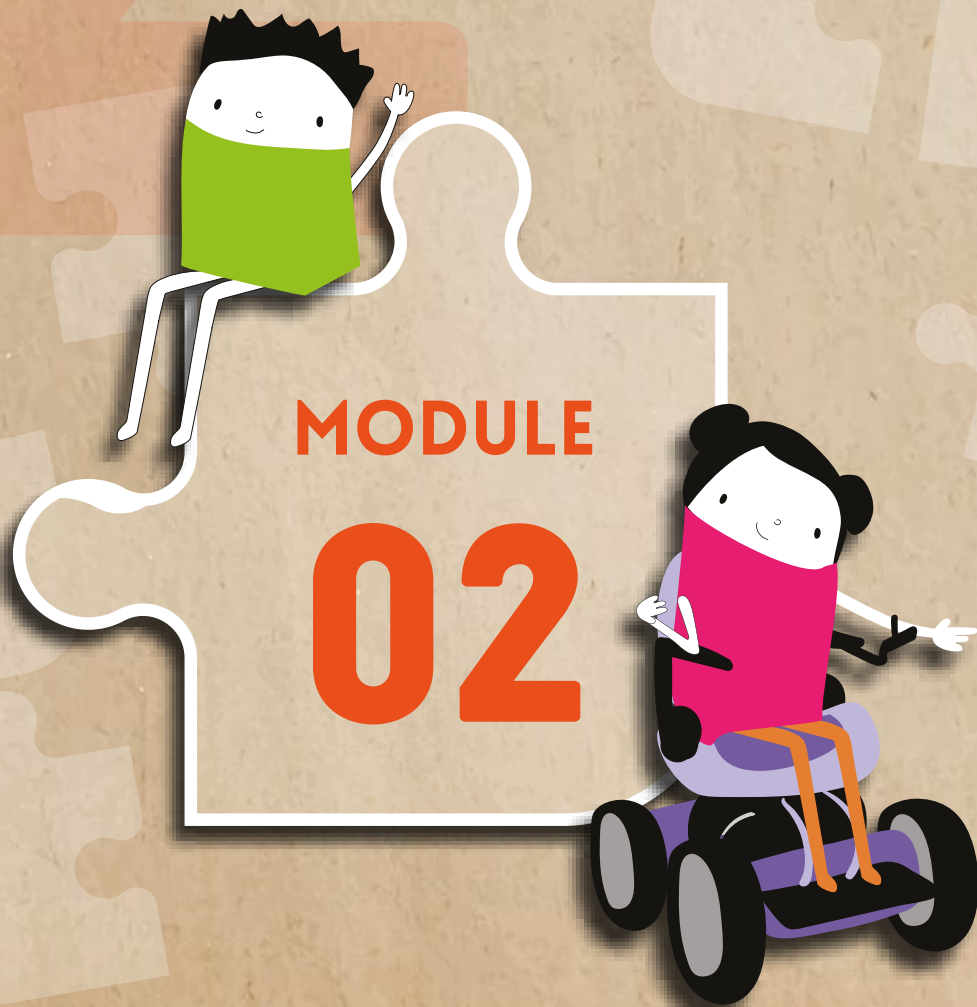


+ INCLUSIVE EDUCATION:
FROM REFLECTION TO ACTION

[GOOD PRACTICES MANUAL]

STUDENTS WITH
DISABILITIES OR
IMPAIRMENT[S]?



MODULE 2

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2.1 WHAT IS DISABILITY? WHAT ABOUT INCAPABILITY?

Considering what the ICF (International Classification of Functioning, Disability and Health) states:

“Disability is a generic term (“hat”) for impairments, activity limitations and participation restrictions. It indicates the negative aspects of the interaction between an individual (with a health condition) and his or her contextual (environmental and personal) factors”.
(ICF, 2004).

Therefore, the term “disability” takes on a more complex and comprehensive aspect, referring not only to issues of dysfunctions of the body, but also to the restrictions and participation that these imply. It is a restriction or lack of capacity. This may be temporary or permanent. It results from a disability (Encarnaç o et al. 2015).




On the other hand, disability is defined as “a loss or abnormality of a body structure or physiological function (including mental functions).” (ICF, 2004). This definition meets the description in Article 1 of the Convention on the Rights of Persons with Disabilities, by defining a person with a disability as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers are prevented from participating fully and effectively in society on an equal basis with others” (Convention on the Rights of Persons with Disabilities, 2008, p. 3).

In short, “We define impairment as the lack of part or all of a limb, or the defect of a limb, organ or mechanism of the body, and disability as the disadvantage or restriction of activity caused by contemporary social organisation.”
(Pinto, 2015, cit in UPIAS, 1976, p. 14).

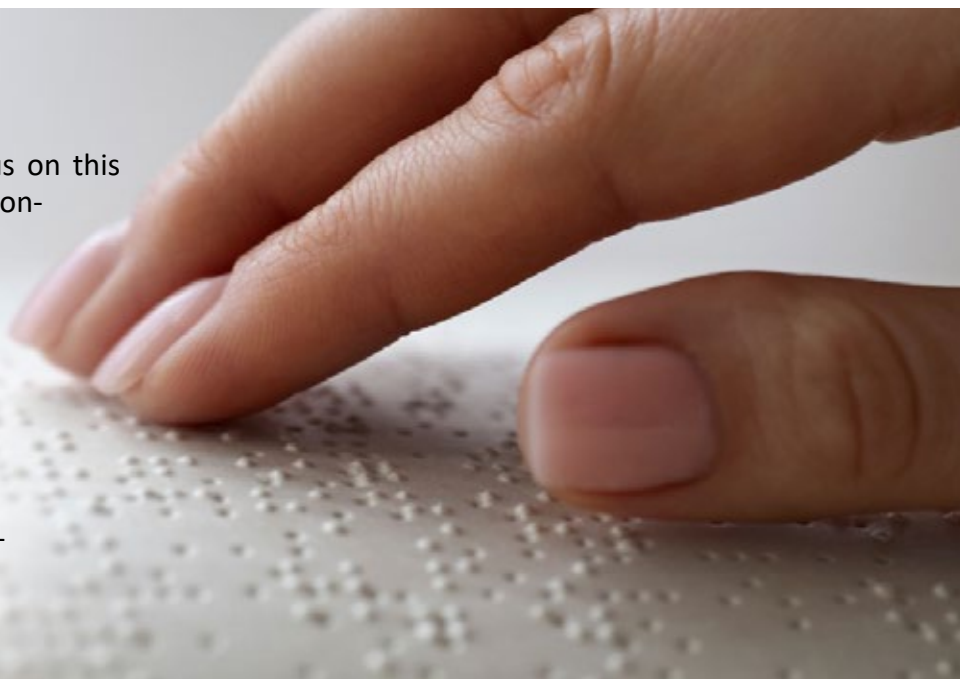
2.1.1 PERSON WITH DISABILITY OR HANDICAPPED PERSON?

The issue of inclusion generates various discussions and one of these is precisely related to the correct use of terminology. Thus, one of the issues to be discussed is how to approach the subject with a disability, that is, should we use the expression “Person with Special Educational Needs”, “Person with Disabilities” or “Person with Disabilities”?

Clarifying:

PNE Person with Special Needs	PPD Person with disability	PCD Person with Disability
<p>Although widely used, this is considered the most offensive term when denoting people who have some kind of disability, this is because by stating that someone has a special need, there is a disqualification of the skills developed by this person, passing the idea of inefficiency, when in fact most people with disabilities develop their tasks as effectively as any other individual.</p>	<p>In this case, the big mistake in using this term is in the idea that the disability is something that the individual carries. Having a disability is not something indispensable. therefore. There for, it is a wrong way to denominate it.</p>	<p>According to the United Nations Convention on the Right of Persons with Disabilities, this is the correct denomination, because it does not impose any type of discrimination, prejudice or denominational barriers, which convey a negative or inferiorized image of these individuals in society.</p>
		

The truth is that there is no consensus on this point. However, the United Nations Convention on the Rights of Persons with Disabilities assumes the Person-First Language (PFL)”, giving primacy to the person, putting diagnosis in second place. It is important to mention here that each subject has their own preference in how they are characterised, so the best practice is to ask and respect each person’s choices.



Below, we present **several incorrect expressions** followed by comments and the equivalent **correct terms, correct sentences and correct spellings**, with the purpose of supporting professionals from several areas, who need to speak and write about issues of people with disabilities in their daily lives. According to the social inclusion consultant, Romeu Kazumi Sassaki (2011):

INCORRECT EXPRESSIONS:



Wishing to refer to an adolescent (a child or an adult) who does not have a disability, many people use the expressions “normal adolescent”, “normal child” and “normal adult”.

Normality, in relation to people, is a questionable and outdated concept.



The word “invalid” means “worthless”. This is how people with disabilities were considered from ancient times until the end of the Second World War. These terms were often used until the 1980s. From 1981, under the influence of the International Year of Disabled People, the expression “disabled person” began to be written and spoken for the first time.

Gradually, the expression “disabled person” came into use, often shortened to “people with disabilities”. Around the middle of the 1990s, the CORRECT TERM people with disabilities came into use, which remains in use to this day.



In the above sentence there is a bias:

‘The disabled person cannot be a great student’.



CORRECT TERMS:

INCORRECT EXPRESSIONS:



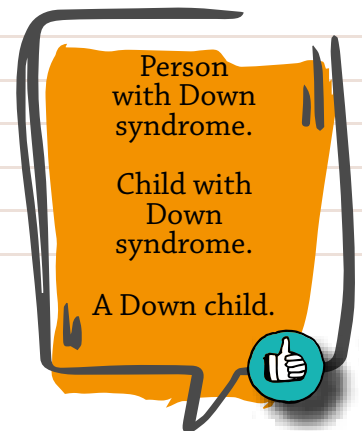
“Exceptional” was the term used in the 1950s, 1960s and 1970s to refer to people with intellectual disabilities. With the emergence of educational studies and practices in the 1980s and 1990s regarding high abilities or extraordinary talents, the term “exceptionals” came to refer both to people with above-average multiple intelligences (gifted people or people with high abilities and geniuses) and to people with below-average logical-mathematical intelligence (people with intellectual disabilities) - hence the terms “positive exceptionals” and “negative exceptionals” respectively, both of which are rarely used.



Since the Montreal Declaration on Intellectual Disability, approved on 6/10/04 by the World Health Organization (WHO, 2004), together with the Pan American Health Organization (PAHO), the term “mental disability” has become “intellectual disability”. Earlier, in 1992, the then American Association on Mental Disability (AAMR) adopted a new conceptualization of intellectual disability (until then called “intellectual disability”), considering it no longer as an absolute trait of the person who has it but as an attribute that interacts with its physical and human environment.



The words “mongoloid” and “mongoloid” reflect the racial prejudice of the 19th century scientific community. In 1959, the French discovered that Down syndrome was a genetic accident. The term “Down” comes from John Langdon Down, named after the English doctor who identified the syndrome in 1866.



CORRECT TERMS:

2.2 WAYS OF THINKING ABOUT DISABILITY

Dealing with disability is to touch on a term which is not only complex but also controversial. Over the years, several theorists have reflected on and discussed this issue, thus resulting in the development of three ways of thinking about disability: the Charity Model, the Medical Model and the Social Model (UNICEF, 2014; Pinto, 2015).

CHARITY OR DISPENSATIONAL MODEL

It is considered the first approach that attempts to explain the origins of disability and is therefore the oldest and most outdated. According to this model the origins of disability are explained by religious reasons and therefore perceived as a divine punishment. People with disabilities are seen as diabolical and consequently considered dispensable to society, being placed in spaces suitable for “abnormals” (expression used at the time) (Palacios & Bariffi, 2007).

According to Palacios & Bariffi (2007), two sub-models can be found in this approach:

Eugenic Submodel:

Developed in classical antiquity, where disability was seen, according to religious and political conventions, as something evil and therefore they considered the development and growth of children with disabilities inconvenient. Given this idea, society resorted to infanticide.

Marginalization sub-model:

The main characteristic of this sub-model is the exclusion of the person with disability, either as a consequence of the undervaluation of the subject, or due to the fear of curses coming from the person with disability.

Contrary to the submodel discussed above, infanticide was not committed. Charity and begging were the means of subsistence for these individuals.

MEDICAL MODEL

This is a more traditional and still widely used approach to analysing and explaining disability, based on medical conceptions (Pinto 2015, cited in Barnes, Oliver, and Barton, 2002). It is, therefore, a model where disability is seen as a consequence of a disease which requires medical intervention

"views disability as a problem of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals." (Alves, et al. 2012).

This perspective focuses on the issue of the subject's “deficit”, conceiving disability as the absence of some biological functionality. Thus, this is seen as a medical problem, where the person is seen as a helpless, vulnerable and dependent upon others.

To be highlighted that this model does not consider the difficulties faced by people with disabilities, namely the barriers for participation and for performing daily activities (architectural, attitudinal, etc.,). It should also be noted that this approach based on this model is still widely used in educational settings, where the learning difficulties presented by students are explained by problems internal to them (Alves, et al. 2012).

SOCIAL MODEL

The medical approach to disability was rejected and, subsequently, a new view on disability emerged, known as the “social model”. It denies the conceptions advocated by the conventional “medical model”, setting aside the focus on the disabilities of the subject, highlighting for the first time the distinction between disability and impairment “Disability (impairment) is something imposed on our impairments by the way we are unnecessarily isolated and excluded from full participation in society.” (Pinto, 2015, cit in, UPIAS, 1976, p. 14).

With the redefinition of the concept of “disability”, seen as a “form of social oppression”, the development of the “social model” led, quickly, to a change of paradigm, situating disability in society and not in the limitations of the subject, i.e. the difficulties associated with people with disabilities were not related to their biological characteristics, but rather to the lack of responses to their needs and characteristics by society.

When we talk about the issue of inclusion in educational settings, it becomes useful to resort to this Model, as it allows understanding the students’ difficulties taking into account the environmental barriers present to their inclusion, such as the curriculum and assessment (Alves, et al, 2012). In this sense, let us take the following situation as an example:

PRACTIL CASE

If a student has Attention Deficit Hyperactivity Disorder and shows difficulties during his/her learning process (difficulty at the level of attention and organisation, for example), considering the social model of disability, the focus would not be on trying to correct the “hyperactivity”, but rather on the process of identifying and removing the barriers to his/her participation and inclusion. In this sense, teachers should adapt the educational context, as well as, enable tools, and appropriate teaching methods so that the student acquires the learning and achieves his/her success.

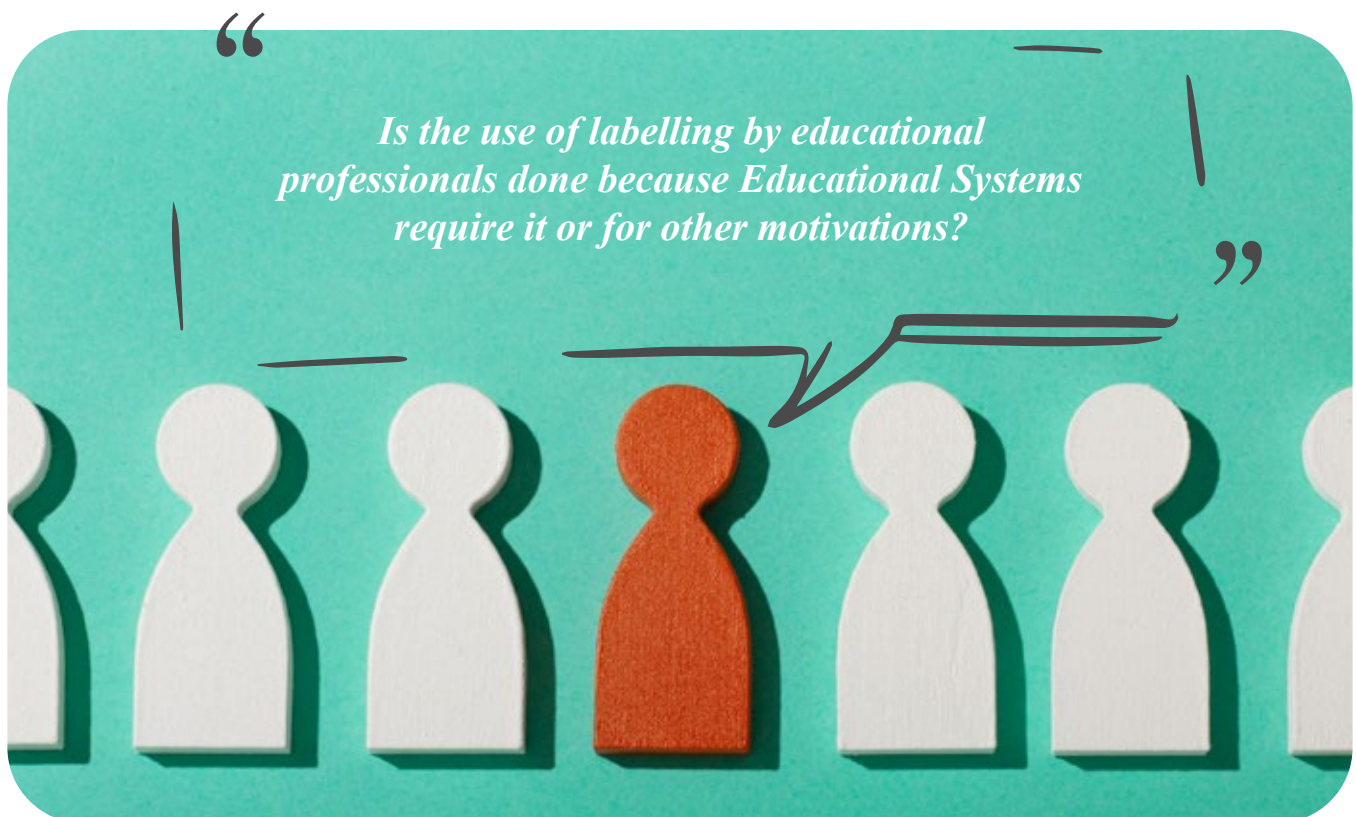
Thus, the social model underlying inclusive education is based on a change in the way disability is seen, with emphasis on context, barriers, prejudices, negative attitudes and exclusion from society of people who are different from them. The inclusive model does not deny that individual differences exist, as all people are unique and different; this model focuses on the fact that it is society which promotes exclusion, that disability is a social construct, and that inclusion is not a prize but a right.

2.3 RELATIONSHIP BETWEEN DIFFERENCE AND LABELLING

It is not from today that societies label, regardless of the area, in order to characterise those who step outside previously established standards of normalisation. Thus, labelling and categorisation have always been present in societies. It is a process that has in its genesis historical beliefs that end up influencing the way societies think and act, bringing repercussions at the level of policies, as well as at the level of behaviours. When we address the issue of labelling in education, it has been strongly used in the last century, based on the diagnosis of the student with specific educational needs. However, in the last 20 years this process has been subject to several criticisms (Hamre et al., cited in Boyle 2020).

Addressing the issue of labelling in Inclusive Education is complex due to the presence of several scientific contributions at this level. There is support within the scientific community that labelling based on diagnosis is necessary to allocate the resources required to meet the educational needs presented by learners. There are those who argue that categorising students provides a better intervention, thus contributing to better learning opportunities. Nevertheless, it is important to stress the idea that the continuous categorisation, as well as the use of diagnosis, emphasises the idea that this is the only way to access the educational support that children with difficulties need. Well, this can prove to be somewhat negative to the process of students' learning and inclusion (Boyle, 2020).

We know that the study of the use of labelling and categorisation processes in describing the behaviours and characteristics displayed by pupils with specific educational needs have been the subject of discussion (Elliot & Grigoreuko, 2014). When we address the topic of labelling processes, a question arises that is presented here for the purpose of reflection:

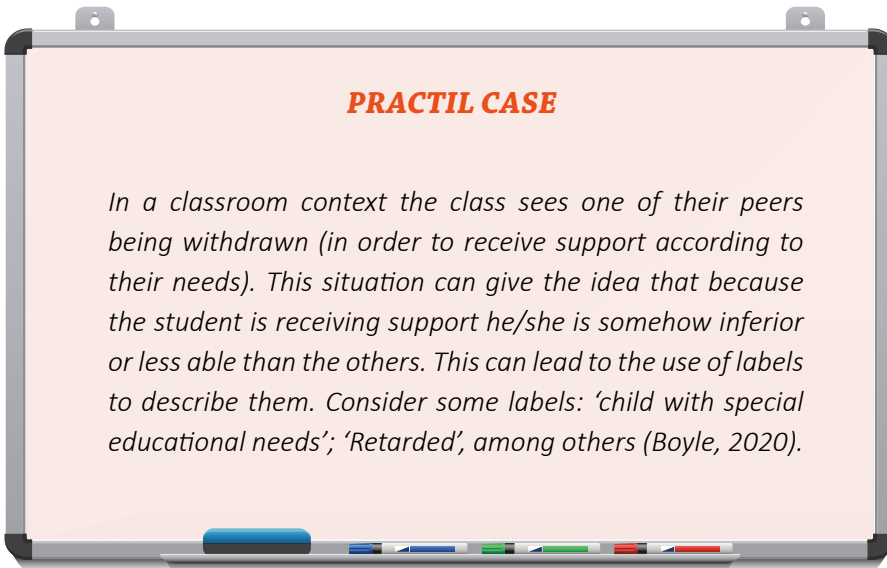


According to Boyle (2020), analysing the labelling and categorisation process is complex, however the following 3 questions need to be considered:

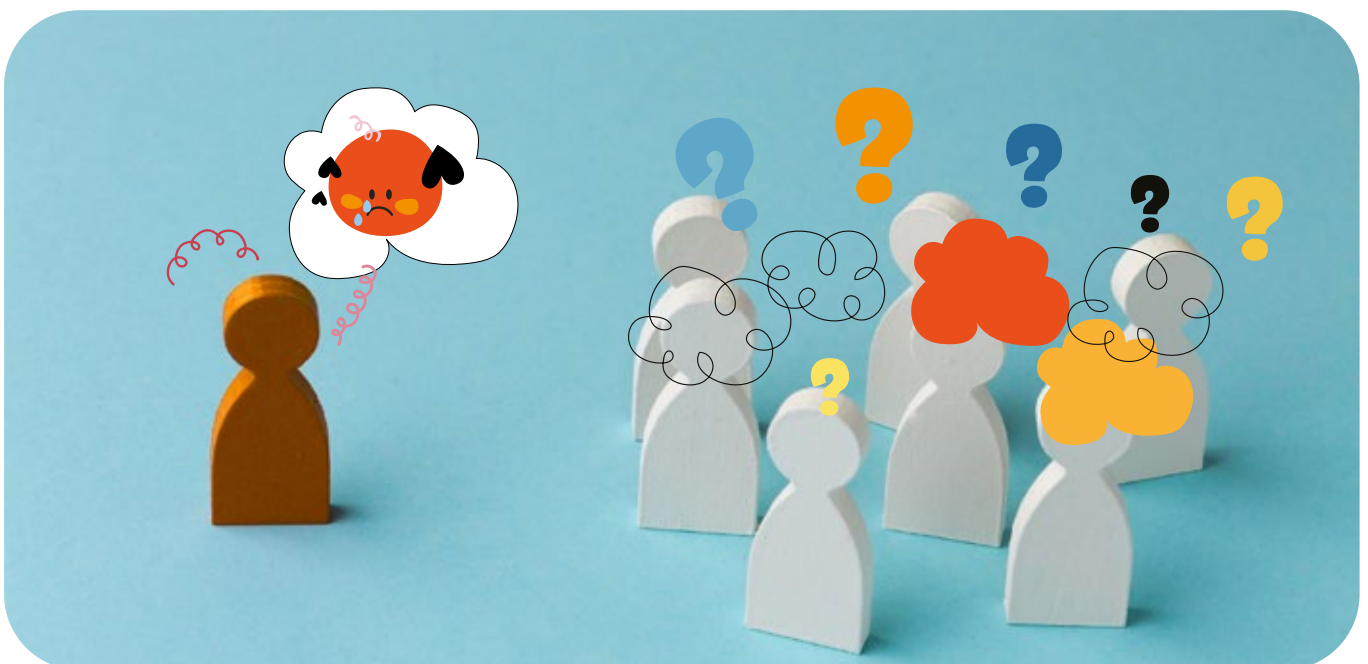
DO LABELS LEAD TO STEREOTYPING AS WELL AS STIGMATISATION?

According to Hardman et al. (1999), labels correspond to the process by which society creates descriptors to identify people who deviate significantly from the norm. The use of this type of behaviour can lead to the stigmatisation and stereotyping of the subject. According to Becker (1963), stereotyping is an attribution with a negative connotation of those who exhibit different behaviours (outside the norm). This procedure begins with the perception, as well as the emphasis of socially unacceptable and undesirable characteristics presented by a subject (Sowards, 2015, cited in Boyle 2020).

Let us take the following situation as an example:



The labels presented in the example considered above, may define the identity of the student, contributing to the estrangement from peers. On the other hand, and by feeling inferior to others, the labelled student does not feel motivated to approach and establish ties with their peers (Gogffman, 1963).



DOES THE USE OF LABELS GIVE COMFORT TO THE CHILDREN, AS WELL AS TO THEIR FAMILIES?

The use of labels is not always pejorative, often the labelling that comes from the diagnosis ends up explaining the “problem”. This can relieve stress, as well as clearing up doubts about what was previously unknown (Gillman, Heyman and Swain, 2000, p. 397, quoted in Boyle, 2020). A study conducted by Riddick (2000), where he interviewed students with Communication and Language Disorder, namely dyslexia, concluded that students found their label useful. The truth, and considering the literature, labelling based on diagnosis does bring a sense of relief and comfort to parents and the child themselves. However, the use of these labels can trigger in the student a feeling of internal deficit, i.e., the child takes the blame for the difficulty he/she presents, instead of exploring other factors, namely environmental ones. (Boyle, 2020). Here, we can consider the influence teachers, the classroom environment, the parents themselves, as well as policies, have in mitigating the child’s difficulties (Boxer, Challen and McCarthy, 1991, cit in Boyle, 2020).

According to Rees (2017), the use of the social model has led to a resistance in the use of labelling pupils with specific educational needs, contributing to a deficit understanding of the pupil. This stance, contributes to an individualised education with gaps. For this author, there is a positivity inherent in the process of categorisation, since it allows a greater knowledge about the difficulty presented by the child, as well as a better understanding of the child’s real needs, leading to a better intervention and to the potentialisation of learning opportunities. On the other hand, and as mentioned here, although the labeling process based on a medical diagnosis can bring some peace of mind to parents, students and teachers, it may also lead to a decrease in expectations, for example of teachers themselves in relation to to students with specific educational needs.

However, and considering the arguments developed above, it is important to mention and warn that there is a set of legislation, including an international one, that defends and ensures the presence and participation of people with specific educational needs in the School.

The truth is that the need to categorise is related to the way educational organisations differentiate to meet the needs of children with difficulties “Great systems are not built to function any other way, so we should not be surprised that labelling in [inclusive] education is a key aspect of many government systems, which categorise need” (Boyle, 2020, cited in Boyle 2014, p. 214).



DOES THIS PROCESS LEAD TO THE DEVELOPMENT OF AN INDIVIDUALISED PLAN, WHICH IN TURN WILL CONTRIBUTE TO THE STUDENT’S INCLUSION?

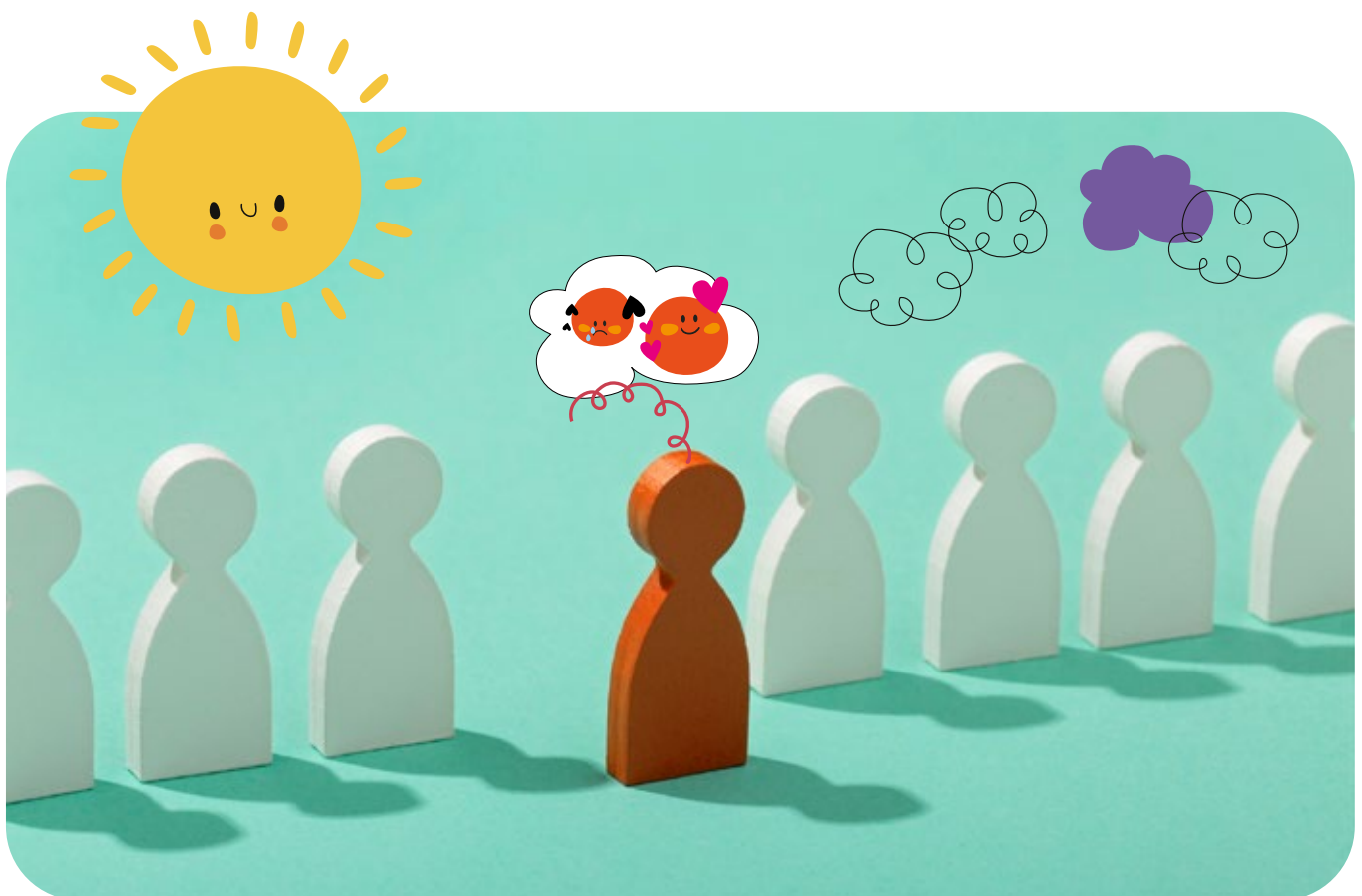
Inclusive teachers should take care to adapt teaching methods to the needs of students with difficulties. However, the use of categorisation can lead to placing students with the same label in the same category, without concern for matching teaching methods to the student’s own needs and goals (Klibthoug & Agbeuyega, 2013, cited in Boyle, 2020).

We know that two students with the same diagnosis have different needs and learning objectives. For example, two students who are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), require different accommodations and methods of teaching and learning.

By this to say that categorising the student based on diagnosis does not provide the necessary information to the teacher, thus hindering intervention
(Kelly & Norwich, 2004).

Despite the above, there are those who claim that the use of labels in educational systems leads students as well as teachers to focus on difficulties, leaving aside the student’s strengths and abilities (Blum & Bakken, 2010).

Nevertheless, focusing exclusively on labels is not the way to develop quality inclusive education, as the use of labels leads to low self-esteem of the learner, contributing to lower expectations from teachers and the rest of the school community
(Boyle, 2014, cited in Boyle, 2020).



2.4 RELEVANT STANDARDS & HUMAN RIGHTS FOR INCLUSIVE EDUCATION OF CHILDREN WITH DISABILITIES

In the first module of this manual, we addressed a set of international Diplomas, which emerged as a way not only to regulate and ensure access to Education, but also to ensure equal and equitable access to a full and quality Inclusive Education. We are talking, for example, about the Universal Declaration of Human Rights; the Convention on the Rights of the Child; the Declaration of Salamanca; the Convention on the Rights of People with Disabilities. Despite these, the truth is that there are, within each national Educational System, a set of rules that regulate Inclusive Education according to the purposes of the mentioned international Diplomas.

In Portugal, as a result of the milestone moment when the Portuguese State rectified the Convention on the Rights of Persons with Disabilities, a set of profound changes began at the legislative level, regarding Inclusive Education, which immediately lead to the improvement of the concept of educational inclusion. This started with the implementation of Decree-Law nº3/2008 and was later boosted by the implementation of Decree - Law nº 54/2018, making Portugal one of the countries where Inclusive Education has been successfully implemented (All means All, 2018, cit in Pinto, et. al, 2022).

learning needs. There is a set of methodological options associated with this decree, namely:

- **Universal Design for Learning.**
- **Multi-level Approach.**

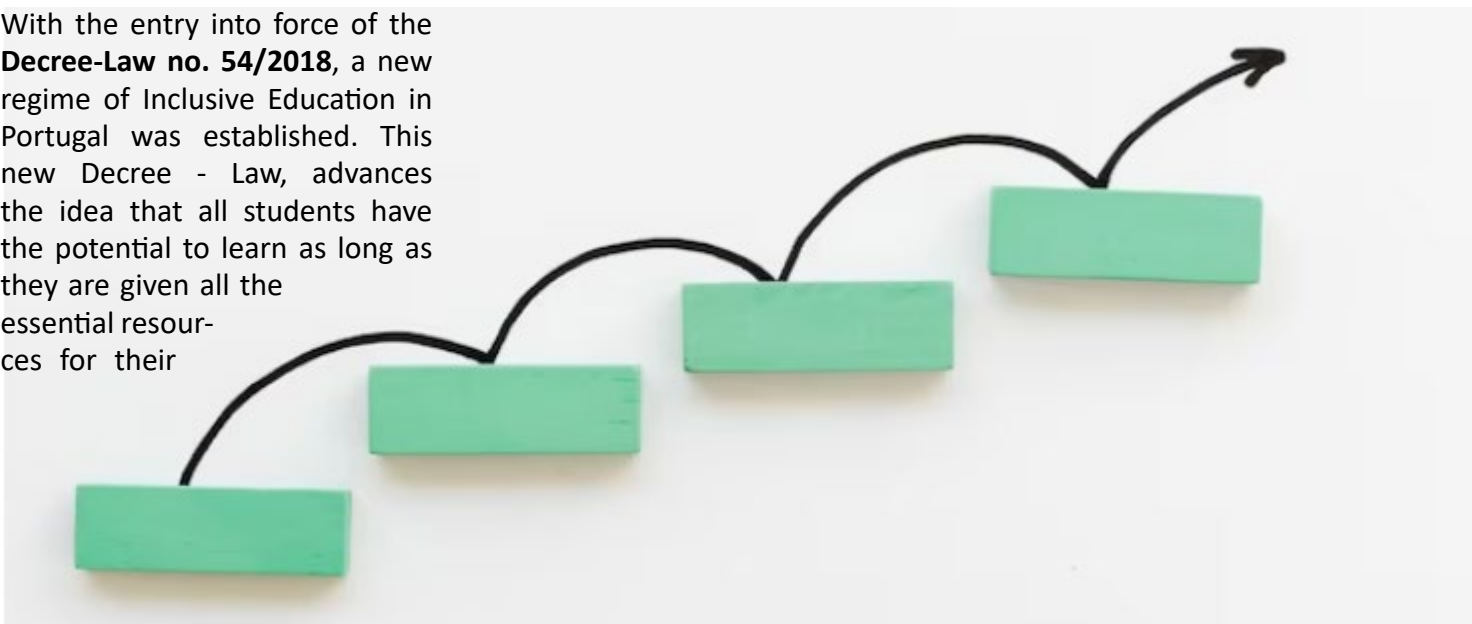
The adoption of these new methodological options involves the implementation of the following measures:

- **Universal Measures.**
- **Selective Measures.**
- **Additional Measures.**

These should be applied according to the learning needs expressed by the students.

Considering Human Rights, this new Decree - Law introduces something innovative: the idea that it is not necessary to label to intervene, on the contrary, it transmits and defends that **any student, regardless of their difficulties, can achieve a profile of knowledge and skills throughout compulsory education.**

With the entry into force of the **Decree-Law no. 54/2018**, a new regime of Inclusive Education in Portugal was established. This new Decree - Law, advances the idea that all students have the potential to learn as long as they are given all the essential resources for their



Therefore, it is necessary that there is flexibility at the level of the curriculum, as well as at the level of the assessment process of the acquired competences.

In this sense, it is important the permanent dialogue between the triad teachers, parents and surrounding entities, in order to provide adequate answers to the

needs of each student, as well as to value their skills and interests.

Besides the mother legislation, the one that guides the implementation of Inclusive Education in Portugal, it is also important to mention the relevance of the Decree - Law 54/ 2018 that informs the makeup of the curriculum, as well as its flexibility.

Portugal, despite the vulnerabilities in the implementation of Inclusive Education, has some of the best legislation in the world at this level. At this point, we had the opportunity to analyse the main diplomas that regulate Inclusive Education: Decree - Law 54/2018 and Decree - Law 55/2018.

Other guiding instruments are the National Strategies for People with Disabilities and the National Strategies for Children's Rights, which issue important guidelines inviting to practice, making entities responsible with goals and indicators. As an example, we present some guidelines which we consider assertive and which arise from the Portuguese National Strategy for people with disabilities:

- To create a support network that ensures an effective response of complementary school hours for children and young people with disabilities, which enables their permanence outside school hours, and develop free time activities and inclusive holidays.
- Deepen the Inclusive Education Model in terms of access to quality educational and training opportunities and transition to post-school life:
 - ✓ Awareness-raising programme aimed at the educational community on human rights, inclusion and inclusive education.
 - ✓ Strengthening the training of Directors, General Council, multidisciplinary team, teachers multidisciplinary team, teachers and operational assistants, for the consolidation of inclusive education, through the definition and implementation of multi-annual training plans.
 - ✓ Strengthen the specific training of special education teachers, particularly in areas such as orientation and mobility, Braille, Portuguese Sign Language, activities of daily living, etc.
 - ✓ To develop support and information materials adjusted to each area of disability, aimed at parents and the children and young people themselves.
 - ✓ Creating a system for recognising schools with excellent practices in inclusive education, as well as disseminating them.
 - ✓ Promoting an increase in the number of schoolbooks made available to students in accessible formats (...) among others. (ENIPD 2021-2025).

2.5 SCHOOL FOR ALL!

2.5.1 ACCESSIBILITY

Accessibility is one of the characteristics of Inclusive Education Systems.

Article 9 of the Convention on the Rights of Persons with Disabilities (2007) addresses the issue of accessibility, emphasising that:

(...)States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and rural areas.

Nevertheless, it is the responsibility and obligation of inclusive Education Systems to provide the necessary resources for the accessibility of persons with disabilities “The whole system must be accessible, including buildings, information and communication, (...) curriculum (...) assessment (...) and language (...) early introduction of Universal Design. (...) Accessibility is a dynamic concept” (GC4 of the CRPD, 2016). However, and according to the UNESCO Database on the Education of Children with Disabilities (2021), access to quality Inclusive Education is jeopardised, largely due to the following aspects:

- Lack of knowledge about students’ educational needs.
- Lack of trained teachers.
- Lack of adequate pedagogical support in the classroom environment.
- Accessible facilities.

Thus, for everyone to have access to a quality education system, it is necessary not only the development of policies, but also the effort and participation of the whole community in the removal of barriers that hinder access to a quality and equal school.



2.5.2 EMOTIONAL AND PSYCHOSOCIAL PROTECTION

Interventions targeting students with learning difficulties focus mainly on the acquisition of academic skills (reading, writing and arithmetic), with little emphasis on the emotional and social aspects of these students. The difficulties of these subjects are not only focused on the acquisition of learning skills, but are also related to the emotional and social aspects of their education (Schiff & Joshi, 2016).

According to the American Psychiatric Association, specific learning disabilities may lead to consequences throughout the subject's life, namely:

- a) Psychological distress.
- b) Impaired mental health.
- c) Depressive behaviours.
- d) Early school leaving.

Nevertheless, these students may also manifest a set of social and emotional challenges, namely

- a) Rejection
- b) Isolation.
- c) peer pressure.
- d) Low self-esteem.
- e) Low self-efficacy.

Studies show that students with these characteristics are not only more prone to isolation, but also to social rejection. In this sense, they have less opportunity to develop friendship bonds with their peers and, consequently, develop states of loneliness (Mugnaini, et al, 2009, cited in Cavioni, et al, 2017). Isolation, demands from the school and repeated experiences of school failure also contribute to the development of low self-esteem and self-efficacy, leading, in turn, to feelings of discomfort, anxiety and frustration on the part of the student (Zelege, 2004, cited in Cavioni, et al, 2017). Now, this whole environment has an impact, not only at the level of motivation, but also on the student's own involvement during the learning process (Nelson & Harwood, 2011, cited in Cavioni, et al, 2017).

Students diagnosed with learning difficulties show less ability to manage conflicts compared to their peers who do not manifest this difficulty. Thus, they manifest greater difficulty in positive social interactions, as well as verbal and non-verbal aggressive behaviours (Cullinan, 2002, cit in Cavioni, et al, 2017).





Safe schools and non-formal learning spaces are some of the most beneficial environments for children and adolescents going through a period of uncertainty. Intentional investment in education-based psychosocial support has providing stable routines and opportunities for friendship, fostering hope, reducing stress, and promoting self-expression and collaboration (Action for the Rights of Children, 2002, unpublished manuscript; Alexander, Boothby, and Wessells, 2010; Masten, Gewirtz, and Sapienza, 2013).

Psychosocial well-being is an important precursor to learning and is central to academic success and therefore has a major impact on the future prospects of both individuals and societies.

Research, here, has demonstrated the importance of developing positive self-concept through non-academic skills/ domains such as:

- a) The social domain.
- b) Emotional education.
- c) Promotion of physical activity.

The implementation of psychomotor activities is a positive factor for the promotion and protection of self-esteem. On the other hand, extracurricular activities in non-formal settings are essential for the practice and development of social skills (Brooks, 2013).

SEL (Social Emotional Learning) methods are an integral part of the development as well as the education of the subject. It is a process by which all individuals acquire a set, not only of knowledge, but also of skills and attitudes towards developing emotionally healthy people who know how to deal with their emotions in order to “achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.” (CASEL, 2022). These work best when they are integrated into the different areas of young people’s lives. Bringing children together with their peers, parents, families and community in these educational settings helps to create a supportive environment that fosters greater psychosocial well-being. Ideally, the educational and community environment around children should work together to ensure that they receive the best possible care and support. This includes communication between parents and teachers, counsellors if necessary, etc.

There are several studies indicating the positive impact of SEL (Social Emotional Learning) methods on students with learning difficulties, namely: decrease in aggressive behaviour as well as anti-social behaviour. Nevertheless, studies also indicate a significant impact at the level of attitudes towards the student him/herself and peers, as well

as at the level of acquired learning (Taylor, Oberle, Durlak, & Weissberg, 2017, cited in Cavioni, et al, 2017). Still on this point, it is important to mention two programmes for the development of socio-emotional skills that have proven to be positive in students with specific educational needs:

PATHS PROGRAMME

The PATHS programme, a programme for the development of children’s emotional competencies, in its effectiveness evaluation showed:

- ☀ A reduction in behavioural problems such as aggression at school (for both regular pupils and pupils with special needs)
- ☀ A decrease in depression and sadness among students with SEN.

KIDSMATTER

This is a national SEL framework, implemented in Australian schools. This initiative was developed with the aim of:

- ☀ Decrease mental health difficulties
- ☀ Improve the well-being of students with disability.

We had the opportunity to verify that students with special educational needs do indeed present a number of challenges, both emotionally and socially. However, the importance of promoting SEL (Social Emotional Learning) was highlighted as a means to develop emotionally healthy subjects, able to face the barriers that may be imposed on them. Nevertheless, programmes were also mentioned, such as PATHS, which have obtained positive results, namely in students with specific educational needs.

2.5.3 The educational needs of disabled children

Children with disabilities, due to the difficulties presented during the learning process, need a set of adaptations so that they can see their school objectives achieved. It is therefore up to the Education System, as well as schools, to be aware of their needs and provide the necessary adjustments.

It is important that the school makes a diagnosis regarding the real educational needs of the students, which will depend on the difficulties and limitations presented.

In this sense, and considering the information provided by nirect government services, we can present some needs:

- Help during work in the classroom context.
- Need for adequate accompaniment in activities such as reading, writing and understanding information.
- Help to express an idea and/or understand the information transmitted by the interlocutor
- Support in the interaction with colleagues and teachers.
- Help with organisation.

In spite of the needs mentioned above, we can still highlight the following aspects to consider:

- Motivation, through the use of resources that allow capturing and maintaining the student’s interest, thus allowing a facilitated learning process.
- To adapt the tasks to the student’s time. This will allow the student to reach their academic goal.
- The transmission of confidence on the part of the educator will allow the development of the student’s self confidence, which in turn will lead to the student being better able to face his/her challenges.

ADDITIONAL RESOURCES



RECOMMENDED COURSE

Inclusive Education: Essential Knowledge for Success - Inclusive Education Online Course - FutureLearn: Online course aimed not only at the school community, but also to all those interested in this theme. In this course will be addressed topics such as: What is Inclusive Education; The concepts related to Inclusive Education; Inclusive Education in a school context. At the end of the course students will be able to: Explain the evolution of Inclusive Education; Distinguish the concepts integration, special education, as well as inclusive education; Explain the Social model of disability, as well as the principles of Universal design.



VIDEO

[There is no Education without Inclusion](#) - Those who work with children and young people know that it is not always clear what a disability is and what the difference between a disability and a handicap is. When we talk about developmental disorders, the discourse and its understanding become even more abstract.

This video seeks to address this need in terms of literacy for health education. Besides clarifying concepts, it allows everyone to get to know the most common disabilities and to understand what kind of disabilities each one entails.

It is in knowing to understand that true inclusion begins.



RECOMMENDED READINGS

Inclusive School Practices Toolkit - Disability Microaggressions in Education: Inclusive School Communities (inclusive.schoolcommunities.org.au): This toolkit was created as part of the Inclusive School Communities project. It is a tool that supports the teaching community in developing safe, cohesive and inclusive school cultures by helping educators to identify microaggressions as well as to combat them through proactive strategies.



Response to Intervention_A Model for Change to Build Teacher Capacity.docx (live.com): Response to Intervention is a multi-level approach aimed at the early identification of pupils with specific educational needs and the provision of support appropriate to their needs. This tool introduces 'response to intervention', including key features for its implementation, as well as practical examples of what schools can implement.

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