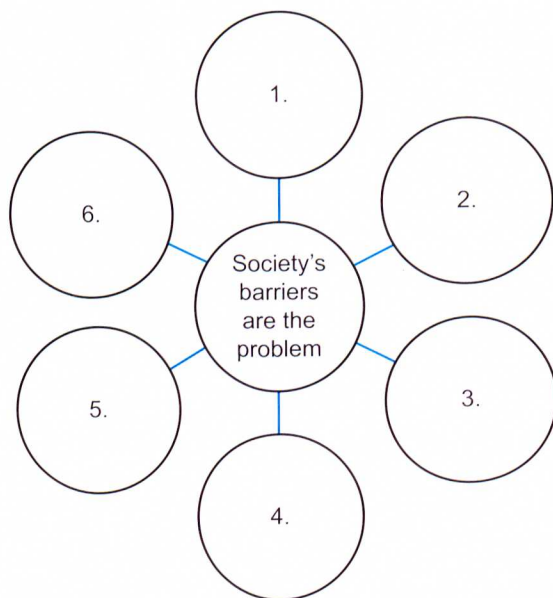
The social and medical models of disability

- 1 The diagram below shows the *medical model* of disability. This is the traditional way of viewing disability. It centres on the lack of functional ability – physical, sensory or mental. It sees a disabled child or adult as passively receiving different services which are aimed at treating or managing their impairment. Emphasis is put on the diagnosis and on the label, so that the disability, and not anything else about the child or adult, becomes the focus of attention.



An alternative way of viewing disability led by a disability rights group, has developed since the 1970s. This different way of looking at disability is known as the *social model*.

The social model says that the problem is not the disability, but society's barriers. These barriers stop people with impairments or disabilities from taking part in society in the same way as other people. In this model, the disabled child or adult is valued, and resources (for example money) are made available to services when those services are needed.



Comprehension



Task 4

Looking at the social model diagram, what do you think might be in circles 1–6?

Discussion / Writing



Task 5

In groups of three to four, write down your answers to the following questions.

- What do you think are the advantages of using the social model of disability?
- Can you think of five barriers that are faced by disabled children and their families?



Three case studies from the UK

- A. Jonathan is a four-year-old boy with cerebral palsy. He goes to a nursery for children with special needs called Winnie the Pooh nursery. Here the children are seen by therapists (speech therapists, occupational therapists and physiotherapists) at least once a week. Activities and play are tailored to the needs of each child and their development. Opportunities are given to the children to explore and value the differences and similarities between themselves and others, and children are encouraged to express their needs by talking, pointing, eye contact, use of pictures and signing.
- B. Maylin is a five-year-old girl who has a severe hearing impairment. She is in the reception class at Kingston Primary School. Children are left to play a lot of the time, and learning activities are designed to be fun, for example, maths sessions may be number rhymes. Maylin has a teaching assistant who works with her through signing, so that she can take part in the activities and play with her classmates.
- C. Sinead is a three-year-old girl with Down's syndrome. She attends Little Acorn Nursery in her home town of Hull. Little Acorn is an inclusive nursery. The children spend their time playing, but they are also taught pre-reading and pre-number skills as they play. The children listen to stories and are encouraged to paint and draw. With Sinead, tasks are broken down to basics to help her learn the same skills as her peers.

Comprehension

Task 6

Answer the following questions.

- Which of the children is educated alongside children without disabilities?
- Which of the children has its own specific worker to help him/her?
- Which of the children is taught basic numeracy?



Task 7

With a partner, answer the following question.

What do you understand by the phrase: "Opportunities are given to the children to explore and value the differences and similarities between themselves and others"?



Grammar

The Passive Voice

Use

We use verbs in the active voice to say what the subject of the sentence does.
e.g. *The children **go** to the local kindergarten.*

We use verbs in the Passive Voice to say what happens to the subject of the sentence.
e.g. *The children **are looked after** at the kindergarten.*

In the Passive, the person or thing who / which performs the action is often not known, or not of primary importance. If we want to say who or what performs an action, we use *by*.
e.g. *The children **are looked after** by the staff at the kindergarten.*

Form

The Passive is formed by the verb *be* and the Past Participle (the third part of the verb). *Be* changes its tense, the Past Participle stays the same no matter which tense is used.

e.g. *The nursery **is cleaned** every day.*

e.g. *The nursery **is currently being cleaned**.*

e.g. *The children **were taught** yesterday.*

e.g. *The boy **has been seen** by a doctor.*

Present Simple of *be* + Past Participle

Present Progressive of *be* + Past Participle

Past Simple of *be* + Past Participle

Present Perfect of *be* + Past Participle



Task 8

Look back at the three case studies of Task 5. Make a list of all the verbs which are in the Passive Voice, and all the verbs which are in the Active Voice.

Working in an inclusive Berlin kindergarten

Ritvan Celik works in an inclusive nursery in Berlin. He talks about the daily routine and the work he does there.

Our day begins at 8.30, when the first children arrive. A little after 9 we give the children breakfast. There are three groups of children and I work with the oldest group, the Little Einsteins. After breakfast the children clean their teeth and then we take them through to the play room for the Morning Circle, where they sing songs and play speaking and counting games, for example practising the days of the week. We encourage each child to take part but we don't force any of them, and if they make mistakes we use positive modelling rather than correction. Between 10 and 12 we lead the children through activities which are different every day, for example one day they might do sport and another day music. Alternatively, we help them to work on a special individual or group project. Our work fits in to a city-wide curriculum, and each activity has clear aims and objectives which we explain to the children.

At 12 we have lunch, and then after lunch the group has a quiet time while the younger children take a nap. We also have Book Hour, when the children look at books, or one of us reads a story to them. Later in the afternoon they have free play.

We're constantly observing each child's progress and evaluating that progress against previously agreed objectives. All the children get their own individual Sprachlernstagebuch which is full of things such as interviews and photos. They also get different projects to work on and record in their books, projects which are always guided by their own interests, curiosity and skills. The children who come to the kindergarten are from different ethnic backgrounds, and there are also disabled children. Of course, we treat the disabled children in exactly the same way as the other children. Each child is an individual with skills and strengths and we take these into account (rather than focussing on something which perhaps they can't do) when planning the children's objectives.

Task 9

Re-write the sentences from the text in the Passive Voice.

- a. We give the children breakfast.
- b. We encourage each child to take part, but we don't force any of them.
- c. We use positive modelling rather than correction.
- d. One of us reads a story to the children.
- e. We're constantly observing each child's progress, and evaluating that progress against previously agreed objectives.
- f. In planning the children's objectives we've taken these strengths into account.

Discussion / Writing**Task 10**

Why have inclusive kindergartens? In groups of three or four, discuss the advantages and disadvantages, and then write four sentences giving your group's opinion either for, or against, inclusive kindergartens.

Module 2: Children in hospital**If your child has to go to hospital**

- 1 Hospitals can be strange, frightening places for children. Being ill or in pain can also make them upset. You might feel helpless, but there are things you can do to comfort your child.

Prepare your child as much as you can

- 5 Play doctors and nurses or operations using teddies and dolls, and read stories about being in hospital. It's good to do this even if your child isn't due to go to hospital. Many children have to go into hospital at some stage, and many are an emergency case. Explain as much as possible to your child. Even young children need to know what's happening to them. It's important to be truthful. What children imagine is often worse
- 10 than reality. Don't say that something won't hurt when it will.

- Some hospitals arrange visits for children and their families before a child is admitted for a planned treatment or operation. It's also important to let your child know when they'll be able to see you and whether you'll be staying with them. Explain to your child
- 15 what being in hospital will be like. Tell them they'll be sharing a ward with other children of their own age and that it'll be different from their own bedroom at home.

**Stay with them**

- 20 It will help your child if you visit them in hospital as much as possible and, with young children especially, sleep there. Do all you

Relative clauses which give us extra information

The second type of relative clause gives us extra information about something. We already know which thing it is. We need to use commas to separate this clause from the sentence.

e.g. *My school, which is one of the best in the county, is in Wakefield.*

e.g. *You can stay at the local hotel, which is very comfortable.*

Pronouns

For *people*, we use the pronoun **who**. We sometimes use **that**.

e.g. *The manager, who is from Sweden, is very supportive.*

For *things*, we use the pronoun **which**. We can't use **that**.

e.g. *Marian told me about the training course, which she enjoyed very much.*

We cannot leave out **who** or **which** in any of these sentences.

Prepositions

As with identifying relative clauses, these usually go at the end of the clause.

e.g. *She showed me the garden, which had plenty of room for children to play in.*

Compare the two types of Relative Clause.	
<i>The man who lives upstairs is a teacher.</i>	<i>John, who lives in London, is a teacher.</i>
This tells us which man is being talked about.	Even without the clause, we know who we are talking about – John.
<ul style="list-style-type: none"> • We don't use commas. • We can use who / that or which / that. • We can leave out who / that / which when it's with the object. 	<ul style="list-style-type: none"> • We use commas to separate the clause. • We can only use who or which. • We can't leave out who or which.



Task 8

Read the information below and complete the sentences, using a relative clause. Decide which type of clause you need to use. The first one has been done already.

Example: There is a woman living upstairs. She's French.

The woman who lives upstairs is French.

- Olu was looking for some paints yesterday. She has found them now.
Olu has found ...
- Jane has a sister. She showed me a photograph of her. She is a lawyer.
Jane showed me ...
- Martin applied for several jobs last month. He's been offered one of them.
Martin has been offered ...
- There was an electrical problem. It crashed all the computers. It's now been fixed.
The electrical problem ...
- Daisy is one of my closest friends. I've known her for ten years.
Daisy ...

Module 3: Learning disabilities

When the disabled were segregated

Today the emphasis in Britain and America is on inclusion and independent living for disabled people. Most (though sadly not all) disabled people who want to do so are able to live in their own homes. But this wasn't always the case. For much of the twentieth century, it was common in the UK and the USA to segregate disabled people from the rest of society.



Large numbers of British and American disabled people were put away in institutions on the grounds that it was for their own good and the good of society. For example, in 1913, the passing of the Mental Incapacity Act in Britain led to around 40,000 men and women being locked away, having been deemed "feeble-minded" or "morally defective." Many disabled people living in hospitals, special schools and care homes are known to have suffered severe emotional and physical abuse. [...]

In the late 1960s, a report by Margaret Oswin on a British hospital which provided long-term residential care for children with "severe chronic handicaps" was highly critical of the service the children received. Her research discovered an impersonal regime where the children's possessions were numbered and staff did not play or talk effectively with the children. Not only did the institution have sub-standard toilets but children in the upstairs wards had no access to the grounds.

A woman who lived in a British "mental deficiency institution" for 16 years from 1952 was interviewed by D. Atkinson, M. Jackson and J. Walmsley for their book *Forgotten Lives*. She remembered, "The worst thing was I couldn't wear my own clothes. You had to wear other people's." The beds were so close together there was no space for each resident to have his/her own locker. They had to help themselves to clothes from one big cupboard in the ward. [...]

Institutions sometimes had humiliating admissions rituals. One care home for people with learning disabilities used to forcibly cut girls' hair when they arrived. A girl recalled with sadness: "I had lovely hair right down my back and they cut it." If residents put up resistance, they were tied in a chair while the cutting took place and then locked in a dark room for up to half an hour before receiving an injection. [...]

Institutionalisation is not a phenomenon of the dim and distant past either. The move towards widespread independent living in the community is a relatively recent development. Although criticisms of residential care grew in the years after 1945, there was ironically an expansion of segregation of disabled people after World War II. [...]

During the 20th century, disabled people forced to live in institutions in Britain and America were often mistreated and denied the opportunity to make basic choices about how they lived their lives. Staff accounts, official reports, academic research and the testimonies of disabled people themselves all provide plentiful evidence of inhumane practices and violations of fundamental human rights. [...]

Extract from: Victoria Brignell: *When the disabled were segregated*, December 15, 2010, in: *The New Statesman*, www.newstatesman.com/society/2010/12/disabled-children-british, accessed April 12, 2012.

Comprehension



Task 1

Answer the following questions using the text.

- Find three terms which were used in the past for those with learning disabilities.
- Find three examples of abuse suffered by disabled people in institutions.
- Find a word which is a homonym (a word which has two different meanings).

Case study – How things are today

1 Fidelia Charles has a four-year-old son, Javel, who is learning disabled. She talks about how she manages.

“Javel was diagnosed with global developmental delay six months ago. I live in Walton in Liverpool
5 and my family are mainly all back home in Africa. I go to the local children’s centre with Javel and we get a lot of support there. The centre is co-run by Scope, which is one of the leading UK disability charities, so they have really good facilities for fami-
10 lies with disabled children.

Javel goes to the inclusive nursery there, and every week I go to their session called “Me Time” which is a support group for parents and carers of disabled children. Through the centre, I’ve also been able to organise a short break, whereby Javel was cared for while I got a chance
15 to get away for a few days. It made such a difference to me and Javel to get the opportunity to recharge my batteries.”



Activity



Task 2

In groups of three to four, discuss the following questions.

- Do you think that the words we use to name learning disabilities make a difference?
- Do you think it makes sense to use such a broad term as learning disabled, which covers everything from dyslexia to profound and multiple learning disabilities?
- What do you think the word *labelling* means and what do you think that *labelling* theory is?



Writing

Task 3

Write three sentences to describe the ways in which the lives of learning disabled children were different 50 years ago.

e.g. Children didn't usually live in their family homes, but in institutions.



Grammar

Reporting with Passive Verbs

When we want to report something we can use one of two special structures with a verb in the passive. These are often used in news reports.

e.g. *It is **reported** that many nurseries in the UK are losing funding due to government cuts.*

Or: *Many nurseries in the UK **are reported to be** losing funding due to government cuts.*

Other verbs often used with this structure are: *said, thought, believed, considered, known, expected, alleged, understood.*

e.g. *It is **expected** that the nursery will close soon.*

Or: *The nursery is **expected** to close soon.*

Task 4

Rewrite these sentences using the alternative passive reporting structure.

- It is thought that many childcare workers are now unemployed.
- A crowd of people is reported to be outside the court building already.
- A young man is alleged to have stolen the car from outside the shop.
- It is considered to be one of the best schools in the city.
- The social worker is known to have a very high caseload of children.



Activity

Task 5

Role-play the following situation with a partner.

Student A: You work in an inclusive kindergarten, where disabled and non-disabled children are educated together. You want to convince Student B that this is a good thing.

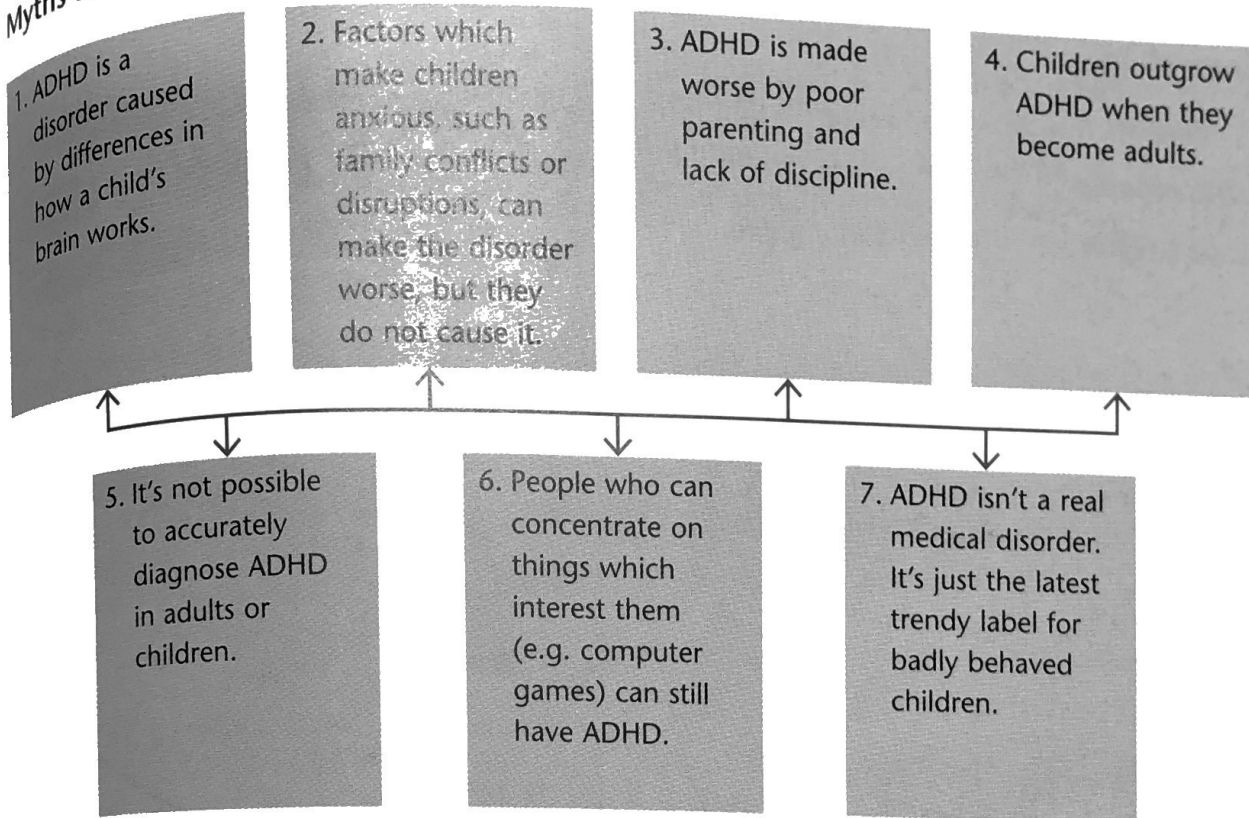
Student B: You are the mother or father of a little boy with Down's syndrome. You want to find out about the nursery, you're not sure if an inclusive nursery is best for him.



b. Your kindergarten has been chosen, and Jamie and his team are going to visit to make a film. You need to plan a menu for five lunches for the children at the nursery so that they eat five healthy, balanced meals. Plan and write out this menu.

Module 2: Attention Deficit Hyperactive Disorder

Myths and facts about ADHD



Task 1

Do the quiz in groups of three to four. Decide if the statements in the seven boxes above are myths or facts.



Can a bad diet and too many additives cause ADHD?

There are many people who believe that unhealthy food, and additives in particular, cause ADHD. However, despite many studies which have looked for links between the illness and different food elements, most scientists agree that there is no conclusive evidence to support any kind of causal connection. On the other hand, some reports have shown that food allergies can play a role in making ADHD worse if a child already has a tendency towards it. A child or an adult may be allergic to any type of food; an additive can be the culprit, but so can something natural like milk or wheat flour.

Certain foods are less likely than others to cause allergies. These include rice, vegetables and meat, so if you want to try to plan an allergy free diet, this is what you should stick to. And as for the safest drink? Well, that would be water!

Comprehension



Task 2

Does the text say that there is or there isn't a link between ADHD and food?

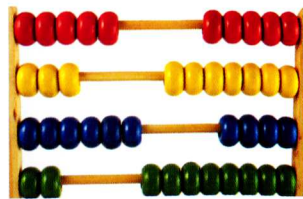


Task 3

In pairs, look at the food nouns in the two texts above, and make lists of all the countable words and all the uncountable words.

Examples:

<i>Countable</i>	–	additives
<i>Uncountable</i>	–	wheat flour
<i>Can be both</i>	–	food / foods



Grammar

Countable and uncountable nouns with *some / any, much / many, a lot of*

Use

Countable nouns

These nouns can be counted.
They have a plural form.
We use a / an with the singular form.

Uncountable nouns

These nouns can't be counted.
These nouns can only be singular.
We don't use a / an.

Nouns which can be both

Some nouns can be both, depending on the meaning:

Specific meaning (countable)
General meaning (uncountable)

Some

Some is used in positive sentences.

Some is also used in requests and offers.

Any

Any is used in most questions.

Any is used in negative sentences.
No means the same as *not any*.
We also use *any* with the meaning "it doesn't matter which."

Examples

He has 1,500 books.
They have three children.
There is a problem here.

I'd like some tea.
We need some information.
He loves music.

Children can react to a range of foods.
Food can contribute to a child's problems.

He has some general research to do.
They think they took some good photos.
Could I have some coffee please?

Do you have any questions?
Does he do any exercise?
I didn't bring any money.
He has no friends (he hasn't got any friends).
You can catch any train, they all go to Bristol.
Q: What do you want to eat? A: Anything you have is fine.

Much

Much is used with uncountable nouns especially in negatives and questions.

She doesn't eat much pizza.

How much information do you need?

Many

Many is used with countable nouns, in positive sentences but especially in negatives and questions.

My father has many hobbies.

Does he eat many takeaways?

There weren't many people at the meeting.

A lot of

A lot of is used in positive sentences with both countable and uncountable nouns.

We can also use *a lot of* in negative sentences, and questions.

My brother has a lot of health issues.

There's a lot of milk left in the carton.

There hasn't been a lot of input.

Are there a lot of new students?

Task 4

Complete the sentences with *some* or *any*.

- There are ...(1)... foods which may cause allergies.
- There isn't ...(2)... strong evidence that additives cause ADHD.
- Do you have ...(3)... food allergies?
- There is ...(4)... research which suggests a link.
- Could I have ...(5)... coffee?

**Task 5**

In pairs, complete the sentences with *much*, *many* or *a lot of*. Sometimes more than one answer is possible.

- It is thought that there are ...(1)... contributing factors to ADHD.
- She can't be healthy with a diet that contains so ...(2)... fast food.
- Do you have to make so ...(3)... telephone calls?
- Hurry up, we haven't got ...(4)... time left.
- I don't know how ...(5)... fruit she eats.
- You shouldn't put so ...(6)... salt on your food.

**Task 6**

Find and correct the mistake in each of these sentences.

- He gave me a lot of informations.
- Come and visit me some time you want to.
- They think there are too much people in the classroom.
- Could I have any coffee please?
- Q: What does surplus mean? A: It means there are too much of something.
- The doctor gave him too much prescriptions.





Activity

Task 7

Copy this word map into your notebooks
Write down all the words connected to the word *prescription* that you can think of.

Hints:

- What are the verbs and adjectives connected to the word *prescription*?



Discussion



Task 8

Ritalin – the debate

- The use of medication such as Ritalin (methylphenidate hydrochloride) to treat ADHD has been a rising trend in both the USA and in Britain over the last 20 years. In the same period, Germany
- too has seen a sharp rise in the numbers of children who are diagnosed with ADHD and then prescribed the drug.



Student A: You are *for* the use of Ritalin. Use the language for expressing opinions in Unit 4, and the following information:

- Used properly research has shown that Ritalin is safe, as safe as aspirin. Many doctors and scientists say that Ritalin is helpful to children and adults with ADHD.
- Some doctors over-prescribe, and some mis-prescribe, but this doesn't mean that the benefits of a helpful drug should be overlooked. We shouldn't throw the baby out with the bathwater!
- Parents of children with ADHD swear that the drug helps their children, and that without it their children would not get through school.
- Ritalin should only be correctly used in combination with talking therapies, the education of the parents and the child, and lifestyle modification.
- Stimulants have been successfully used to treat what we now call ADHD since 1937. This is not a new phenomenon.

Student B: You are *against* the use of Ritalin. Use the language for expressing opinions in Unit 4, and the following information:

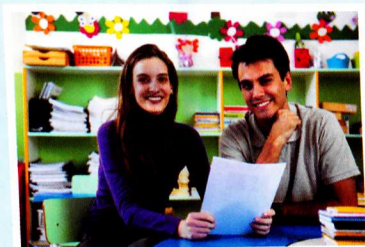
- There is a dangerous trend towards medicalising child behaviour.
- Ritalin is a strong drug; it can make changes to a child's body and personality. There is no proof that it is not addictive.
- It can't be true that suddenly there are so many children with ADHD, compared to only 30 years ago. Some cases are simply bad behaviour or bad parenting, or both.
- Some doctors prescribe Ritalin without a proper diagnosis.
- The parents of children with ADHD need to be educated, for example to encourage them to read their children bedtime stories rather than letting them play electronic games all the time.

Activity

Task 9

Role-play

In groups of four, role-play a meeting between the parents of a young boy and two kindergarten workers. The parents think that their son is just naughty, but the kindergarten workers believe he might have ADHD. When he is at kindergarten, the little boy can't sit still, and never pays attention to a story or an activity, but always gets up and walks around. He is always picking up one toy after another, and playing with it for a few moments only, then dropping it and moving on to grab another toy.



- Two of you play the parents, imagine you have a very active little boy. You have lots of questions about his behaviour in the kindergarten and about ADHD.
- Two of you play the kindergarten workers. You should ask questions about the boy's behaviour at home and try to explain ADHD using the language in this module.

Module 3: Autism

Q&A: Autism

1 Sarah Boseley explains who is affected and the treatment they receive.

Q. What is autism?

A. Autism is a lifelong condition that impacts on the development of individuals. It is often referred to as autism spectrum disorder, as it affects some individuals far more than others. People with the condition have difficulty understanding and relating to others.



Q. How many people have the condition?

A. Around 500,000 have been diagnosed in the UK.

Q. What are the characteristics of people with autism?

15 A. They do not have an instinctive understanding of how people feel. They may find it hard to understand somebody's facial expression or tone of voice and may not recognise a joke. Some people with autism may not speak at all and those who do may find it hard to participate in conversation. They may appear to say or do things which are insensitive or rude and behave recklessly in, for instance, running across a road because they do not understand danger. They like systems and routines and can be distressed by unusual or unexpected events.

Q. Is Asperger's syndrome a form of autism?

- A. Yes, it is on the autism spectrum. Generally people with Asperger's function at a higher level, can speak better and often have above average intelligence. They are more able to cope in society, but they may be aware of the difficulties they have in relating to other people, which makes them anxious.

Q. What causes autism?

- A. Nobody knows for sure, but it appears to be triggered by a combination of genes (it runs in families), and environmental factors (there have been cases of identical twins where one is autistic and the other is not).

Q. How soon is it diagnosed?

- A. Not soon enough. Parents may be aware that something is wrong from early on, but it is quite common for a child not to be diagnosed until he is more than a year old. Often it takes even longer. Asperger's may not be diagnosed until a child is three or four years old.

Q. Is there a cure?

- A. Not at the moment. There are therapies, however, that can be helpful.

Article from: Sarah Boseley: Q&A: Autism, in: *The Guardian*, January 12, 2009, www.guardian.co.uk/society/2009/jan/12/autism-health, accessed February 16, 2012.

Comprehension



Task 1

Find words in the text which mean the same as:

- to manage
- unhappy, suffering
- dangerously and without taking care
- making a connection
- affects

Two professionals who work with autistic children

Ben Grey

- Ben is a primary school teacher in the UK, who teaches the reception class (ages four to five). There are autistic twin boys in his class, and Ben gets help from a support assistant, Karen. Here, Ben is talking about working with autistic children:

- "The twins are extremely bright, and they are lovely boys. The most important thing when working with them is keeping to a routine so they know what to expect. A visual timetable is essential because if they don't know what is planned for each day they might not be able to cope. In early years' education the



learning is less structured, so this may be hard, but it's still important to find a way to keep the boys in a routine that they know about and understand. We also use the Social Use of Language Programme (SULP). This is a programme which helps children learn about social communication skills, and how to have more awareness of themselves and other people. Without learning about these things, autistic children can really struggle to interact with their peers."

Pat Currie

Pat is a Speech and Language Therapist who works with autistic children from the ages of two to seven.

"The aim is for many autistic children to attend mainstream school, but there are also special schools for the children whose autism is more severe. Keeping to a routine is really important. If there's something which adheres from the normal school day, for example when a photographer visits, an autistic child who has not been well prepared could become very upset and agitated. An important part of autistic children's development is to learn to interact with others. We also use SULP, and we make use of role plays whenever possible. For example, we might get a small group together including one autistic child and some of his or her classmates, and get them to act out a social situation. We also make use of drama, and find that the children respond very well to that. Autistic children also often have other communication issues which benefit from treatment, such as unclear speech."



Comprehension

Task 2

Are the following statements true or false?

- Autistic children like it when there is a change to their normal day.
- Most autistic children in the UK go to special schools.
- There are often other language problems which co-exist with autism.
- Children with autism find it really easy to make friends with other children.

Task 3

With a partner, find words from the two texts which can replace the words in *italics* in these sentences.

- She needs to be trained to *react* well in these situations.
- It's very important to have some *understanding* of what autism is.
- He hopes that taking this job will *be good* for his career.
- The little girl became very *troubled* when her parents left her for the first time.



3 Internet research

Imagine you have a child suffering from diabetes in your group. You are looking for fresh ideas to support the parents' choice of food for the day. Search the Internet for diabetic menu planning. Collect some basic information and then write down some diabetes meal ideas.

Alternatively, visit the UK Diabetes website <http://www.diabetes.org.uk> and do the following tasks:

- * Go to "Store tour – a guide to shopping and menu planning" (→ Guide to diabetes → Food and recipes → Shopping). Browse the store and put together a shopping basket for a day's intake of food and drinks. Use the "feedback" function to find out how balanced your basket is. You might be within target, under target or over target for the day. How good is your selection?
- * Print out the feedback and mark a few arguments you find important for your work with the child and his/her parents.
- * Now click the day menu planner ("Choose a menu", also under → Store tour ...) and fill it in for yourself. Find out what menu has been prepared for your own requirements. Compare your findings concerning the child and yourself with a partner. How much would your personal diet change in case you were diagnosed with diabetes?

4 Simulation

Imagine you have a diabetic child like Meg (see article on page 91) in your group. Parents have asked you to give them some help concerning the selection of food for the child's day at nursery school. Work in groups of four (two nursery teachers and parents). Discuss the situation as it is at present. Make suggestions for an improved diet. Also discuss how the lunch provided by the nursery school could be adapted to meet the needs of the child. (E.g., "Why don't you try to ...", "How about some ...", "Our lunch is generally based on ...", "Fact is that ...".)

5 Writing

The following question has been sent to the "Ask the expert" column of a magazine specialising in childcare. You have some knowledge about diabetes from your own experience with a child in your pre-school group.

Answer the question in a statement of about 200 words giving your opinion and advice. Remember that you are speaking as a childcare professional. All medical questions would have to be answered by a doctor.

Dear Mrs. Expert,
I have been asked to accept a child with diabetes into my group at nursery.
He is three years old and needs to have his blood glucose checked and to receive an insulin injection around lunchtime. How is his disorder going to affect my daily work at nursery?

C Disabled children

1 Reading: Sessional worker, Di Acaster

Read the text on page 93 and mark the answers to the following questions:

- * How did work as a sessional worker start for Di Acaster?
- * What special training did she get?
- * What are the challenges parents with a disabled child have to face?
- * What does "providing a lifeline" for the family mean to her?
- * What does she absolutely like about her job?

Sessional worker

Di Acaster

Di Acaster is a sessional worker in Northants providing vital support to families who have a child with disabilities.

Way back in 1991, a physiotherapist friend of mine asked if I'd like to be a sessional worker for a disabled little girl. I'd never even heard of a 'sessional worker', but I have never regretted the decision to say yes.

Social services has various ways in which it supports families who have children with disabilities. One of those ways is to provide a sessional worker – someone who is funded for so many hours a week or a month, to take the child out or to give support within the home. I had no formal qualifications or training before I started, although I had set up and run a parent and toddler group on a voluntary basis. Social services provides all the training and support needed such as child protection, first aid, health and safety, manual handling but also any more specialised training in areas such as epilepsy, autism and particular behavioural problems.

Facing the challenges

At that point I had no experience of children with special needs. What I did have was three healthy young children of my own and a passion for family life. We all know how difficult that can be – worrying when the children get ill, making the right decisions for them, balancing work with home and so on. Imagine how much more difficult that becomes if you add a child with disabilities to the equation? You may have to face serious ongoing health issues or behavioural problems. You will find yourself constantly fighting for your child's rights to get the best health care, appropriate schooling, respite help ... the list goes on.

Such families need all the help they can possibly get. Any one of us could have a child with special needs and while they are loved

and appreciated for the people they are, nobody can doubt that they need a lot of extra care.

Providing a lifeline

During the past 14 years I have worked with eight different families, all with their own stories to tell. Sessional work helps to provide a lifeline for these families. Some parents have children who hardly sleep and knowing they have a slot of time in the afternoon can be enough to see them through the day and help them to cope. Some may have other children and the sessional time gives them a chance to have quality time with mum and dad.

In a sense, I am like an adopted auntie, who turns up to take a child out for some fun! We may go to a soft play centre, to the park, swimming or out for tea. Social services also runs a series of activity sessions throughout the county for workers to take children to. When I've worked within the child's home, it's normally been to help bath and dress children in the morning or to put them to bed at night.

Chaos and smiles

Being a sessional worker can be very challenging at times but it is hugely rewarding. You have to have a sense of humour – children with disabilities specialise in bringing a little chaos to a world that likes to be well ordered. It's wonderful to watch them break down barriers with people, causing them to smile and chat when normally they'd just walk on by. We all know how much we appreciate help with our own families; I consider it a real privilege to be involved with the families that I work with. They have given to me far more than I could possibly give to them. My own children are now grown up, but all have said how glad they are that they have been brought up being familiar with people with disabilities, and I'm sure they



Di with one of the children she cares for, 13-year-old Jack, who has cerebral palsy.

are more caring and compassionate people because of it.

Making all the difference

Sessional work varies so much. It can be four hours every week or less. The family may only require help during school holidays. Whatever 'day job' I have, I know I will always be able to fit in some sessional work. It may not sound much but those few hours can make the world of difference to a family.



Freeway



Soziales

Englisch für berufliche Schulen



Klett

Unit 17

Living with disabilities

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Discrimination or support?

- According to a new survey, discrimination against people with learning difficulties seems to be widespread in the UK. A third of Britons think that people with learning disabilities cannot live independently or do normal jobs.
- A quarter even believe that such people all live in special care homes and one in ten expected them to be cared for in secure hospital units outside the town. These are some of the results of a survey by a leading health and care provider in the UK.

- 10 The survey produced even sadder results. 90% of Britons have never had a disabled person in their homes and almost 80% of Britons have never had a disabled work colleague. Yet, this lack of contact does not seem to reflect a negative attitude towards disabled people. Over 90% of the people surveyed agreed that disabled people should have the same opportunities as everybody else.
- However, in spite of this belief in equality, true equality seems to be hypothetical; otherwise disabled people would not experience such social exclusion.

- 20 There is, however, a strong awareness of the challenges which disabled people face. Nine out of ten of those questioned thought that the disabled experienced some form of discrimination, and more than half thought that they were the most discriminated against group in society – they came above other groups like gay people (45%), overweight people (42%) and ethnic minorities (40%).
- Hate crimes against those with learning disabilities – of whom there are 1.5 million in the UK – have hit the headlines in the last few years. The tragic case of Fiona Pilkington highlighted the problem. Fiona Pilkington killed herself and her teenage daughter – who had a mental age of four – after apparently being bullied by a gang of teenagers.

- On normal days Fiona's son, Anthony, who has learning difficulties and attends a special school, was regularly attacked and abused by a local gang of children. It was even worse for Fiona's daughter, Frankie, who was both mentally and physically handicapped. The gang used to



shout abuse every time she left the house. They would even throw dirt and stones at her. Frankie attended a school for children with special needs and had been happy there. But now, after reaching her 16th birthday, she was going to leave and neither Frankie nor her mother was prepared for this step. With little support, and the bullying problem, too, Fiona became depressed. In the end, she drove with her daughter to an out-of-town location and set fire to their car while they sat in it – with Frankie holding her pet rabbit in her arms. When the fire fighters arrived, the Pilkingtons were already dead.

Adam Penn, a university expert on disabilities, said that very often misunderstanding leads to discrimination. "People often think individuals with a learning disability are 'different' and discriminate against them because of this," he said. He went on, "The truth is that disabled people can make a big contribution to society when they get the right support. Typical positive contributions could be defined as working, living independently and playing an active role within the community."

(522 words)

1 Reading comprehension

(R) a) Decide which of the following statements are correct according to the text. More than one answer can be true. ► **SF12 Multiple choice exercises**

1. The survey found that people in the UK believe that people with disabilities ...
 - a) live alone.
 - b) live without much help.
 - c) are looked after in homes.
 - d) work in normal jobs.
2. The survey also found out that most Britons ...
 - a) do not have disabled workmates.
 - b) believe disabled people should have the same chances in life as people of normal ability.
 - c) invite disabled people to their houses.
 - d) are of the opinion that they are fair towards disabled people.
3. The majority of the people interviewed ...
 - a) accept the discrimination against the disabled.
 - b) think disabled people are discriminated against.
 - c) realize that there is some discrimination against the disabled.
 - d) believe in discrimination against the disabled.
4. Fiona Pilkington committed suicide because ...
 - a) she and her family were terrorized so badly.
 - b) she had a disabled son.
 - c) she was disabled herself.
 - d) she could not stand the situation any more.
5. Adam Penn believes that disabled people ...
 - a) can live full lives in society.
 - b) are just different.
 - c) cannot be integrated into society.
 - d) need help if they are to contribute to society.

b) Do the following tasks in complete sentences. Use your own words.

1. Outline some of the beliefs and prejudices which British people seem to have regarding people with disabilities.
2. Explain why the author believes equality for people with disabilities is "hypothetical".
3. Find evidence in the text that shows why a lot of British people think the disabled have difficulties in society.
4. Sum up Adam Penn's comments.

c) Translate the last but one paragraph of the text into good German.

► **SF22 Mediation/translation**

2 Comment

(P) a) Choose either comment 1 or 2. ► **SF16 Writing a composition/comment**

1. "We could all do a lot more to improve the situation of disabled people in our society." Discuss.
2. "Prejudice, especially against the disabled, is like a cancer which must be fought with extreme measures. A pleasant attitude is not enough." Discuss.

«P» **3 Describing the situation of disabled people**



1



2



3



4

- Describe the people and disabilities shown in the photos.
- Choose one of the photos and give examples of situations where the person could experience discrimination.
- Suggest ways in which society can help that person to lead a normal life. Write in complete sentences.

«P» **4 Case study – A disabled teenager**

<http://www.trenton-college.net.uk>

“My name is Nicole Evans and I have attended both specialist and mainstream colleges. I did my A levels jointly at Trenton College and Aston College. Trenton is a specialist college for young people aged 16 and over with physical disabilities. I also attended Aston College, which is a mainstream college close to Trenton College. Going to both types of college meant that I had the best of both worlds. At the mainstream college I was treated as a normal student who had to do the same work as the other students. I was integrated into

normal college life. At Trenton College I was able to learn who I was as a disabled person as well as the necessary independent living skills. There is a lot of specialist support at Trenton. For example, there is a physiotherapist on site. There is also an occupational therapy team who help to make adaptations to things so you can live more independently. There are more teaching assistants to help with college work too. They are available in the evenings and not just during class time.”

- Explain where Nicole decided to go to college and why she went there.
- If you had a disabled child, which school or college would you send him/her to? Outline the reasons for your decision. Write about 100 words referring to Nicole's statement. ► **SF16 Writing a composition/comment**

5 Mediation – special schools for deaf children

- Fassen Sie die wesentlichen Informationen der folgenden Broschüre auf Deutsch zusammen. ► **SF22 Mediation/translation**

Schools for the deaf

Not only do deaf children need special speech therapy they also have to learn sign language. This is part of the special training that only specialist teachers can carry out with deaf children. However, deaf children also need to go to a school where they can learn the things which children without this disability also learn. Therefore it is often difficult for parents to choose a suitable school for a deaf child. Here are some guidelines which can help such parents.

10 Schools for the deaf are schools where:

- All students are deaf or hard of hearing.
- Lessons are made just for students with hearing loss.
- Teachers and staff are trained to work with children with hearing loss.

15 Residential schools

- Students live on campus with other children with hearing loss.
- Students live at school during the week, and go home on weekends and holidays.
- 20 • Students may have their own bedrooms or share with other students.
- Adults live with the children to watch over them.



Day schools

- Same conditions as in residential schools, except students only attend school during the day. They go home every afternoon.

Going to a school may affect your child in different ways

- Your child will be around many other children with hearing loss.
- Your child can find role models in older deaf children, deaf teachers and deaf staff.
- Your child may learn more about deaf culture than in a mainstream school.

6 Composition – describing statistics

- Describe and analyze the following statistics showing the number of people with learning disabilities in Wales. ► **SF28 Describing diagrams**

Numbers of people with learning disabilities in Wales by type of accommodation and age

	Aged under 16	Aged 16 – 64	Aged 65 +	Total
Own home	–	1,534	216	1,750
Parents/family	2,957	5,678	110	8,745
Foster home	163	141	18	322
Health service accommodation including hospitals, hostels, etc.	1	105	16	122
Local authority residential accommodation	9	103	42	154
Private or voluntary residential accommodation	46	1,072	235	1,353
Other accommodation	16	205	23	244

Source: www.statswales.wales.gov.uk

Text 5: Working in a Residential Home for People with Special Needs

Hi, my name is Emma. I want to become an educational therapist. At the moment I'm doing a work experience in a residential home for people with special needs. There are five males and two females in the group I'm taking care of. They've got different needs, mostly linked to mental retardation.

Jake has got a condition called Trisomy 21 which I didn't know a lot about at the beginning of my practical training. So I had to do research on the internet and read several books about it. Jake is a very nice young man, and I enjoy working with him. But you have to keep your distance otherwise his emotions start running wild, and he won't stop hugging and kissing you. On my first day in the residential home he asked me to marry him! I had a real problem explaining why I couldn't, without hurting his feelings. After talking to the rest of the staff about it, I found out that Jake falls in love very often and very easily. When I knew that, it was a lot easier for me to work with him.

My daily activities in the residential home include a lot of housework, like cleaning, doing the laundry and cooking. But I also have time to play games with the residents, accompany them on trips or go out for a walk with them. I think there's a lot for the residents to do here and they get plenty of exercise, according to their individual needs. And as for me, it's a job with so much to do that I never get bored.

Every day I am more and more fascinated by the way people with special needs live and experience things. Their way of life is so different to mine. They seem to live in an ideal world of their own, seeing everything through rose-coloured glasses, without mak-



ing a fuss about little problems which would drive me mad. In a way I've been learning more from them than they have from me. To be honest, the experience has changed my own behaviour and attitude quite a lot. I've become more open-minded and tolerant in different situations now. It dawned on me that everybody experiences the world differently, in his or her own unique way. Things I would have considered as abnormal are very normal for the people I'm taking care of. And, anyway, who am I to judge what's normal and what isn't?

(410 words)