Modules for TVET Study Programs:

Vocational Education for Target Groups with Special Needs

Modules 1cs

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Modules for TVET Study Programs: Vocational Didactics

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Module 1cs: Vocational Education for Target Groups with Special Needs

Training Module Title	**Vocational Education for Target Groups with Special Needs** (Module might be used in different study programmes: it is a cross-section module (cs), a transversal module)	
Responsible Person	*NN*	
Target group	future Teachers, Trainers, Instructors, HR personnel at large	
Module Description	The United Nations "Convention on the Rights of Persons with Disabilities (CRPD)" stipulates that nations which signed it, take measures that provide equal chances to people with disabilities to live their full potential in their private and working life. Vocational education is an essential facilitator in this process and therefore basic relevant knowledge, skills, and attitudes should be elements of competences of all professionals in vocational education. According to a World Bank estimate 15% of the world's population experience some form of disability. Therefore, it is "normal" for teachers and instructors in vocational education to work with students with special needs and to support them in their development. Among these students the youngest will be about 15 years and they might have experienced previous special education. The oldest students might be in their fifties, e. g. in vocational rehabilitation after suffering an accident or an illness that prevents them to continue working in their profession. In this module students will acquire an elaborated understanding of • special needs in the context of vocational education, • inclusive strategies to deal with special needs in teaching-learning processes, • cooperation and networking for enhanced support of students.	
Module Prerequisites	Module 1p Vocational Competences Module 2d: Self-reliant Learning in Technical Education and Vocational Training	
Learning outcomes	**Knowledge and understan-ding**	Participants know and understand • different approaches to disabilities and their relevance for vocational education, • common attitudes towards disabled persons and their negative effects on vocational education, • purpose, scope and importance of the "International Classification of Functioning, Disability and Health ICF" for vocational education, • purpose and general basic structure of the "International Classification of Diseases and Related Health Problems ICD" and its

		relevance for vocational education, • health risks that are correlated with disabilities, • the role of assessment in determining specific needs for supporting meaningful learning of students with varying disabilities, • competence demands of actual work processes in companies.
	Applying knowledge	Participants ... • carry out needs assessments, sometimes in cooperation with experts from other disciplines, • describe health risks that are correlated with disabilities, • outline economic effects of disabilities on a personal and on a macro-economic level, • give students adequate support to develop their potential so that they can achieve a fulfilling experience in working and in private life under conditions of special needs, • facilitate students' cooperation with experts in different disciplines, with companies and with social and health care institutions, • plan, carry out and evaluate teaching-learning processes for gaining vocational action competence.
	Making judgments	Participants make well-founded judgements … • giving reasons for including persons with disabilities in vocational education from ethical, socio-political and economic viewpoints, • describing and discussing exemplary legal and organisational conditions of vocational rehabilitation, • decide where, when and how to implement inclusive vocational education under the condition of limited resources, • in didactical planning of teaching-learning processes regarding special needs, • in assessment of students' vocational action competence.

	Communication skills	Participants are able ... • to communicate with their future students respectfully and well-focused, • to present topics and content in a transparent and engaging way, • to stimulate motivation of their students despite hardships caused by disablement, • to create an accepting and animating communication climate without fear.
	Learning skills	Participants are able ... • to make use of the self-reliant learning approach in their work with students, • use in-company work-processes as a core resource for didactical planning, • to instigate and supervise project learning, • to design learn-and-work assignments for self-reliant learning of students in vocational education, • to plan and guide training processes that focus on change of attitudes towards disabled persons, • to practice and teach life-long-learning skills.
	Values	Participants will attain a strong positive attitude to work with their special needs students and will be appreciative of them and of their goal to achieve inclusion, they will try to establish this set of values in institutions that deal with their students.

The map of learning outcomes

Learning courses/modules/ subjects	**Learning outcomes:**						
	Knowledge and understanding	**Applying knowledge**	**Making judgements**	**Communication skills**	**Learning skills**	**Capabilities**	**Values**
Module "Vocational Education for Target Groups with Special Needs"	**xxx**	**xx**	**xx**	**xxx**	**xx**	**xxx**	**xxx**

Module content	**"Vocational Education for Target Groups with Special Needs"** • Cultural perceptions of disabilities and related practices • Capabilities approach, UN convention (CRPD) and inclusion • Diversity of disabilities – foci of support:

	○ learning difficulties ○ visual impairment ○ hearing impairment ○ Speech and communication ○ physical and motor development ○ emotional and social development • support institutions and networks • Vocational rehabilitation • Standardized curricula, individual needs and economic restraints • Special needs related aspects of didactics
Course Duration	1 Semester/6 months
Workload / Credit Points	120 hours / 4,0 CP, Contact hours: 60 h,
Format of exam	Case study: Description of learning process of a disabled student and its didactical foundation. Including reflection of observed process and didactical decision making, drawing on theoretical background. Short oral examination that widens range of topics beyond the case study.
Delivery Methods	Indicate how the course is delivered: ☒ In-class instruction ☐ Distance education ☒ Workshop, company ☐ Laboratory Comment: activity-oriented learning in the classroom in combination with company visits that are connected to learning-project (case study)
Didactical comments	The module is compulsory for all target groups mentioned above. It is assumed that after graduation participants will support students with special needs in inclusive environments but will not work as experts with very challenging cases that involve sophisticated medical or psychiatric knowledge. The same holds true when it comes to sophisticated testing or design and construction of gadgets and tools that enable students to work independently. In these cases, they have to co-operate with specialists in respective fields. Participants know what is meant with “inclusion” and they are able to promote the resilience of their students with special needs so that they will make a strong case for their right to experience inclusive vocational education and beyond that a life with as little restrictions as necessary and as much autonomy as possible. In this course

	teaching methods and topics must provide practical experiences for participants that can later be utilized by them in designing and implementing diverse learning environments in companies and schools. *Vocational education and training of students with special needs has to comply with established occupational standards so that students can achieve officially recognised certification and improve their chances on the labour market.* Only if it would definitely overstrain students despite all qualified support available, controlled deviation should be allowed. Wherever possible, materials and examples from vocational schools and companies should be used to give teaching-learning processes practical orientation. The design of teaching and learning processes should always follow this maxim: **"As inclusive ("normal") as possible and as special as necessary."** The potential of persons with disabilities is often far greater than assumed – as is regularly displayed in an extreme way during the Paralympics.
Learning environments	Seminar • Seminar room • Company • secondary school • Venues for interviews with student and teacher/instructor
Teaching Methods	Lectures, Discussion in classroom, Project-based learning
Method(s) of Student Evaluation	Short written tests with questions covering the most important concepts in vocational education for persons with disabilities, Report on individual case study, including theory-based reflection.
Material/Literature	Until now there are no textbooks in English available that deal with the topic in a satisfactory way. • Centre for Studies on Inclusive Education: Index for Inclusion: developing learning and participation in schools. http://www.csie.org.uk/resources/inclusion-index-explained.shtml 11-10-2018 - The *Index for Inclusion* is a set of materials to guide schools through a process of inclusive school development. It is concise and practical for a variety of purposes. • Georgian Ministry of Education and Science: "Vocational Education and Training – Development Strategy for 2013 – 2020." http://mes.gov.ge/uploads/12.%20VET%20Strategy%202013-20_EN.pdf 11-10-2018 • Public Defender (Ombudsman) of Georgia: "Rights of Persons with Disabilities in Georgia." (2015) (at present not available as internet resource) • World Health Organization (WHO): World Report on Disability. (2011) http://www.who.int/disabilities/world_report/2011/en/ 11-10-

2018
Centre for Studies on Inclusive Education: Index for Inclusion: developing learning and participation in schools. http://www.csie.org.uk/resources/inclusion-index-explained.shtml 11-10-2018

Georgian Ministry of Education and Science: “Vocational Education and Training – Development Strategy for 2013 – 2020.” http://mes.gov.ge/uploads/12.%20VET%20Strategy%202013-20_EN.pdf 11-10-2018

Ministry of Education and Science Georgia: Vocational Education and Trainiing – Development Strategy for 2013 – 2020 (2013) http://mes.gov.ge/uploads/12.%20VET%20Strategy%202013-20_EN.pdf 11-10-2018

Public Defender (Ombudsman) of Georgia: “Rights of Persons with Disabilities in Georgia.” (at present not available as internet resource)

World Health Organization (WHO): World Report on Disability. (2011) http://www.who.int/disabilities/world_report/2011/en/ 11-10-2018

OECD and European Commission, 2009. Students with disabilities, learning difficulties and disadvantages in the Baltic States, South Eastern Europe and Malta. Educational Policies and indicators. Paris; OECD Publishing.

European Agency for Development in Special Needs Education: European Patterns of Succesful Practice in Vocational Education and Training. Participation of Learners with SEN/Disabilities in VET. Odense and Brussels 2013 https://www.european-agency.org/sites/default/files/european-patterns-of-successful-practice-in-vet_vet-report_en.pdf 03-10-2018.

European Agency for t in Special Needs Education: 20 Key factors for successful Vocational Education and training. https://www.european-agency.org/sites/default/files/20KeyFactors14-EN.pdf 03-10-2018.

Vocational Education for Target Groups with Special Needs

Background Material: Vocational Education for Target Groups with Special Needs

Introduction: Vocational Education and Persons with Disabilities - Combined in Neglect

A recent survey by the U.S. "National Center on Birth Defects and Developmental Disabilities" stated that about one in four adults in the United States have some type of disability.[1] This group has a significantly higher health risk, e. g. obesity, smoking, cardio-vascular disease, diabetes. It is accompanied by a high risk of poverty and low chances on the labour market. Focusing on other criteria and the whole world population the World Bank arrives at these estimates: "One billion people, or 15% of the world's population, experience some form of disability, and disability prevalence is higher for developing countries. One-fifth of the estimated global total, or between 110 million and 190 million people, experience significant disabilities."[2] Despite their great number, the amount of sufferings and economic constraints people with disabilities have to bear are often perceived as a fringe phenomenon. As Amartya Sen, the Nobel laureate put it: "People with physical or mental disability are not only among the most deprived human beings in the world, they are also, frequently enough, the most neglected."[3] This is especially true when it comes to vocational education. It is symptomatic that until now there is no textbook or digital resource available in English that gives a comprehensive systematic overview of an up-to-date knowledge-base in vocational education that includes aspects of special needs.

Many developed countries have a tradition of educational offerings for disabled students on primary and lower secondary level that can draw on specialized knowledge and institutional and material resources. But in vocational education socio-political reasons and educational policies led to significant failure in caring for the needs of disabled students in a well-planned comprehensive way. If at all existent, the relevant knowledge base is still in many areas only rudimentary and teachers and trainers receive very rarely a sufficient systematic training. One reason given is, that students developed by the time they enter vocational education already a good basis of useful competencies with the support of special education in primary and secondary schools so that they are fit for continuing training without extra support. Another argument focuses on the fact that vocational education has to meet the demands of the world of work and that there is only little room allowing for special needs. Both arguments are not convincing because of ethical as well as functional considerations. Appropriate individual support by competent trainers and teachers can also in later years contribute decisively to the development of students with special needs so that they can live their full potential in answering demands of their work environment and beyond. The United Nations set therefore no age limits in the "Convention on the Rights of Persons with Disabilities

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[1] https://www.cdc.gov/ncbddd/disabilityandhealth/documents/disabilities_impacts_all_of_us.pdf (02-09-2018)

[2] https://www.worldbank.org/en/topic/disability (03-09-2018)

[3] Sen, A.: Disability and Justice. *Keynote Speech by Amartya Sen "Disability and Inclusive Development: Sharing, Learning and Building Alliances", a conference organized by the World Bank, Washington, November 30-December 1, 2004* (Attachment 2) http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/DisabilityDevelopmentWB.doc

(CRPD)"[4] which was opened for signature in 2007. It promotes full integration of persons with disabilities of all ages in societies. Although there is still a lot of debate about questions of elaboration and feasibility under the different conditions of nations, almost 170 countries have ratified the convention until 2018, endowing it with the force of national law. The U.S., Libya, North Korea, Madagascar are among the countries that have not yet ratified the convention.

The UN "Convention on the Rights of Persons with Disabilities" (CRPD): A binding Set of universal Norms for Inclusion

The convention is to be understood as a compelling consequence of the Charter of the United Nations which recognizes "the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world"[5]. If the Universal Declaration of Human Rights and further International Covenants on Human Rights were all seriously implemented, they would have pre-empted the CRPD. But as the following excerpt from the "Preamble" elaborately shows, reality still discriminates in many ways against persons with disabilities and makes the CRPD necessary:

"… (e) Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,

(f) Recognizing the importance of the principles and policy guidelines contained in the World Programme of Action concerning Disabled Persons and in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in influencing the promotion, formulation and evaluation of the policies, plans, programmes and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities,

(g) Emphasizing the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development,

(h) Recognizing also that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,

(i) Recognizing further the diversity of persons with disabilities,

(j) Recognizing the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support,

(k) Concerned that, despite these various instruments and undertakings, persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world,

(l) Recognizing the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries,

(m) Recognizing the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental

[4] http://www.un.org/esa/socdev/enable/rights/convtexte.htm 6 December 2006

[5] op. cit. "Preamble" also for the following text

freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty,

(n) Recognizing the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices,

(o) Considering that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them,
(p) Concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,
(q) Recognizing that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,

(r) Recognizing that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child,

(s) Emphasizing the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,

(t) Highlighting the fact that the majority of persons with disabilities live in conditions of poverty, and in this regard recognizing the critical need to address the negative impact of poverty on persons with disabilities,

(u) Bearing in mind that conditions of peace and security based on full respect for the purposes and principles contained in the Charter of the United Nations and observance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation,

(v) Recognizing the importance of accessibility to the physical, social,economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms,

(w) Realizing that the individual, having duties to other individuals and to the community to which he or she belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the International Bill of Human Rights,

(x) Convinced that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities,

(y) Convinced that a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their

participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries, …"[6]

The following articles of the convention (CRPD) have special significance for vocational education policy and accordingly for the obligations of teachers and instructors.

Article 24 (Education) formulates basic demands on an inclusive education system (text abbreviated):

- States recognize the right of persons with disabilities to education without discrimination and on the basis of equal opportunity. States shall ensure an inclusive education system at all levels and lifelong learning directed to:
- The full development of human potential and sense of dignity and self-worth;
- the development of persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
- Persons with disabilities receive the support required, within the general education system
- Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

Article 27 (Work and employment) states some stipulations with special relevance for vocational education (text abbreviated and adapted):

- States recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.
- Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
- Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
- Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
- Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

Basic approaches to disabilities – the ways we see persons with special needs

At all times people differed from each other in many characteristics. In history people in many countries would attribute disabilities to a bad spell by some evil supernatural power or to a divine punishment based on bad sinful deeds either by the person themselves or by ancestors, all too often the mothers. Obviously, this had a massive negative impact on the relations of disabled persons and their families with their social environment. It worked like a barrier, destroying respect, obstructing contacts, raising fears to get "infected" by the spell. Sometimes people would deplore respectful, helping contacts with disabled as interfering with divine actions, therefore labelling help them as sinful action. Such attitudes towards disabled prohibited understanding their special needs let alone creating models of organised support. Notwithstanding these circumstances there were isolated initiatives to give some support to disabled. These actions were based in pity and graciousness. Although this

[6] op. it. https://www.un.org/esa/socdev/enable/rights/convtexte.htm

approach was often the reason for providing basic sustenance at all, it was beyond question at the same time a humiliating posture, just respecting the very basic animal-like needs, but not the full person. From this standpoint there was no motive to provide a form of vocational training beyond skills and attitudes that made disabled ready to contribute to their basic sustenance. Very often hard low-skilled labour by disabled was exploited in brutal ways in complete disregard of needs for personal development of capabilities. Though these manifestations of treating disabled persons are no longer common, some rudiments can still be observed in public attitudes and even in institutional settings of vocational education. The **charity model** of disability focuses on the individual and tends to view people with disabilities as passive victims, i. e. objects of pity who need care and whose impairment is their dominant identifier. Vocational teachers and trainers must be aware of this and be ready to take up a professional position that is based on better informed arguments for nurturing the resources of disabled to the full.

During the last century attitudes towards disabilities changed under the influence of science. Medical science, psychology and special pedagogy developed a wide knowledge base concerning differentiations among impairments, their emergence, causes and treatments. Disability used to be defined (and often is still treated) as a medical condition (e. g., "short-sightedness", "osteoarthritis"). As a consequence, disability tends to be categorised as a "defect" of an individual person that is an outlasting characterising feature with very often stigmatising social effects. This **medical model** of disability does not account for the important limiting impact environmental and social barriers have on actions.

Both, the charity and the medical model encouraged educational interventions based largely on the needs as they were defined and assessed by "expert" personnel for the specific impairment, involving specialist services that are not well acquainted with the "natural" environment of students and their practical functional issues and aspirations.

Nowadays we find more often that differences in behaviour or medical status are categorised with regard to individual functioning in society. These differences are rated as "disabilities" when they differ more than marginally from what is considered to be "normal". Differences might relate to senses (seeing, hearing), intelligence, physical characteristics (e. g. physical functioning, mobility, dexterity or stamina), emotion and regulation of behaviour. Differences are appreciated as "disabilities" because of the environment in which individuals act, regularly confronted with more or less explicit expectations. Whether a person is "disabled" can therefore only be determined by considering two components:

a. the individual sensual, bodily or mental condition,
b. the functional demands that are mostly defined by society.

This approach is sometimes called the "**interactional model**" because it recognises that disability should be seen neither as purely medical nor purely social because people with disabilities can experiences problems arising from the interaction of their health condition with the socially determined environment.

For example, people who can no longer live independently in their own flat because of a steep staircase they cannot climb may be categorised as "disabled". But they will no longer be "disabled" in their personal environment after a lift has been installed or after they moved to another house that is "barrier-free". Similarly, a person who is "disabled" because of short-sightedness will hardly meet any barriers in his/her work-place after getting better adjusted spectacles and a big high-resolution screen for the PC. These examples show there is some truth in the adage: **"People <u>are not</u> "disabled", but they are <u>made</u> "disabled"**. That does not mean of course that the short-sightedness has miraculously vanished as a personal bodily feature, but it is no longer an obstacle in functioning at the work-place. World Bank, UN and relevant national organisations adopted a functional approach to measuring

disability. In that perspective, disablement is no longer an overarching stabile quality that characterises a person, but it denotes impairments precisely with regard to functional requirements. This approach is in accordance with the interactional model.

„In recent years, a functional approach to measuring disability that draws upon the social model of disability has become more standard, and has recently been adopted by the World Health Organization's International Classification of Functioning, Disability and Health and the UN's Washington Group (WG) on Disability Statistics ... According to the social model, disability is the outcome of the interaction of a person's functional status and their environment. People are not identified as having a disability based upon a medical condition, but rather are classified according to a detailed description of their functioning, along various domains ranging from specific body functions to basic activities (e.g., walking and seeing) to the extent of their participation in work, school, family life, and other endeavors."[7]

This understanding of disabilities opens up big new windows of opportunities for millions of "disabled" people in all countries. It reveals new ways to participate in ordinary life and to contribute with their talents and efforts to a thriving humane society. But this understanding of disabilities is not yet shared by all people in all societies. Traditionally, "disabled" were discriminated against often in harsh ways. Being labelled "disabled" would all too often lead to being pushed aside in society without proper chances to develop individual capabilities.

The **capability approach** of disabilities takes these discriminations into account. It is another variant of the interactional model. It has been derived from Sen's capability approach in economics. In this framework disability can be understood as a deprivation in terms of capabilities or functioning that results from the interaction of an individual's personal characteristics (e.g., impairment, age, race, gender) i. e. the individual's resources (in economic terms: assets, income) and the individual's environment (physical, social, economic, political) on the other side. This model has often been compared to the ICF model, the "International Classification of Functioning, Disability and Health" by The World Health Organization (WHO) that received approval from all 191 member states of WHO. It stresses the individual's freedoms, as well as the possibility that economic resources, or the lack thereof, can be disabling. ICF complements the 10th edition of WHO's "International Classification of Diseases and Related Health Problems ICD-10" which contains information on diagnosis and health conditions, but not on functional status. Therefore, it refers to the medical approach to disabilities, but has great importance for the diagnosis of individual's medical characteristics within the framework of the capability approach.

Models and approaches are at the basis of how trainers and teachers, peers, classmates and colleagues at work construct the environment for the development of persons with special needs. They act and interact according to the models they adapted, often in a long-term process that was to a large part unconscious. It is important to reflect one's own actions and the actions of partners with regard to "hidden approaches" so that they do not interfere with intended strategies and behaviour.

From the standpoint of the capacity approach teachers' and instructors' questions for reflection might be in the fictitious case of visually impaired Mariam:

[7] J. Braithwaite, D. Mont: Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications. SP Discussion Paper no. 0805. February 2008, p. 6 - Available at http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172608138489/WBPovertyAssessments.pdf (03-09-2018)

Questions	**Answers**[8]
Have I really understood, what the “interactional model” means? Do I approve of it?	
What are the specifics of the “capability approach”?	
When I follow the “capability approach” and analyse the situation of my visually impaired student Mariam (example!) – what is her precise *medical* condition? (Severe short or far sightedness, macular degeneration, acquired cataract ...)	
What are *functional* limitations for Mariam in the learning environment (or future work environment)? When do they appear?	
What can be done to overcome them? (Place her closer to the whiteboard in class, or in demonstrations, keep an eye on her to realize her needs early…)	
What can her parents do to improve Mariam’s learning environment? (Improve medical aids for her ...)	
Do they have helpful information or suggestions for me as a teacher? (collaboration)	
Does Mariam have to take medicine regularly? Can we find a way to install a reliable regime?	
Would it be sensible to give Mariam extra-time in tests so that she has a better chance to prove her capabilities?	

[8] Valid answers can only be given after diligent observation of Mariam and her interaction with the relevant environment. Most important are regular contacts with her to validate observations!

How can I support building an inclusive learning partnership comprising Mariam and other students?	
What can I do to encourage Mariam to communicate her needs and demand more suitable learning conditions?	
How can other members of Mariam's learning environment actively join close cooperation under the capabilities approach?	
Has really everything possible been done building on Mariam's talents and strengths to improve her capabilities for a personally rewarding and successful life in the world of work?	
...	
...	

Disabled persons have more health issues and suffer more often from poverty than persons without disabilities

These U.S. data[9] illustrate some of the multifaceted disadvantageous health conditions of adults with disabilities:

Adults living with disabilities are more likely to		
	With Disabilities	*Without Disabilities*
... BE OBESE	38.2%	26.2%
... SMOKE	28.2%	13.4%
... HAVE HEART DISEASE	11.5%	3.8%
... HAVE DIABETES	16.3%	7.2%

Healthcare access barriers for working-age adults with disabilities include	
1 in 3 (18 – 44 years)	do not have a **usual healthcare provider**
1 in 3 (18 – 44 years)	have an **unmet healthcare need because of cost** in the past year

[9] https://www.cdc.gov/ncbddd/disabilityandhealth/documents/disabilities_impacts_all_of_us.pdf (02-09-2018)

1 in 4 (45 – 64 years)	did not have a **routine check-up** in the past year

Poverty is an important reason for the health hazards mentioned. It is the most important factor for experiencing healthcare access barriers and related health risks. On the other hand, the presence of a disabled member in a household exacerbates the risk of falling into poverty as can be seen in the following table:

Poverty Rates by Presence of Disabled Household Member[10]

Country	Year	Poverty		Extreme Poverty	
		All	Disabled Member	All	Disabled Member
Armenia	1999	54.7	58.6	8.5	10.6
Georgia	1999	42.7	60.0	8.9	17.0
Kosovo	2002	50.3	n. a.	12.0	15.5
Kirgyz	2003	56.4	56.0	24.7	38.2
Poland	2004	14.8	21.0	8.6	12.8

The impact of a disabled household member is different in size comparing the mentioned countries. It is very big in the case of Georgia. This holds especially true for falling into extreme poverty. (The statistics can only cautiously be used in international comparisons because definitions of disabilities and poverty may differ considerably!)

A study from India sheds light on the causes of higher poverty rates in households with disabled member:

“First, disabled people receive less education, having only a 52 percent illiteracy

compared to 35 percent for the general population. The share of disabled children not enrolled in school is over five times the general rate, even in relatively well-off states. Disabled children very rarely progress beyond primary school. ...

Disabled people in India also have lower employment rates, and the gap between their employment and that of non-disabled people is growing. According to the study, ‘The large majority of persons with disability in India are capable of productive work. Despite this fact, the employment rate of disabled population is lower (about 60 percent on average) than the general population, with the gap widening in the 1990s. Having a disability reduces the probability of being employed by over 30 percent for males in rural Uttar Pradesh and Tamil Nadu, though the effect is lower for women…[and] Around 45 percent of households with a person with a disability report an adult missing work to care for [disabled] member, the bulk of these every day and on average for 2.5 hours. However, other adult men are more likely to be working in households with disabled members, due to the need to compensate for lost income. (Executive Summary)’ .. Overall, poor prospects for education and employment among disabled people, and the intense stigma that they often face, are expected to drive them into poverty.”[11] As statistics from 2003 indicate, similar conditions existed in the European Union (EU). “... 40 per cent of disabled people of working

[10] Abbreviated from J. Braithwaite, D. Mont: Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications. SP Discussion Paper no. 0805. February 2008, p. 11

[11] J. Braithwaite, D. Mont: Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications. SP Discussion Paper no. 0805. February 2008, pp. 11f.

age were employed compared to 64.2 per cent of persons without a disability. What is more, 52 per cent of EU working age disabled persons are economically inactive, compared to 28 per cent of persons without disability. ... Among persons with disabilities, men are almost twice as likely to have jobs as women."[12]
So, there are ethical, political and economic reasons to develop the capabilities of persons with special needs for a self-determined, rewarding and productive life in social responsibility - just like it is done for everybody else. But to establish equity for disabled persons, argues Amartya Sen, it is not sufficient to award the same income because disabilities cause unavoidable extra costs for medicine, technical aids like visual support systems, hearing aids, special transport, support for training etc.. A society that would grant all its members equal opportunities to develop and practice their capabilities would have to compensate disabled persons for these costs.[13] "Poverty can be seen as an inadequacy of the basic capabilities that a person has. This links with lowness of incomes, certainly, but not just with that. With the same level of income, a disabled person may be able to do far fewer things and may be seriously deprived in terms of the capabilities that he or she has reason to value. For the same reason for which disability makes it harder to earn an income, disability also makes it harder to convert income into the freedom to live well."[14]

Although the numbers will vary among nations, the mechanisms of interaction between disability, poverty and further deprivation can be observed everywhere. Vocational education for target groups with special needs can work as a missing link to the world of qualified work, escape from poverty, better access to the healthcare system, and more autonomy in life! That would be a great benefit for disabled persons and their families. Beyond that the economy and the society at large would profit from a better economic and social integration of disabled persons.

Teachers, instructors, trainers, and other human resource personnel should be able to act as experts who can give decisive support to persons with special needs so that they are able to evolve their capabilities fully for participating in the world of work. Teachers and trainers will regularly consult specialists with deeper and broader background knowledge in education for people with special needs and they will cooperate with them.

Students of teachers and trainers in vocational education experience difficult transitions that are exacerbated by special needs

Students in vocational education who have special needs can roughly be allotted to two groups:

a) students in vocational courses in secondary education,
b) students in vocational rehabilitation.

On average these groups will differ greatly in age, experiences, life plans, social relationships, personal responsibilities and duties etc. They have in common being compelled to grapple with existential new demands to build a personal future without proven

[12] International Labor Organization (ILO): Facts on Disability in the World of Work. (2007) Available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_087707.pdf

[13] Sen, A.: Disability and Justice. *Keynote Speech by Amartya Sen "Disability and Inclusive Development: Sharing, Learning and Building Alliances", a conference organized by the World Bank, Washington, November 30-December 1, 2004* (Attachment 2)

[14] loc. cit.

adequate knowledge and viable experience. This adds to the vulnerability persons with special needs experience anyway.

a) Students in vocational courses in secondary education (adolescence)

An alarming indicator for the severity of the vulnerability young people experience during the phase of transition into the world of work is the high rate of suicides. According to a recent study by the World Health Organization (WHO) suicide was the second leading cause of death (after road accidents) among 15-19-year-olds globally in 2016[15]. In the United Kingdom suicide was even the "biggest killer" in the age group 20 – 34 years[16]:

Suicide is the biggest killer of young people in the UK

Suicide is a leading cause of death in young men and women aged 20-34 in the UK. The latest figures from the Office of National Statistics reveal that the number of young suicides each year is greater than it has been for the past 10 years. In 2015 1,660 young people under 35 years took their own lives; 103 more than in 2014 and 58 more than the previous highest recorded figure (1,631 in 2011).

Causes of suicidal behaviour are manifold and complex, they cannot be pinned down only to the transition process into the world of work. But that process exacerbates strenuous experiences which are characteristic of adolescence. In modern societies young persons face two basic tasks during adolescence which are linked to far reaching existential consequences:

- develop a personal identity,
- choose an occupation.

Both tasks are closely intertwined and individual special needs play an important role dependent on the severity of disablement and the degree of inclusiveness of the environment.

At the centre of identity development stands the question: "Who am I?". Young children are not much concerned with this question, but with adolescence answering this question becomes inevitable. If a person is not retarded in her development of social cognition, she perceives in adolescence e. g. different behaviours that can be linked to certain values in a process of abstraction; adolescents demand coherent justifications of actions, they realise and analyse differences in behaviour in their nearer and wider social environment etc. And they are confronted with the question "What do I want to do with my life?" Becoming visibly a "woman" or a "man" leads to questions concerning the start of sexual partnerships, eventually with the long-term perspective of founding a family.

Adolescents like to try out new behaviours and often have the feeling, the world is open for their adventurous life designs. But the sudden and rapid physical changes that adolescents go through make them very self-conscious and insecure. They are sensitive, and worried about their own body changes. They may make painful comparisons about themselves with their peers. Youngsters with special needs will often be very vulnerable in this phase. Physical changes may not occur in a smooth, regular schedule. Therefore, adolescents may

[15] http://www.who.int/news-room/fact-sheets/detail/suicide (10-10-2019)

[16] https://www.theguardian.com/mental-health-research-matters/2017/jan/20/12-statistics-to-get-you-thinking-about-mental-health-in-young-people (10-10-2019)

go through awkward stages, both in their appearance and physical coordination. During adolescence, it is normal for young people to begin to separate from their parents and make their own identity. In some cases, this may occur without a problem from their parents and other family members. However, this may lead to conflict in some families as the parents try to keep control. Friends become more important as adolescents pull away from their parents in search for their own identity. Their peer group may become a refuge. This allows the adolescent to test new ideas.

In early adolescence, the peer group most often consists of non-romantic friendships. These often include "cliques". Members of the peer group often try to act alike, dress alike, have secret codes or rituals, and participate in the same activities. All of which will be influenced by role models from social media. As the youth moves into mid-adolescence (14 to 16 years) and beyond, the peer group expands to include romantic friendships. But behaviour patterns and ages will differ considerably between cities and remote areas.

In a 'common sense' understanding, "personal identity" refers usually to certain properties to which a person feels a special sense of attachment or ownership. E. g. "I am always a happy person with great resilience despite my impairment." In this understanding someone's personal identity consists of those features she takes to "define her as a person" or "make her the person she is".[17] Many physical impairments are visible in face to face communication. In this sense they are a property, but in an inclusive environment they should not define her as a person – neither by herself nor by other people at work, school or the general public. But discrimination against persons with special needs is still widespread and it is important to strengthen impaired persons in vocational education so that they can employ different viable strategies to cope with open or hidden discriminate behaviour at work in an appropriate way.

While it is already difficult for unimpaired youths to find their way through the uncertainties, risks and conflicts of adolescence to a stable personal identity, the problems that persons with disabilities have to cope with are even greater because they face reduced choices concerning occupations, schools and companies and have greater strains on very limited resources for transport and support tools.

*b) Different situation of students in **vocational rehabilitation***

Students in vocational rehabilitation have *in principle* the same special needs as students in secondary education. E. g. will visual impairment have very similar impact on behaviour in work. But there are some medical conditions like macular degeneration which are much more prevalent in later life. Very important is the fact, that persons in vocational rehabilitation can draw on their occupational experience. But this resource is limited because the new occupation may be very different so that the transfer of competences will be limited.

[17] Olson, Eric T., "Personal Identity", *The Stanford Encyclopedia of Philosophy (Summer 2017 Edition),* Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/sum2017/entries/identity-personal/>. The text discusses "personal identity" from a philosophical perspective.

This example illustrates such a situation:

A construction worker (35 years) falls down from an unsafe scaffolding and injures his spine. Although he was immediately transferred into a hospital the consequences of the accident were severe and life-changing. Medical operations could not prevent a paraplegia which made him unable to use his legs any more. After medical rehabilitation and a subsequent months-long physiotherapy and mobility training he might enter into vocational rehabilitation for a clerical job. Because he was respected for his reliability, diligence and intelligence the company is willing to employ him again. This time in administration on a special office work-place that takes his impairment into account.

In that position he will probably be able to utilise some of his knowledge e. g. about materials, tools, work processes and organisation of construction projects. This knowledge is a valuable asset that provides an advantage over workplace competitors from outside. But the change to another occupation will be very challenging for him with respect to knowledge, styles of communication, work-processes, handling of office equipment, experiencing work-value and respect etc. Core elements of his personal identity which he developed in his old work role are lost and he will have to build a new identity, establish new social relations etc. There is ample experience that proves the necessity to give advice and support to the impaired person beyond the formal instruction phase to secure a stable integration into the new work environment. Teachers and instructors should be well aware of the complex needs that go far beyond teaching a school subject. If the vocational rehabilitation process is successful and the person with special needs holds a job that gives him the feeling his work in the new occupation is valued and provides a satisfactory income it is a great success for himself, his family, the construction company, the social insurance system and society at large. In this case the investment in vocational rehabilitation may have a very positive effect on 30 years of active work life and beyond with a great amount of financial contributions to the social security system and to tax revenues.

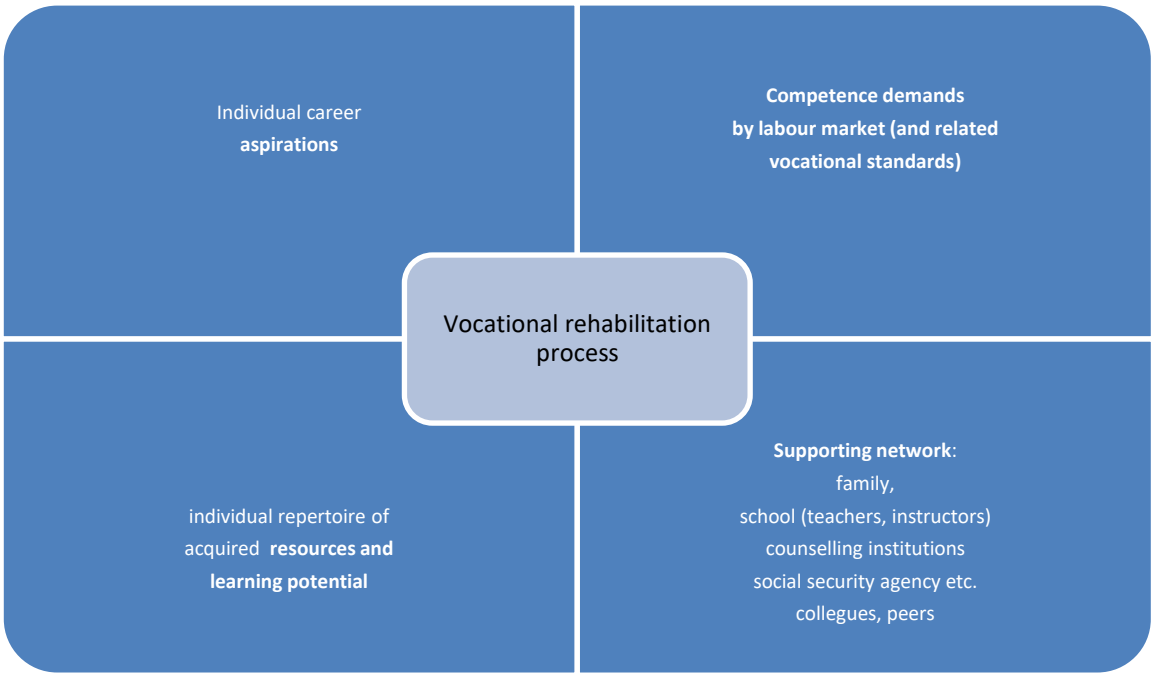
Characteristics of special needs at a glance

Modern pedagogy demands – on principle – individualised education so that all students have an equal chance to develop their individual potential to the full. In most cases individual interests as well as cognitive, emotional and physical resources are – rightly or wrongly - considered similar enough to offer them a very homogeneous learning environment. Students with “special needs” need differing, special learning environments to develop their talents. In some cases they will be educated in specialised schools. Others will attend specialised classes or mixed classes with student with or without special needs. The latter would follow an inclusive strategy where disabled students experience cooperation and social interaction on a daily basis including conflicts with students who have other or no special needs. Participating without discrimination in the everyday activities of these groups can only be experienced in an inclusive organisational setting. Experiencing collaboration and sharing many different activities provides opportunities to acquire essential knowlege about living in a diverse world. Institutionalised special education falls short in this respect. Notwithstanding inclusive education needs sometimes special didactical measures and support from external experts. That should be decided on the basis of detailed assessment.

Determining special educational needs

The precise definition of special needs is of great importance because it is on the onset of decisions that set the course for vocational education with possible consequences for whole life plans.

Special educational needs result from the difference of individual career aspirations and resources on the one hand and the competence demands of the labour market on the other hand. The rehabilitation process has the function to support the student in his efforts to adjust imbalances between demands and personal resources.



It is mandatory for the organisation of an effective vocational rehabilitation process to be fully informed about all four agents of the above depicted matrix:

(1) The **individual career aspirations**: without that knowledge it would be hardly possible to motivate students to collaborate in their vocational education process. Another reason is that aspirations are often a result of not so well-informed deliberations based on hearsay rather than critical observations and reliable information. Sometimes aspirations would be too demanding to achieve, in other cases they might not fully exploit the potential of student's resources. As aspirations develop over time, often with a lot of uncertainty and changes, career counselling and guidance from professionals as well as topical informal conversations with teachers, colleagues, friends and relatives are helpful.

(2) Instructors and teachers should always have an up-to-date knowledge of **real work-processes in the relevant sector and in typical companies** – preferably situated in the region. Without that they would not be able to design and carry out valid teaching-learning processes. Their standing as experts would suffer among all stakeholders in the rehabilitation process without exhibiting such expertise. Teaching-learning processes have to meet the criteria defined in the Georgian National "Vocational

Qualifications Framework"[18] More recently new "Professional Standards"[19] were established. They describe structures of learning processes for a great number of "professions" in more detail, e. g. for "Computer Engineering Graphics Operator", "Low-voltage electrician", "Mining engineer", "Agriculture equipment mechanic", "Practical Nurse", "Transportation logistics operator" etc. Neither the "Vocational Qualifications Framework" nor the "Professional Standards" mention any provisions for students with special educational needs. Although it is in the interest of inclusive education to avoid "weakening" standards, there should be openings for learning processes that take special needs in an appropriate way into account, e. g. when setting time restrictions.

(3) Effective and efficient support for students' learning processes can only be provided on the basis of **reliable and precise information of already acquired knowledge, skills and attitudes and the knowledge about the individual learning potential**, i. e. respective competences. Competences are not static, but potentials for further development! These assets have to be balanced with the competence demands on the labour market which may be formulated in vocational standards. But the latter should always be scrutinized regarding their validity for qualification demands by shop-floor work-processes and potentials of persons with special developmental needs. The set of elaborated procedures for gaining reliable and valid knowledge about students' personal resources is often called "rehabilitation assessment". (See below for further information.)

(4) It is typical that far more agents than "normally" are involved in the vocational education process of persons with special needs. They all should be deliberately involved as **interacting members of a supportive network**. These will be parents or – in the case of vocational rehabilitation – other family members, who give daily support in many ways. Beside that there are professionals according to respective special needs like doctors, other medical specialists, physiotherapists, psychologists, career councillors, experts from aid agencies who have an important financial role etc. Friends and neighbours play a greater (practical) role than in the lives of persons without special needs. In class it is important to build teams where members support each other, which includes that impaired students also help their classmates wherever it is possible. Given the reality of prejudices against impaired persons, it is important for inclusive learning to encourage continuously respectful and supportive behaviour by all persons involved. Without that collaboration with persons with special needs will easily turn out to be stressful on all sides. Establishing inclusive learning processes demands an appropriate classroom management that is built on respectful and supportive behaviour by all persons involved. Without that, collaboration with persons with special needs will easily turn out to be stressful on all sides. Establishing inclusive learning processes demands an appropriate classroom management that is built on ideas and consent of all persons involved. It can be a stimulating environment that takes care of special needs and at the same time provides special learning opportunities for unimpaired students. In that way it can be a win-win-situation.

[18] The Vocational Qualifications Framework https://eqe.ge/res/docs/2014120816111274159.pdf is part of the National Qualifications Framework https://eqe.ge/eng/static/125/national-qualifications-framework.

[19] See http://vet.ge/en/direction2/?d=8&sub=28

Importance of comprehensive needs assessments

Vocational education and training for target groups with special needs requires precise knowledge about what these “special needs” are. There are different categorisations in use, depending on countries, institutions, traditions etc.. Very common are these categories that represent also foci of support:

- learning difficulties
- visual impairment
- hearing impairment
- Speech and communication
- physical and motor development
- emotional and social development

While these categories and related educational seem to be relatively straightforward, a closer look reveals much complexity in a number of variations with necessary practical consequences in each category. To mention just a few:

- Learning difficulties: Retarded general cognitive development? (slight, severe, very severe), dyslexia? dyscalculia? Result of brain trauma? Dementia?
- Visual impairment: Severe short/farsightedness/blindness? These WHO norms refer to conditions with best possible vision correction: A vision of 20/200 to 20/400 is considered severe low vision, 20/500 to 20/1000 is profound low vision, more than 20/1000 is near total blindness. Only when there is no light perception at all a person is considered to be blind. In practical life the difference between “profound low vision” and “blindness” carries great relevance. The same is true for blindness from birth and later incurred blindness.
- Similar differences are to be observed in vocational rehabilitation processes for persons with hearing impairment.

It is worth mentioning that many misdiagnoses by teachers, parents and even professionals have been recorded. The consequences may be severe and go on over years. A brief sketch of some cases to raise awareness:

- Student develops gradually a habit of not listening in class and shows disruptive behaviour. Explanation: His hearing has gradually and therefore not well noticeable for him deteriorated. He cannot acoustically follow explanations and “drops out” of conversation, creates his own “conversation circle” which raises noise level and exacerbates his problem. Consequences for his own learning process are severe over time without anybody noticing the real reason.
- Another student shows a similar development because his short-sightedness worsens – again very gradually therefor unnoticed and not diagnosed. Trying to read puts strain on him, makes him tired and unconcentrated. This has a negative impact on his learning.
- A student is in vocational rehabilitation in a full-time rehabilitation centre because of a psychiatric condition. For months he suffered from depression and was even suicidal. In relative short time his behaviour changes significantly: He is very active, shows interest in a lot of things and other persons, he is obviously happy. But teachers are alarmed about this sudden change. They suspect a phase of severe depression approaching with the danger of suicide. They inform the psychiatrist right away with good reason.
- Another student with a neurological condition became rather inactive and has obviously problems with staying awake in class. The instructor talks with the doctor

and it is found out that his sedative medicine is too strong for his present condition and has to be altered. After that the student can again take part actively in vocational learning.

These few cases illustrate the necessity of a needs assessment that is professional and takes all relevant facts in the vocational rehabilitation process into account. The 360° degree examination of the person with special needs and the situation in the institution where rehabilitation takes place is indispensable. All profession involved in the process should ideally contribute their observations to the assessment. The assessment is the central steering instance in the rehabilitation process. The process cannot start properly without relevant information and it has to be adjusted over time according to information from assessment.

The rehabilitation needs assessment examines and describes the potential of persons with special needs or disabilities. Under the restrictions of the social security system this potential is first and foremost related to the requirements of a prospective occupation of field of work. On this basis the results of the assessment will be interpreted, an individual vocational integration plan with a success forecast will be set up. Rehabilitation measures will be geared to these needs.

These measures include diagnostic, advisory and practical components. In particular, the services may include:

- *Information on occupational perspectives:* Presentation of the contents of different occupational fields and fields of activity, as well as information on the corresponding offer on regional and nationwide labour market.
- *Occupational medical diagnostics and consulting*: assessment of the functional capacity and development potential of the person with special needs. Determination of the health risk of a specific workplace and/or different occupational fields.
- *Psychological diagnosis and counselling:* assessment of cognitive performance, ability to withstand physical and mental stress as well as their development opportunities in relation to a specific workplace and/or different occupational fields.
- *Work-pedagogical diagnostics and counselling:* practical work samples to determine the aptitude and inclination for a professional field or a profession with three functions: diagnostics, self-experience, occupational exploration. Short placements in occupational fields are possible. Group tasks and role-playing games offer individual occupational fields of activity, the possibility of assessing existing key competencies and the determination of development needs.

  In the medical and psychological services, information from previous investigations and expert opinions, in particular from the phase of medical rehabilitation.

In addition to the ' hard ' diagnostic facts of occupational aptitude and motivation the assessment takes also into account the conditions of the social environment and the regional labour market in terms of sustainable employability of the participants.

Elements of a Successful Policy in Vocational Education and Training for Persons with Special Educational Needs

There is an old African proverb that makes us aware that education goes far beyond the formal process we normally relate to the notion “education”: “It takes a whole village to raise a child!” As was set out above, vocational education of persons with special educational needs involves a complex social and material environment with persons in many different roles, with different institutions, with complicated financial procedures and legal implications,

with material needs concerning livelihood and personal care but also learning devices etc. It needs a comprehensive well focused policy to combine the many agencies, actors, procedures and tools in a way that is supportive of inclusive vocational education. Indeed, that would not only serve impaired persons but all others too. This becomes evident in the following report on the outcome of an analysis of VET policies and practices in 26 European countries from the perspective of learner with special educational needs. “The analysis focused on ‘what works’ in VET for learners with SEN and/or disabilities, ‘why it works’ and ‘how it works’.”[20]

Main findings showed that a set of coherent numerous success factors could be identified across most countries. These factors proved that improvements in VET for learners with SEN are possible. It demands the involvement of all stakeholders from the VET field. “What is good and efficient practice for learners with SEN and/or disabilities in VET and in the transition to employment is good practice for ALL learners.”

20 key factors[21] for successful VET

1. Legal framework
2. Motivation and commitment
3. Leadership
4. High qualifications
5. Further training and educational opportunities
6. Multi-disciplinarity
7. Partnership, co-operation and networking structures
8. Suitable ratios / small classes
9. Assessment
10. Learner-centred approaches
11. Individual plans
12. Flexibility
13. Pathways
14. Certificates
15. Quality assurance
16. Dropout reduction strategy
17. Matching
18. Support in transition
19. Availability of staff and resources
20. Follow-up

The authors of the analysis rightly state: “All of these success factors are inter-related and mutually supportive. Therefore, emphasis must be placed on all of them in order to achieve

[20] European Agency for Development in Special Needs Education: 20 Key factors for successful Vocational Education and Training.

https://www.european-agency.org/sites/default/files/20KeyFactors14-EN.pdf 03-10-2018

[21] The full text is attached as pdf-file.

improvements within any VET system.” Many of these key factors cannot be influenced directly by individual teachers and instructors. But many more improvements would be feasible if they would collaborate in well organised teams and support each other systematically. Even under tight restrictions stepwise improvements should be possible on the basis of strategic planning that would include concentration of resources based on merits in the process of change.

Features of good teaching

Students in VET are adolescents or older. It is expected that they are competent at the end of their training to work independently and reliably. Therefor teachers and trainers should encourage self-reliant learning in technical education and vocational training. The 20 key factors displayed before build an essential framework for good teaching. When we concentrate on “teaching” – what are the features that make it “good” teaching or training?

The following “features of good teaching” can support self-reliant learning by ensuring the prerequisites for effective and efficient self-reliant learning.

1. Give the teaching-learning process a clear structure: Clarify goal, process and content; clear roles, agree on rules, rituals and latitude. Building on work-processes is a good way to draw on a meaningful, clear structure that incorporates goal, process and content.
2. Maximize real learning time by good time-management and punctuality. Outsource petty organisational tasks, rhythmize daily procedures.
3. Secure a climate that is conducive for self-reliant learning. It is especially important for special needs students because they face a lot of unsettling experiences in everyday life. Foster mutual respect in interactions, endow students with responsibilities to display trusting, make sure that rules are accepted and kept by all, display fairness and a caring attitude.
4. Be clear in teaching: Ensure tasks are understood by everybody and that information tools are there and can be used properly. Take care that students recognise plausibility of didactical procedure, make sure assessment is clear and binding.
5. Give learning meaning by relating tasks to work situations and processes. Support meaningful communication about learning process by open discussions with students, their participation in planning, keeping individual learning diary and regular feedback. Create a culture of meaningful involvement.
6. Employ divers teaching methods and media. Make sure students take actively part in a wealth of teaching-learning scenarios that involve a multitude of action patterns. Try to relate as many scenarios as possible to work situations. E. g. role play: Communicate a practical problem to master craftsman, clarify a customer order with customer/colleague/supervisor. But make sure, everybody is keeping track of task.
7. Support individually: allow scope for freedom to find own way of problem solution, be patient, allow for extra time, diversify work assignments according to ability but take also care of inclusive development.
8. Design individual education plan on the basis of holistic appraisal, including participation of student and colleagues. Update plan regularly and give feedback. Take special care with at-risk students.
9. Employ “intelligent exercises”: Make students conscious of their problem-solving methods and their learning strategies; customise exercises to individual needs, give well designed help that addresses developing cognitive strategies, provide for a conducive exercise and learning environment.
10. Make sure student understands what performance is expected from him. Relate to individual education plan, to practical work processes, and to occupational standard.

Give feedback on performance and learning strategy as soon and precise as possible.

11. Organise and prepare learning environment so that students can concentrate on important tasks: keep order (with students!), provide for usable tools for learning, cater for functional equipment.

Guidance on the way to an inclusive school

A set of materials (criteria, questions) has been recently developed by a group of experienced experts in the field of education for special needs. It is called “Index for Inclusion: developing learning and participation in schools.”[22] It is an instrument for guiding and monitoring school development towards inclusive education. The index is comprehensive in its scope and can easily be administrated:

1 Index for Inclusion: developing learning and participation in schools

1.1 Introduction

The *Index for Inclusion* is a set of materials to guide schools through a process of inclusive school development. It is about **building supportive communities** and **fostering high achievement** for all staff and students.

Your school can use the Index to:

- adopt a self-review approach to analyse their **cultures, policies and practices** and to identify the barriers to learning and participation that may occur within each of these areas.
- **decide their own priorities for change** and to evaluate their progress.
- use it as an **integral part of existing development policies**, encouraging a wide and deep scrutiny of everything that makes up a school's activities.

The Index takes the social model of disability as its starting point, builds on good practice, and then organises the Index work around a cycle of activities which guide schools through the stages of preparation, investigation, development and review.

1.2 Definitions of inclusion in education from the Index for Inclusion

Inclusion in education involves:

- Valuing all students and staff equally.
- Increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools.
- Restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in the locality.

[22] http://www.csie.org.uk/resources/inclusion-index-explained.shtml#intro

- Reducing barriers to learning and participation for all students, not only those with impairments or those who are categorised as `having special educational needs'.
- Learning from attempts to overcome barriers to the access and participation of particular students to make changes for the benefit of students more widely.
- Viewing the difference between students as resources to support learning, rather than as problems to be overcome.
- Acknowledging the right of students to an education in their locality.
- Improving schools for staff as well as for students.
- Emphasizing the role of schools in building community and developing values, as well as in increasing achievement.
- Fostering mutually sustaining relationships between schools and communities.
- Recognizing that inclusion in education is one aspect of inclusion in society.

1.3 Using the materials

1. **Getting started with the Index (half a term):**
   the school development planning team establishes a co-ordinating group. The group informs themselves and the rest of the staff about the Index concepts, materials and methods for gathering together knowledge about the school from all members of the school's communities.
2. **Finding out about the school (one term):**
   detailed exploration of the school and the identification of priorities for development.
3. **Producing an inclusive school development plan:**
   change the school development plan to make it reflect inclusive aims and the particular priorities identified in phase 2.
4. **Implementing priorities (ongoing):**
   implementation and support.
5. **Reviewing the Index process (ongoing):**
   review of the school’s progress in developing inclusive cultures, policies and practices.

1.4 Sample indicators and questions

The materials are organised in three dimensions:

- creating inclusive cultures
- producing inclusive policies
- evolving inclusive practices

Each section contains up to eleven indicators and the meaning of each indicator is clarified by a series of questions. For example, here are the indicators for creating inclusive cultures, policies and practices, with the questions arising from one of the indicators in each case.

1.4.1 **Indicators for DIMENSION A Creating inclusive *cultures***

1.4.1.1 A.1 Building community

1.4.1.1.1 Indicators

A.1.1 Everyone is made to feel welcome.
A.1.2 Students help each other.
A.1.3 Staff collaborate with each other.
A.1.4 Staff and students treat one another with respect.
A.1.5 There is a partnership between staff and parents/carers.
A.1.6 Staff and governors work well together.
A.1.7 All local communities are involved in the school.

1.4.1.2 A.2 Establishing inclusive values

1.4.1.2.1 Indicators

A.2.1 There are high expectations for all students.
A.2.2 Staff, governors, students and parents/carers share a philosophy of inclusion.
A.2.3 Students are equally valued.
A.2.4 Staff and students treat one another as human beings as well as occupants of a 'role'.
A.2.5 Staff seek to remove barriers to learning and participation in all aspects of the school.
A.2.6 The school strives to minimise discriminatory practice

1.4.2 Sample questions for indicator A.1.3 Staff collaborate with each other

i. Do staff treat each other with respect irrespective of their roles in the school?

ii. Do staff treat each other with respect irrespective of their gender?

iii. Do staff treat each other with respect irrespective of their class or ethnic background?

iv. Are all staff invited to staff meetings?

v. Do all staff attend meetings?

vi. Is there wide participation in meetings?

vii. Are all teachers and classroom assistants involved in curriculum planning and review?

viii. Is teamwork between staff a model for the collaboration of students?

ix. Do staff know who to turn to with a problem?

x. Do staff feel comfortable about discussing problems in their work?

xi. Are regular supply staff encouraged to be actively involved in the life of the school?

xii. Are all staff involved in drawing up priorities for school development?

xiii. Do all staff feel ownership of the school development plan?

1.4.3 **Indicators for DIMENSION B Producing inclusive *policies***

1.4.3.1 B.1 Developing the school for all

1.4.3.1.1 Indicators

B.1.1 Staff appointments and promotions are fair.
B.1.2 All new staff are helped to settle into the school.
B.1.3 The school seeks to admit all students from its locality.
B.1.4 The school makes its buildings physically accessible to all people.
B.1.5 All new students are helped to settle into the school.
B.1.6 The school arranges teaching groups so that all students are valued.

1.4.3.2 B.2 Organising support for diversity

1.4.3.2.1 Indicators

B.2.1 All forms of support are co-ordinated.
B.2.2 Staff development activities help staff to respond to student diversity. B.2.3 'Special educational needs' policies are inclusion policies.
B.2.4 The Special Educational Needs Code of Practice is used to reduce the barriers to learning and participation of all students.
B.2.5 Support for those learning English as an additional language is co-ordinated with learning support.
B.2.6 Pastoral and behaviour support policies are linked to curriculum development and learning support policies
B.2.7 Pressures for disciplinary exclusion are decreased.
B.2.8 Barriers to attendance are reduced.
B.2.9 Bullying is minimised.

1.4.4 Sample questions for indicator B.2 Organising support for diversity

i. Do all curriculum development activities address the participation of students differing in background, experience, attainment or impairment?

ii. Do all curriculum development activities address the reduction of barriers to learning and participation?

iii. Do staff development activities support staff in working effectively together in classrooms?

iv. Is partnership teaching, followed by shared review, used to support teachers to respond to student diversity?

v. Do staff observe each other's lessons in order to reflect on the perspectives of students?

vi. Do staff receive training in devising and managing collaborative learning activities?

vii. Are there shared opportunities for teachers and classroom assistants to develop more effective collaboration?

viii. Are there opportunities for staff and students to learn about peer tutoring?

ix. Do teaching and support staff learn about using technology to support learning (such as cameras, television, video, overhead projector, tape-recorders, computers/internet)?

x. Do staff explore ways of reducing disaffection by increasing the engagement of students in curricula?

xi. Is disability equality education provided for all staff?

xii. Do all staff learn how to counter bullying, including racism, sexism and homophobia?

xiii. Do staff and governors take responsibility for assessing their own learning needs?

1.4.5 **Indicators for DIMENSION C Evolving inclusive *practices***

1.4.5.1 C.1 Orchestrating learning

C.1.1 Teaching is planned with the learning of all students in mind.
C.1.2 Lessons encourage the participation of all students.
C.1.3 Lessons develop an understanding of difference.
C.1.4 Students are actively involved in their own learning.
C.1.5 Students learn collaboratively.
C.1.6 Assessment contributes to the achievements of all students.
C.1.7 Classroom discipline is based on mutual respect.
C.1.8 Teachers plan, teach and review in partnership.
C.1.9 Teachers are concerned to support the learning and participation of all students.
C.1.10 Teaching assistants support the learning and participation of all students.
C.1.11 Homework contributes to the learning of all.
C.1.12 All students take part in activities outside the classroom.

1.4.5.2 **C.2 Mobilising resources**

C.2.1 Student difference is used as a resource for teaching and learning.
C.2.2 Staff expertise is fully utilised.
C.2.3 Staff develop resources to support learning and participation.
C.2.4 Community resources are known and drawn upon.
C.2.5 School resources are distributed fairly so that they support inclusion.

1.4.6 **Sample questions for indicator C.1 Orchestrating learning**

i. Are students encouraged to take responsibility for their own learning?

ii. Do teachers explain the purpose of a lesson or group of lessons?

iii. Do the classroom environment, displays and other resources help independent learning?

iv. Does the support given to students help them to move on in their learning while drawing on the knowledge and skills they already possess?

v. Are curriculum plans shared with students so that they can choose to study at a faster pace or in greater depth?

vi. Are students taught how to research and write up a topic?

vii. Are students able to use the library and information technology resources independently?

viii. Are students taught how to take notes from lectures and books and organise their work?

ix. Are mechanical copying activities avoided?

x. Are students taught how to present their work in spoken, written and other forms, individually and in groups?

xi. Are students encouraged to summarise what they have learnt verbally and in writing?

xii. Are students taught how to revise for tests and examinations?

xiii. Are students consulted about the support they need?

xiv. Are students consulted about the quality of lessons?

xv. Are students involved in finding ways to overcome their own and each other's difficulties in learning?

xvi. Are students given a choice over activities?
Are the interests, knowledge and skills acquired independently by students valued and drawn upon in lessons