

# Inclusion: Tips and suggestions



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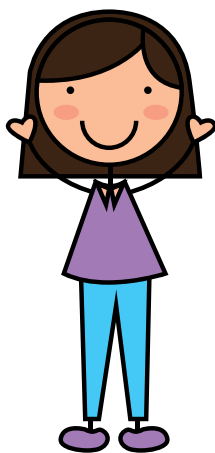
# Introduction

## What is inclusion?

Inclusion is when there are **“no barriers to full participation”** and all peoples **“abilities, skills and potential are given full expression”** (UNICEF).

## Why include disabled young people in your setting?

- There are over 10 million people in the UK that have a disability (Family Resources Survey 2007/8).
- There is a strong business case to widen your service to all potential users.
- To enhance your image and reputation to all your service users.
- To improve the lives of young people and their parents and siblings, currently excluded from your setting.
- You have a legal responsibility under the Disability Discrimination Act (1995, updated 2005).



# What is a disability?

There are two main models of disability, the medical model and the social model. These models encourage people to think about disability in different ways, therefore it is important to understand the difference between the models. The medical model of disability is often used by health professionals. The social model of disability has been created by, and is often used by, disabled people themselves. Therefore the social model tends to be the preferred model of disability.

## The medical model

- Disability is an individual's state; it's how a person's impairment causes them difficulties in society (eg, a person with a hearing impairment has difficulties in some settings, because they cannot hear very well).
- An increase in inclusion can only occur if the disabled person makes adaptations themselves (eg, by learning to lip read).
- Medical treatment can reduce the disability of a person

## The social model

- Disability is a social state; it's how society is set up that disables a person, rather than their impairment
- It makes a clear definition between an impairment and the disability:
  - The 'impairment' is the medical condition (eg, a hearing impairment).
  - The 'disability' is the effect that society has on the person due to their impairment (eg, a setting disables a person with a hearing impairment by not providing an induction loop).
- An increase in inclusion can occur if society makes small adaptations to the environment.
- Society can reduce the disability of a person.



# Meeting legal requirements

The Disability Discrimination Act (DDA) (1995, updated 2005) ensures that minimum standards of inclusion occur. Although it may seem intimidating, only small changes may be required to ensure compliancy.

## What is the Disability Discrimination Act (DDA)?

- The DDA applies to everyone that provides a service to the public.
- The DDA has brought in measures to prevent discrimination against disabled people, including the provision in the service of goods, facilities and services.

## What does the DDA mean by a disability?

- Disability is defined by the DDA (1995) as "**a physical or mental impairment which has a substantial and long-term (at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities**".

## What does the DDA mean by discrimination?

- When a disabled person is treated unjustifiably less favourably than someone else due to their disability.

# When is discrimination in the provision of goods, facilities and services illegal?

- When refusing to provide a service to disabled people that is provided to non-disabled people.
- When refusing to make reasonable adjustments to a provision, service or physical feature of a premises, that disadvantages a disabled person, so that it is unreasonably difficult or impossible for them to participate.
- When providing a lower standard of service to disabled people than non-disabled people.
- When implementing different terms of service for disabled people, compared to the terms of service for non-disabled people.

Remember, there is usually a way to work out, together with the young person and their parent, how to include each individual in your setting. The solution may not be perfect, but it might be good enough for the time being, until an even better solution can be found.

To view the DDA visit:

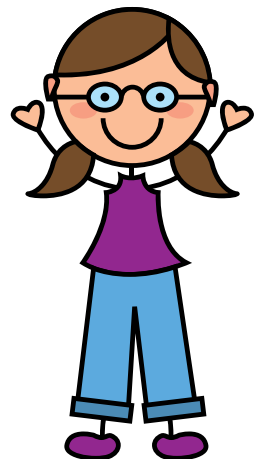
DDA 1995 – [www.opsi.gov.uk/acts/acts1995/ukpga\\_19950050\\_en\\_1](http://www.opsi.gov.uk/acts/acts1995/ukpga_19950050_en_1)

DDA 2005 – [www.opsi.gov.uk/Acts/acts2005/ukpga\\_20050013\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2005/ukpga_20050013_en_1)

For more information about the DDA visit:

[www.direct.gov.uk/disability](http://www.direct.gov.uk/disability)

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)



# What can families expect?

The core offer is a national statement setting out the standards that families with disabled children can expect across the country from local services. It covers five elements:

## **Information • Transparency • Assessment • Participation • Feedback**

By taking steps to become a more inclusive setting you will be making sure that disabled children and their families have a positive experience of your services. Key things for your setting to consider under the two headings of **Information and transparency** and **Participation and feedback** are as follows:

### Information and transparency

“The information provided should be tailored to the individual needs of children and their parents and be readily accessible in a range of formats.”

(DSCF, 2008)

#### **Transparent**

Be transparent about how decisions are made in your organisation, and how resources are allocated.

#### **Ask**

Ask families how they wish to receive information and then communicate with them in that way.

#### **Target**

Target information at children and young people as far as possible using methods appropriate to the age of your audience.

#### **Information should be:**

**Relevant and accurate** – appropriate and up-to-date.

**Available** – ‘to hand’ in a place where families and children routinely go, eg, schools.

**Accessible** – using everyday language, alternative formats, the internet and community languages.

**User-focussed** – so families know where and how to get help and support.



## Participation and feedback

Disabled children and young people and their families are routinely involved and supported in making informed decisions about their treatment, care and support.

Have a clear and well-publicised complaints procedure in place for all families who are not happy with the service they are receiving.

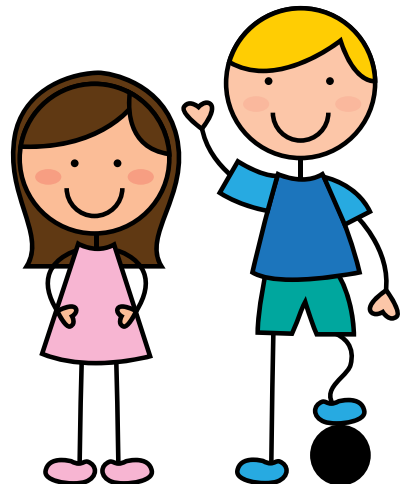
Ensure disabled children and young people can meaningfully participate in service planning and development.

Routinely seek feedback from children and families regardless of impairment.

Deal with complaints promptly, fully, fairly and at an appropriate level, with findings fed back to parents and carers.

Ensure support is available to enable disabled children and young people to provide feedback.

Act upon feedback so that the views of families needing support are clearly being used to influence future provision.



# Safeguarding disabled young people

There are no additional policies required beyond those that should already be in place, but disabled young people may potentially be more at risk.

## What does safeguarding mean?

- Ensuring the provision of a safe environment.
- Ensuring that the setting and the activity has been appropriately risk-assessed.
- Putting policies and procedures in place to assist in preventing the mistreatment of young people.

## Why might disabled young people be particularly vulnerable?

Disabled young people may:

- have communication difficulties;
- not have an understanding of what is socially acceptable;
- require personal intimate care, possibly making the young person unsure of what is appropriate;
- have a reduced ability to resist inappropriate behaviour either verbally or physically;
- be more dependent on others;
- have medical conditions that could be used to cover up abuse;
- be used to being told what to do and not given choices.



# What are some suggestions of policies and procedures that should be in place?

- Child policy statement and vulnerable adult safeguarding policy.
- Health and safety policy.
- Inclusion policy.
- Moving and Handling policy.
- Whistle blowing policy.
- Complaints and disciplinary procedures.
- Incident reporting procedures.
- Information gathering procedure (about the young person).
- Procedures for the recruitment and screening of staff and volunteers.
- Disclosure policy.

Instead of creating new policies and procedures, you can simply adapt the ones you have to meet the specific and individual requirements of disabled young people.

# How can an environment be made even safer?

- Policies and procedures are known and followed by all.
- Training on safeguarding takes place.
- The potential for abuse is acknowledged to exist in society and is discussed by adults.
- The young person's health needs and additional needs are known and recorded.
- There are strategies to deal with difficult behaviour.
- Report any concerns to a designated child protection or welfare officer.
- There is support for those who report concerns.
- Sufficient amount of people know how to respond to the individual needs of the young people.

Good safeguarding practice protects not just the young person but it also protects the activity providers from false allegations. Remember the best way to assist in creating a 'safer' environment is for the management, activity providers and parents to all work together, communicating openly.

See 'Code of conduct for activities inclusive of disabled young people' (page 13).

For more information about safeguarding visit:  
[www.dcsf.gov.uk/everychildmatters](http://www.dcsf.gov.uk/everychildmatters)

# Code of conduct

## Code of conduct for activities inclusive of disabled young people.

Consider the following guidelines to make your sessions even more successful and assist you in keeping everyone safe.

### Activity sessions

- Empower young people to share in the decision making processes.
- Encourage all young people to take responsibility for their behaviour.
- Ensure the activity is appropriate for the age, maturity, experience and ability of the participants.
- Ensure appropriate risk assessments have been completed and read thoroughly.
- Make sure the place where the activity is being held is safe and free from obstructions.

### Communication

- Focus on what the young person does right or well, not what the young person does wrong.

### Relationships

- Develop a professional relationship with the young person and parents based on mutual trust and respect.
- Observe professional boundaries at all times.

### Safeguarding

- Always put the well-being of the young person first.
- Keep a written record of any incidents that occur and details of how they were dealt with.
- Take responsibility for the young people in your care until they have safely left the activity session with a parent.
- Observe changes in mood, behaviour and appearance and discuss any concerns you may have with the individual and/or parents where appropriate.
- Understand that disabled young people can be more vulnerable and that you

- may need to be extra vigilant.
- Report any concerns to the designated staff member.

### **General**

- Always work in, and encourage an open environment.
- Be a good role model.
- Be committed to developing your skills and knowledge.
- Ensure another adult is in attendance at every session.
- Divide your time equally between young people of all abilities.
- Promote enjoyment and achievement rather than success.
- Set out clear boundaries and rules for the activity.

### **As an activity provider in a position of responsibility and care you should never:**

- allow, or engage in, any inappropriate touching;
- do things of a personal nature that the young person can do themselves;
- engage in a personal relationship with a young person;
- engage in rough physical or sexually provocative games;
- let allegations made by a young person go unrecorded or un-acted upon;
- make derogatory comments to a young person;
- make sexually suggestive comments to a young person;
- shout at a young person for making a mistake;
- spend time alone with a solitary young person away from others.

These guidelines will help protect the young people at your setting and will also assist in protecting you from false allegations.

**Remember, everyone is unique – always consult with the individual and/or their parent, they are the experts.**

**If you are concerned about a young person or wish to seek information about child protection phone NSPCC on 0808 800 5000 or see their website: [www.nspcc.org.uk/Inform](http://www.nspcc.org.uk/Inform) for more details.**

# Risk management and risk assessments

By ensuring you are using the best risk management techniques and completing effective risk assessments, you are making your setting even safer.

## What is risk management?

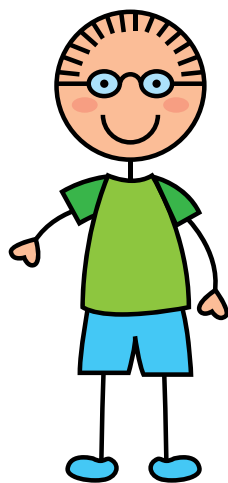
- Using a systematic approach to identify hazards.
- Assessing what the severity and likelihood is of a hazard causing significant damage or injury.
- Identifying, recording and implementing ways to reduce the risk of damage or injury.

## Why risk assess?

- It improves your planning and prioritising.
- It helps you anticipate what may go wrong and prevent it or reduce the associated implications if it does.

## What are the potential risks when including disabled young people into your setting?

- Disabled young people may not be able to identify hazards for themselves.
- Disabled young people may not be able to communicate distress.
- There may be risks when assisting physically disabled young people.



# What are some things that need to be considered when managing risk?

- Specific health and safety risks should be treated on a case by case basis (specific risks can be identified by providing a detailed personal information form for the young person or parent to complete, when registering for an activity).
- Risk assessments should not implement blanket policies that restrict all disabled young people or assume that they are a greater risk, since disabilities vary so widely.

Risks for disabled young people are often the same as risks for non-disabled young people.

**For more information about health and safety visit: [www.hse.gov.uk](http://www.hse.gov.uk)**



# Code of conduct

Staff responsible for producing marketing materials should ensure that they are accessible to everyone.

## Ten top tips to consider when presenting accessible information

- 1 Chose your words carefully, making sure you are clear, concise and using simple, plain English.
- 2 Structure your content using headings, short clear sentences and bullet points.
- 3 Keep to one topic per page.
- 4 Use images/photos/illustrations often and in a consistent way (but be careful of using graphs and charts as these may not be understood).
- 5 Images should not be put behind text, they should be next to or below it
- 6 Text should be Arial, larger than 12 point and contrast well with the background.
- 7 Bold text should be used to highlight important words. Italics and block capitals should not be used as for some people they can distort the shape of the words.
- 8 Paper should be at least A5 and should be matt rather than gloss.
- 9 Information should be available in alternative methods such as large print if possible.
- 10 Addresses should be written in the way they would be on an envelope.

These tips whilst advisable, are not always suitable or feasible. Therefore you should keep these tips in mind whilst creating marketing materials and realise sometimes there is a need for flexibility.

**For more information see Mencaps resource, 'Am I making myself clear':** [www.mencap.org.uk](http://www.mencap.org.uk) and [www.rnib.org.uk/professionals/accessibleinformation](http://www.rnib.org.uk/professionals/accessibleinformation)

# Additional methods of communication

People communicate using a variety of methods on a daily basis, whether it be verbally, using facial expressions, body positioning or hand gestures. For some disabled young people that you work with, they may use communication aids that assist them with day to day interaction.

It is important to give all young people the best opportunity to communicate. Since methods of communication are vast and may require some planning, it may be appropriate to talk to the parent prior to the session about the young person's preferred method of communication.

## What are some of the additional methods of communication that the young person may use?

- Braille and tactile pictures.
- British Sign Language, which is the most widely used method of signed communication in Britain ([www.rnid.org.uk](http://www.rnid.org.uk)).
- Communication aids such as ones that provide an 'artificial' or 'pre-recorded voice' or a 'book' of pictures that can be pointed to.
- Makaton, which is a communication system that uses 'key' signs and gestures to support speech and graphical symbols to support written communication ([www.makaton.org](http://www.makaton.org)).
- Picture Exchange Communication System (PECS) which begins with teaching young people to exchange a picture of a desired item with an adult, who immediately responds to the request and provides the item on the card ([www.pecs.org.uk](http://www.pecs.org.uk)).

By gaining a basic understanding of these different methods, you can communicate more effectively. There are also other simple methods of communication that you could use that will increase your ability to communicate better with all the young people you work with.

# What are some communication methods you could use with the young person?

- Filling a box with objects that the young person can hold up to symbolise what they want to communicate, eg, holding up an empty bottle may mean they are thirsty.
- Giving the young person paper and a pencil/pen so that they can draw what they are trying to communicate.
- Providing pictures of items and symbols that the young person can hold up or point to, to show what they want and what they are feeling.
- Speaking using simple, concise instructions, highlighting the key words.
- Using lots of demonstrations and actions.

## Remember

It may be easier for a young person to understand you if you use a variety of communication methods.

Make sure you always communicate with the young person first and only with the parent as a second option.

Even if the young person requires the support of a parent to communicate to you, always direct your question to the young person.

Whilst the young person may not respond verbally to you, they may understand everything you say.

Give people time. Avoid finishing their sentences and be patient.

Never imply you have understood somebody when you haven't. Ask them to repeat as many times as you need to.

# Terminology

Language constantly grows and alters, therefore preferred terminology is always changing and it is a great idea to keep up to date. A general idea of preferred terminology will increase your confidence when communicating with disabled young people and their parents and is a sign of respect and understanding.

## General guidelines

- The social model of disability (see introduction) distinguishes between a disability and an impairment; an impairment is the medical condition that the person has, whereas the disability is the affect society has on the person due to their impairment.
- Avoid using negative words to describe how the impairment affects a person, eg, this person 'suffers' from Downs Syndrome. People don't 'suffer' from Downs Syndrome.
- If in doubt of what terminology to use, check with the individual themselves (or their parent) which terms they are most comfortable with.
- Remember that appropriate terminology is often down to personal opinion. However terms used with the best intentions are unlikely to cause offence.
- Put the person first, before the disability, ie:

**"Anna is an autistic"** ❌

**"Anna has autism"** ✅

Autism is the impairment Anna has, it does not define her as 'an autistic'. This ensures you are not describing a disabled individual but an individual who happens to have a disability.

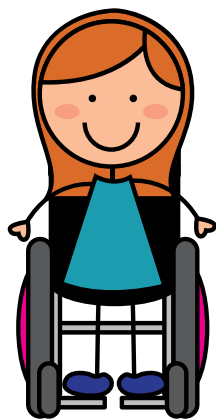


# Terminology quiz

This short quiz will help you think about what terms are preferred and why others are not. Have a go by yourself or with a friend or colleague.

**Tick the box next to the statement you think is the preferred term:**

- 1  a Anna has autism.  
 b Anna is an autistic.
- 
- 2  a She is mute.  
 b She does not communicate.  
 c She communicates non-verbally.  
 d She is dumb.
- 
- 3  a Sally has an able-bodied sister.  
 b Sally has a non-disabled sister.
- 
- 4  a An epileptic person.  
 b A person with epilepsy.
- 
- 5  a A disabled person.  
 b A handicapped person.  
 c A person with a disability.  
 d A sub-normal person.
- 
- 6  a Sarah suffers from down's syndrome.  
 b Sarah has down's syndrome.  
 c Sarah is a down's child.  
 d Sarah is a victim of down's syndrome.
- 7  a Disabled toilet.  
 b Accessible toilet.
- 
- 8  a John is a wheelchair user.  
 b John is wheelchair bound.
- 
- 9  a He has special needs.  
 b He has learning problems.  
 c He has learning difficulties.  
 d He cannot learn very well.
- 
- 10  a Ellen is partially sighted.  
 b Ellen has a visual impairment.



# Terminology quiz answers

**1 Preferred term – a: ‘Anna has autism’.**

Autism is the impairment Anna has, it does not define her as ‘an autistic’. This can be applied to all impairments.

**2 Preferred term – c: ‘She communicates non-verbally’.**

Most young people will communicate in some way, such as sign language, facial gestures or blinking. These are all methods of non-verbal communication, therefore the term ‘she does not communicate’ is incorrect. The terms ‘mute’ and ‘dumb’ are old fashioned terms that may cause offence.

**3 Preferred term – b: ‘Sally has a non-disabled sister’.**

The term ‘able-bodied’ implies that all disabilities are physical.

**4 Preferred term – b: ‘A person with epilepsy’.**

You should mention the person first before the impairment, this highlights that they are a person first and foremost.

**5 There are two preferred terms – a: ‘A disabled person’ and c: ‘A person with a disability’**

Using the social model of disability a ‘disabled person’ is correct, since the impairment is what the person ‘has’. However some people prefer the term ‘a person with a disability’ since it puts the person before the disability. Both terms are regularly used and most people find either acceptable. ‘Handicapped’ is considered offensive due to the associations with begging (cap in hand). Also ‘sub-normal’ suggests the person deviates from normality, which is also offensive.

**6 Preferred term – c: ‘Sarah has downs syndrome’.**

Most disabled people are not ‘suffering’; they have an impairment, not an illness or a disease. Similarly ‘victim’ is a negative word and is disempowering. Sarah is not ‘a downs child’ since this suggests that downs syndrome is what defines her. ‘Sarah has downs syndrome’ is preferred since that is the impairment she has.

**7 Preferred term – b: ‘Accessible toilet’.**

An accessible facility is accessible to all, not just to those people with an impairment. Grammatically speaking a ‘disabled facility’, for example a ‘disabled toilet’, implies the toilet itself has a disability.

**8 Preferred term – a: ‘John is a wheelchair user’.**

This term highlights the freedom of a wheelchair. The term ‘wheelchair bound’ implies the person is always in a wheelchair (even when asleep). ‘Bound’ also suggests that John is tied to the chair.

**9 Preferred term – c: ‘He has learning difficulties’.**

The term ‘special needs’ implies that the person is different and ‘not normal’. The term ‘learning problems’ implies that the person finds their difficulty a problem, however that may not be the case; it may not be a problem with the right support. ‘He cannot learn very well’ is also negative.

Note: ‘Special Educational Needs’ (SEN) is a term often used by schools.

**10 Preferred term – b: ‘Ellen has a visual impairment’.**

The term ‘partially sighted’ regards ‘sighted’ as normality, implying that Ellen deviates from the norm.

# Specific disabilities

The list of disabilities which you may encounter is vast, and listed in this section are some of the more common disabilities which young people visiting your setting may have. Each one has a brief description, any specific information you may need to be aware of, and websites that provide further information. The following table identifies the relevant disability information cards, included in this pack, for the specific disabilities listed.

## Disability information

	Autism Spectrum Disorders	Behavioural difficulties	Blind/Visually impaired	Deaf/Hearing impaired	Epilepsy	Learning disabilities	Physical disabilities	Speech, language and communication needs
Autism Spectrum Disorders	●							
Behavioural difficulties (Including Attention Deficit Hyperactivity Disorder – ADHD)		●						
Blind/Visually impaired			●					
Cerebral Palsy							●	●
Cystic Fibrosis							●	
Deaf/Hearing impaired				●				
Down's Syndrome						●	●	●
Epilepsy					●			
Learning Disabilities						●		
Multiple Sclerosis (MS)							●	●
Muscular Dystrophy							●	
Physical disabilities							●	
Speech, language and communication needs								●
Spina Bifida and Hydrocephalus					●	●	●	●
Spinal cord injuries (SCI)							●	



For information on other disabilities, the internet is a great resource. Many internet sites provide extensive information on the medical aspects of disability but it is important to remember we should be most concerned with a person's functionality and what they **are** able to do.

<b>Autism Spectrum Disorders</b>	A developmental disorder that results in difficulties with social communication, interaction and imagination.	
	<b>Relevant card:</b>	Autism Spectrum Disorders
	<b>Websites:</b>	<a href="http://www.nas.org.uk">www.nas.org.uk</a> <a href="http://www.has.org.uk">www.has.org.uk</a>
<b>Behavioural Difficulties (Including Attention Deficit Hyperactivity Disorder – ADHD)</b>	A range of challenging, disruptive and inappropriate behaviours caused by a variety of biological, psychological, and social factors.	
	<b>Relevant card:</b>	Behavioural difficulties
	<b>Website:</b>	<a href="http://www.sebda.org">www.sebda.org</a>
<b>Blind/ Visually impaired</b>	A degree of impairment of visual capacity, including low vision or no vision.	
	<b>Relevant card:</b>	Blind/Visually impaired
	<b>Websites:</b>	<a href="http://www.opensight.org.uk">www.opensight.org.uk</a> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a>

## Cerebral Palsy (CP)

A brain injury occurring at the time of birth or within the first two years of life. It affects movement, posture and co-ordination. The main effects are on people's muscles causing them to weaken and become stiff. This reduces the level of control they have over their movement. CP is a physical disability that does not affect a person's cognitive abilities. Its effects range from barely noticeable to extremely severe with a young person requiring assistance with many or all aspects of their daily life.

**Relevant cards:** Physical disabilities  
Speech, language and communication needs

**Website:** [www.scope.org.uk](http://www.scope.org.uk)

## Cystic Fibrosis

An inherited disease affecting internal organs, especially the lungs and digestive system. These get clogged with a thick sticky mucus making it difficult to breathe and digest food. A person may need daily physiotherapy to help clear out excess mucus but is generally able to participate in most activities. Activity is often beneficial and can improve overall health.

**Relevant card:** Physical disabilities

**Website:** [www.cftrust.org.uk](http://www.cftrust.org.uk)

## Deaf/Hearing impaired

A degree of impairment in the ability to detect or understand sounds.

**Relevant card:** Deaf/Hearing impaired

**Websites:** [www.deafhampshire.org](http://www.deafhampshire.org)  
[www.rnid.org.uk](http://www.rnid.org.uk)

## Down's Syndrome

A genetic condition. People with Down's Syndrome are usually very sociable and gregarious. They often have poor muscle tone, associated learning disability and can have heart defects.

**Relevant cards:** Learning disabilities  
Physical disabilities  
Speech, language and communication needs

**Website:** [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

## Epilepsy

A tendency for a person to have recurrent seizures. A seizure is a surge in brain activity that affects how a person feels or acts for a short time.

**Relevant card:** Epilepsy

**Website:** [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

## Learning disabilities

An inability to learn a certain task or in a certain way. Usually associated with lower cognitive function.

**Relevant card:** Learning disabilities

**Website:** [www.mencap.org.uk](http://www.mencap.org.uk)

## Multiple Sclerosis (MS)

A neurological condition causing damage to the protective sheaths around nerve cells. Sufferers exhibit a range of symptoms including fatigue, poor balance, muscle stiffness/spasms, memory loss and difficulties in concentrating. MS is degenerative and effects mobility which may lead to the use of a wheelchair. The disease tends to vary in its severity over time for a person, with symptoms appearing (relapse) and then fading away (remission).

**Relevant cards:** Physical disabilities  
Speech, language and communication needs

**Website:** [www.mssociety.org.uk](http://www.mssociety.org.uk)

## Muscular Dystrophy

A group of hereditary muscle diseases that progressively weaken the muscles in the body. The muscles affected depends on the type of muscular dystrophy. Symptoms vary but may include mobility impairment leading to the use of a wheelchair, poor balance, limited range of movement, respiratory difficulty and cardiac problems.

**Relevant card:** Physical disabilities

**Website:** [www.muscular-dystrophy.org](http://www.muscular-dystrophy.org)

## Physical Disabilities

A physiological disorder or anatomical loss affecting one or more of the body's systems.

**Relevant card:** Physical disabilities

## Speech, language and communication needs

A difficulty in communication which can be due to a number of physiological, cognitive or psychological reasons.

**Relevant card:**

Speech, language and communication needs

**Website:**

[www.ican.org.uk/talkingpoint](http://www.ican.org.uk/talkingpoint)

## Spina Bifida and Hydrocephalus

Spina Bifida occurs when the spinal cord fails to close properly when the infant is in the womb. Hydrocephalus is an associated condition affecting between 85-90% of people with Spina Bifida. This causes a build up of fluid in the brain which may require a person to have a shunt inserted in their head to drain off the excess fluid. Spina Bifida and hydrocephalus affects everyone differently. The effects range from barely noticeable to severely affecting mobility and continence, and causing skin allergies (commonly to latex) and epilepsy. Although not common, people with Spina Bifida and Hydrocephalus may have associated mild learning disabilities.

**Relevant cards:**

Epilepsy  
Learning disabilities  
Physical disabilities  
Speech, language and communication needs

**Website:**

[www.asbah.org](http://www.asbah.org)

## Spinal Cord Injuries (SCI)

These are caused by damage or trauma to the spinal cord resulting in a loss of or impaired function causing reduced mobility or sensation. A complete injury means there is no function below the level of the injury; no sensation and no voluntary movement. An incomplete injury means there is some function below the injury and may have some sensation and or voluntary movement. Other symptoms include difficulty regulating body temperature, low blood pressure and dysfunction of the bowel and bladder. Of particular importance is seating and skin care. If the skin is damaged, either by a cut or bump, or by sitting on an unsuitable surface for too long pressure sores can develop. These may take months to heal so it is important that young people have suitable seating.

**Relevant card:** Physical disabilities

**Website:** [www.apparelyzed.com](http://www.apparelyzed.com)



# Practical ideas to increase inclusiveness

## Policies and procedures

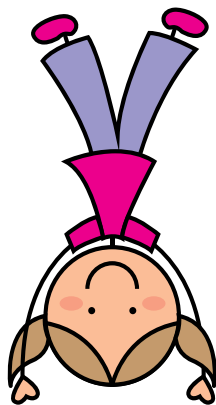
- Include specific sections on disability in your risk assessment policy.
- Make it part of your organisation's mission statement or organisational document that working with people with disabilities is a valued part of what you do.

## Wheelchair accessibility

- Signpost any accessible routes around your setting.
- Consider installing ramps or lifts to allow access up steps.
- Look at the position of furniture within a room. Is it possible for a wheelchair to be moved around easily? Could some furniture be removed either permanently or temporarily to allow wheelchair access.
- If you know a wheelchair user will be seated at a table, remove chairs before they arrive to make them feel welcome.
- Investigate the practicalities of buying a hoist. Many are portable and can be stored until needed.

## General accessibility

- Consider installing handrails next to steps/steep slopes.
- Make important signage bold and easy to read.
- Install handrails in toilets making it easier for people to sit down and stand up.
- Provide changing tables in toilets/changing rooms for young people with higher levels of physical disability.
- For blind/visually impaired people, consider ways to assist them with their mobility around your setting, eg, could you lay floor mats of a different texture along frequently used walkways which are easy to follow?



# Marketing

- Give an option on your website for different sizes and colours of font.
- Include positive images of people with disabilities in all aspects of marketing materials, not just in sections that are specifically dealing with disability.
- Provide accurate information on the accessibility of your setting. This can include things such as width of doorways, height of toilet seats, availability of accessible parking, appropriate signage, any steps and wheelchair ramps.
- Consider writing an access statement and making it available to prospective users. This provides detailed information about all aspects of access at your setting and helps prospective visitors decide whether it is suitable for their needs. The template and guidelines on how to fill these in can be found at [www.accesstemplate.co.uk](http://www.accesstemplate.co.uk)
- Make information on relevant staff training and risk assessments available to prospective users.

# Community/Partnership working

- Find out how young people can continue with an activity away from your setting. Are there specialist providers, relevant websites, clubs or organisations that they can access? Make sure this information is given to anyone who shows interest.
- Contact organisations which work with people with disabilities. Ask them if they would be willing to provide workshops or information for your staff.
- Invite teachers from local Special Educational Needs (SEN) schools to visit your setting. Ask them if there is anything you could do which would make them want to use your facility.

# Participation

- Have different evaluation forms for teachers, parents, and young people. Consider making ones with pictures or tick boxes that do not require a lot of writing for children and those with a lower cognitive ability.
- Follow up feedback, both positive but more especially critical. If the feedback tells you that something could be better, find out how and make changes.
- Make feedback available to all staff. Gain their views on how things could be improved when working with people with disabilities. This may make any changes more meaningful and long-lasting.



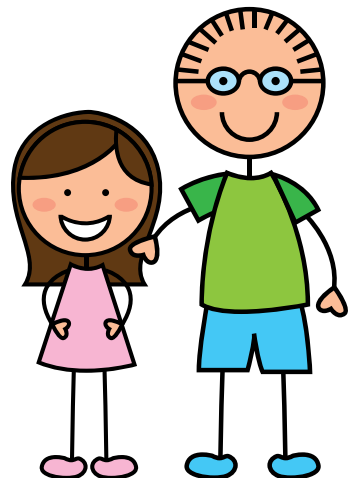
- Review activities with the young people to find out what worked and what didn't. Use this information to adapt the activity next time.

## Staff training/approachability

- Make sure that the first point of contact, eg, receptionists/bookings managers are pro-active in supporting inclusiveness, and know who to refer enquiries on to.
- Provide opportunities for staff to review activities they have led, sharing good practice and highlighting any problems that arose or concerns they have.
- Actively advertise training courses on disability and inclusiveness within your setting, and provide funding for staff to attend.
- Provide opportunities for staff to air any concerns they may have about working with people with disabilities. If you are unable to answer questions, find out who can.

## Communication/Visual support

- Learning materials such as worksheets could be different for people of differing cognitive ability.
- Make picture cards showing/explaining the activities that you do with the young people.
- Have picture cards which may assist with general communication. For example, a set with faces showing different emotions that can help you find out how a young person is feeling.



# Design and evaluation of your setting

## Why involve disabled young people and their parents in the design and evaluation of your setting?

- It may increase the young person's confidence whilst motivating them to be involved with your service.
- Parents are often experts on the needs of their child.
- You as the provider, the young person and the parents will all develop a positive and constructive relationship, working towards a single common goal; inclusion.
- To increase your understanding of the needs of the disabled young people so that the service can be tailored to the specific requirements of individuals.
- So that parents have increased confidence that you can meet the needs of their child.

## How can you include disabled young people and their parents in the design and evaluation of your setting?

- Regularly seek feedback from young people and their parents using a variety of methods (eg, questionnaires, informal interviews and images).
- Create a committee of disabled young people and their parents or include them in an existing committee.

# Specific disabilities

Most disabled young people will be able to manage their own personal care needs competently, however some may require support. To ensure everyone receives the appropriate care, it is essential that the provider has full awareness of everyone's requirements. It is important that providers ask the young person concerned and their parents.

## Why communicate with parents?

- Parents and young people may feel anxious about their child's personal care.
- To encourage open communication with parents so that they are comfortable discussing their concerns with you.
- To work in partnership to plan how best to meet the young person's personal care needs

## What preparation does a setting need to do?

- Discuss with the young person and their parents the personal care plan prior to the visit. Consider writing the care plan down and have both parties sign it to ensure expectations are met.
- Arrange any specialist advice training, or resources if required.
- Ensure that all activity providers are aware of the plan and what their responsibilities are.
- Identify health and safety implications and determine whether a risk assessment is required.

## What are some guidelines for good practice?

- All parties involved monitor and review the plan regularly to make sure the young person's needs are continually being met in the best possible way.

- All young people are regularly encouraged to go to the toilet (include 'toilet breaks' in your activity plan).
- Ensure personal care incidents are managed swiftly and empathetically by staff, taking into account the individual's dignity.
- Personal care needs should be managed immediately and not left for parents to manage later.
- Have clear plans, policy guidelines and possibly training if required.
- Have knowledge of all the young people's impairments and how the impairment may affect their personal care needs.
- Treat young people who have personal care requirements with respect, dignity and sensitivity.
- Work to achieve maximum independence of the young person.

## Practical tips

- Consider the size of the toilet cubicles and the changing facilities (preferably they need to be big enough for a child or young person and two adults to fit in comfortably).
- If the changing facilities are not big enough consider using another room (possibly a first aid room) as a changing room.
- Get physical aids in the toilet cubicles and the changing facilities, such as a grab rail, drop down changing bed and a hoist system, so that the young person can be as independent as possible.
- Ensure that there is the required equipment available (e.g. an adult changing mat, wipes, gloves, aprons and appropriate waste disposal items). This will help to control the risk of infection.

# Including disabled young people in your setting

All young people are unique. This is particularly important to remember when taking a session for disabled young people. Therefore whilst it is important to have a plan, it is even more important to be flexible within it. Keep talking to the young people and the parents to create and deliver the best inclusive session you are able to at your setting.

It is ok to feel uncertain and apprehensive about including disabled young people. Lack of knowledge commonly leads to fear; the best way to reduce that fear is by meeting disabled young people, including them in your setting and getting to know them.



# Useful contacts

## Attention Deficit Disorder Information and Support Service (ADDISS)

Premier House, 112 Station Road, Edgware, Middlesex HA8 7BJ

**Tel:** 020 8952 2800 **Email:** [info@addiss.co.uk](mailto:info@addiss.co.uk)

**Fax:** 020 8952 2909 **Website:** [www.addiss.co.uk](http://www.addiss.co.uk)

## British Epilepsy Association

New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY

**Tel:** 0113 210 8800 **Email:** [helpline@epilepsy.org.uk](mailto:helpline@epilepsy.org.uk)

**Fax:** 0113 391 0300 **Website:** [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

## Centre for Studies on Inclusive Education (CSIE)

New Redland Building, Coldharbour Lane, Frenchay, Bristol BS16 1QU

**Tel:** 0117 328 4007 **Email:** [admin@csie.org.uk](mailto:admin@csie.org.uk)

**Fax:** 0117 328 4005 **Website:** [www.csie.org.uk](http://www.csie.org.uk)

## Cystic Fibrosis Trust

11 London Road, Bromley, Kent BR1 1BY

**Tel:** 020 8464 7211 **Email:** [enquiries@cftrust.org.uk](mailto:enquiries@cftrust.org.uk)

**Fax:** 020 8313 6472 **Website:** [www.cftrust.org.uk](http://www.cftrust.org.uk)

## Disability Discrimination Act (DDA)

**Websites:** [www.direct.gov.uk/disability](http://www.direct.gov.uk/disability) [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

## Down's Syndrome Association

Langdon Down Centre, 2a Langdon Park, Teddington TW11 9PS

**Tel:** 0845 230 0372 **Email:** [info@downs-syndrome.org.uk](mailto:info@downs-syndrome.org.uk)

**Fax:** 0845 230 0373 **Website:** [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

## Hampshire Autistic Society

1634 Parkway, Solent Business Park, Whiteley, Fareham, Hampshire PO15 7AH

**Tel:** 01489 880881 **Email:** [info@has.org.uk](mailto:info@has.org.uk)

**Fax:** 01489 880890 **Website:** [www.has.org.uk](http://www.has.org.uk)

## Hampshire Deaf Association

1 & 2 Carlton Commerce Centre, Dukes Road,  
Southampton, Hampshire SO14 0SQ

**Minicom:** 023 8051 6518 **Email:** [enquiries@deafhampshire.org](mailto:enquiries@deafhampshire.org)

**Tel:** 023 8051 6516 **Website:** [www.deafhampshire.org](http://www.deafhampshire.org)

**Fax:** 023 8051 6517

## Improvement and Development Agency (I&DeA)

Layden House, 76-86 Turnmill Street, London EC1M 5LG

**Tel:** 020 7296 6880 **Email:** [ihelp@idea.gov.uk](mailto:ihelp@idea.gov.uk)

**Fax:** 020 7296 6666 **Website:** [www.idea.gov.uk](http://www.idea.gov.uk)

## Mencap

123 Golden Lane, London EC1Y 0RT

**Tel:** 020 7454 0454 **Email:** [information@mencap.org.uk](mailto:information@mencap.org.uk)

**Fax:** 020 7608 3254 **Website:** [www.mencap.org.uk](http://www.mencap.org.uk)

## Muscular Dystrophy

61 Southwark Street, London SE1 0HL

**Tel:** 020 7803 4800 **Email:** [info@muscular-dystrophy.org](mailto:info@muscular-dystrophy.org)

**Freephone:** 0800 652 6352 **Website:** [www.muscular-dystrophy.org](http://www.muscular-dystrophy.org)

## Multiple Sclerosis (MS)

MS National Centre, 372 Edgware Road, London NW2 6ND

**Tel:** 020 8438 0700 **Email:** [helpline@mssociety.org.uk](mailto:helpline@mssociety.org.uk)

**Fax:** 020 8438 0701 **Website:** [www.mssociety.org.uk](http://www.mssociety.org.uk)

## National Autistic Society

393 City Road, London EC1V 1NG

**Tel:** 020 7833 2299 **Email:** [nas@nas.org.uk](mailto:nas@nas.org.uk)

**Fax:** 020 7833 9666 **Website:** [www.autism.org.uk](http://www.autism.org.uk)

## National Society for the Prevention of Cruelty to Children (NSPCC)

105 Judd Street, London WC1H 9NE

**Tel:** 020 7388 1266 **Email:** [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**Fax:** 020 7388 2034 **Website:** [www.nspcc.org.uk](http://www.nspcc.org.uk)

## Opensight

25 Church Road, Bishopstoke, Eastleigh, Hampshire SO50 6BL

**Tel:** 023 8064 1244 **Email:** [info@opensight.org.uk](mailto:info@opensight.org.uk)

**Fax:** 020 7388 2034 **Website:** [www.opensight.org.uk](http://www.opensight.org.uk)



## Royal National Institute for the Blind (RNIB)

19-23 Featherstone Street, London EC1Y 8SL

**Tel:** 020 7296 8000 **Email:** [helpline@rnib.org.uk](mailto:helpline@rnib.org.uk)

**Textphone:** 020 7296 8001 **Website:** [www.rnib.org.uk](http://www.rnib.org.uk)

**Fax:** 020 7296 8199

## Scope

6 Market Road, London N7 9PW

**Tel:** 020 7619 7100 **Email:** [response@scope.org.uk](mailto:response@scope.org.uk)

**Website:** [www.scope.org.uk](http://www.scope.org.uk)

## Social, Emotional and Behavioural Difficulties Association (SEBDA)

Room 211, The Triangle, Exchange Square, Manchester M4 3TR

**Tel:** 0161 240 2418 **Email:** [admin@sebda.org](mailto:admin@sebda.org)

**Fax:** 0161 838 5601 **Website:** [www.sebda.org](http://www.sebda.org)

## Spina Bifida and Hydrocephalus

42 Park Road, Peterborough PE1 2UQ

**Tel:** 0845 450 7755 **Email:** [helpline@asbah.org](mailto:helpline@asbah.org)

**Fax:** 01733 555985 **Website:** [www.asbah.org](http://www.asbah.org)

## Talking point – information on children’s communication

105 Judd Street, London WC1H 9NE

**Website:** [www.ican.org.uk/talkingpoint](http://www.ican.org.uk/talkingpoint) **Email:** [info@ican.org.uk](mailto:info@ican.org.uk)