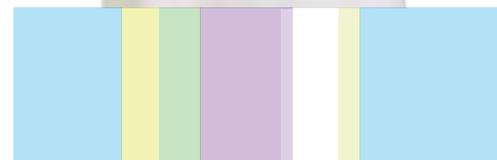




~~DISABILITY~~



Disability Inclusion Toolkit
Enabling Inclusive Youth Work



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Introduction

The Youth Inclusion Hub is a partnership of disability organisations working with young people in Northern Ireland. The project funded by the Youth Council for Northern Ireland, aims to develop inclusive youth work practice and promote access to youth services by young people with disabilities.

The Youth Inclusion Hub Project established in 2010 is directed by a consortia of organisations from within the Disability sector – Mencap is the lead partner, the other partners being: DSNI (Disability Sport Northern Ireland), RNIB (Royal National Institute of Blind People), Action Deaf Youth, Cedar Foundation, NDCS (National Deaf Children’s Society) and Brain Injury Matters NI. The Youth Inclusion Hub partnership supports youth work providers to promote inclusion in mainstream youth clubs and activities and to develop participation by young people with disabilities. The Youth Inclusion Hub offers information, advice and training to youth service providers working with them to develop good youth work practice with young people with disabilities. Other activities of the project include the creation of a youth forum, production of a quarterly newsletter and the development of a website.

The Inclusion Hub provides a resource library and a range of accredited and non-accredited training in the following areas: Disability Awareness, Disability Awareness and Inclusion, Managing Behaviours that challenge and Buddy Mentor training. The Hub also offers individual support to organisations and groups that want to make their service inclusive of disability.

Historically much of the Youth Work provision in Northern Ireland for children and young people who have a disability has been undertaken by disability organisations that have the specialist skills that are assumed necessary. This targeted specialist youth work whilst important to build individual capacity and advocacy, is generally not local and often non-existent in rural areas

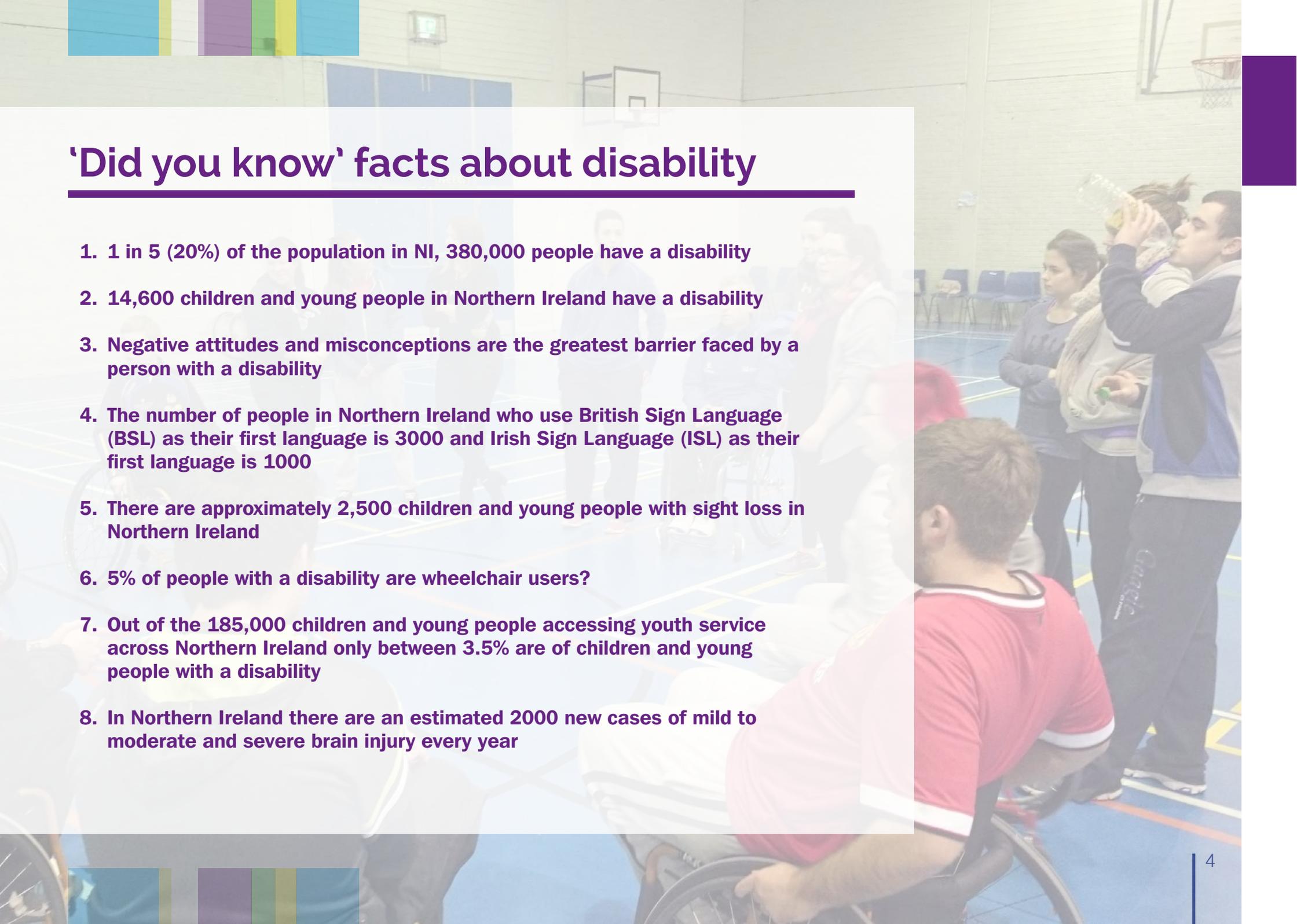
but as a consequence of it being offered, mainstream providers can often avoid responding to the needs of young people with a disability focusing instead on the perceived risks, some real, some imagined. Mainstream youth organisations are generally not well resourced, often with few staff and a high turnover of volunteers and are in turn are apprehensive and hold legitimate concerns that they won’t know what to do or respond adequately to young people with a disability.

The inclusion of young people with disabilities into mainstream youth provision is about equality, fairness and the right to access opportunities that are available for all young people. These are core youth work values and underpinned in the Department of Education’s Community Relations, Equality and Diversity (CRED) policy.

So what is the key ingredient?

Inclusion happens where people believe in it and where they really want it to happen. Successful inclusion exists when everyone has a positive can-do attitude and when people –staff, volunteers, young people and the community truly work together to ensure that everyone is respected, valued and included. Access is more than physical in nature. It is an approach, a mindset that requires honest self assessment and often a degree of personal and organisational challenge.

Developing Inclusive Youth work requires no extra special sets of skills, but in the case of working with children and young people who are deaf this would require learning Sign Language. In fact there’s nothing ‘special’ going on at all. Inclusion is just good practice. It is an ongoing process and not an end in itself. The first step is deciding to be proactive and reach out to those young people that do not “show up.” using the Inclusion Toolkit will help youth groups explore some of the issues and actions they need to take.



'Did you know' facts about disability

1. 1 in 5 (20%) of the population in NI, 380,000 people have a disability
2. 14,600 children and young people in Northern Ireland have a disability
3. Negative attitudes and misconceptions are the greatest barrier faced by a person with a disability
4. The number of people in Northern Ireland who use British Sign Language (BSL) as their first language is 3000 and Irish Sign Language (ISL) as their first language is 1000
5. There are approximately 2,500 children and young people with sight loss in Northern Ireland
6. 5% of people with a disability are wheelchair users?
7. Out of the 185,000 children and young people accessing youth service across Northern Ireland only between 3.5% are of children and young people with a disability
8. In Northern Ireland there are an estimated 2000 new cases of mild to moderate and severe brain injury every year

Inclusion Audit

Completing the Inclusion Audit will help identify the gaps to Inclusion.

"This publication is indebted to pioneering work from Youth Action & Policy Association (NSW) Inc (YAPA), Australia whose Toolkit, Opening Doors was inspirational in the development of this Toolkit. Some parts of this document have excerpts directly taken from the Opening Doors publication."

Transport

Yes Partly No Action Needed

Does your service have transport arrangements for young people who have difficulty getting to the service?				
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Car Parking

Yes Partly No Action Needed

Is the car park - surface even (no dips, gullies), well lit and safe?				
Are there designated accessibility car parking spaces located close to the entrance of the centre and are they kept free? (parking spaces must be large enough to accommodate an individual who uses a wheelchair getting in and out of the car and also accessing the rear of the car)				

Venue Approach

Yes Partly No Action Needed

Is there a clear and level pathway from the car park or street /road to your venue, which is well maintained, free of hazards and lit at night?				
Are there dropped kerbs on the street or road around your venue?				

Venue Approach

Yes Partly No Action Needed

Where the approach to the venue is not level, are ramps, stairs or hand rails provided and are they clearly visible?				
To your knowledge, are ramps built according to Part M Building Standards i.e. not too steep?				
SIGNAGE – picture based not just words				
Are stairs slip resistant and are handrails provided?				
Cars do not prevent a wheelchair user from accessing the path or pavements outside your venue				
There are no overhead hazards such as low awnings, low signs or overhead branches				
Are step edges highlighted?				

Entrance Reception & Welcome

Yes

Partly

No

Action Needed

<p>Is there someone to greet people when they arrive? Do you feel the entrance to your building is welcoming, consider other young people that may be in the area of the entrance?</p>				
<p>Is the entrance well lit and can the inside foyer or reception area be seen from the outside i.e. visibility panels on the door for all to use?</p>				
<p>Is the entrance clear from obstructions?</p>				
<p>Does the main entrance of the building have level access?</p>				
<p>Is the main entrance/accessibility entrance obvious or clearly signposted?</p>				
<p>Are any buzzers brightly coloured and can they be reached by a wheelchair user? /Can handles be reached by a wheelchair user? Is there a flashing beacon for anyone who is deaf?</p>				

**Welcoming**

Yes Partly No Action Needed

Do staff and volunteers introduce themselves to new members?				
Does your club or group have a buddy system?				
Are new members shown around the building? This includes showing them where the toilets are and informing them of emergency procedures.				
Are new members informed of programmes/what's on in the club or setting? Do you use a Website/Facebook or Twitter to promote your work?				
Does your club have a clear code of conduct or ground rules that are visible?				
Do established members approach new members?				

Welcoming

Yes Partly No Action Needed

Have you approached the topic of disability awareness or equal opportunities with members?

Are young people who are blind or partially sighted asked what their preferred format for written information: braille, large print, audio and email. Allow time for information to be produced in these formats. Is your club as welcoming as it could possibly be?

The Venue

Yes Partly No Action Needed

Are stairs well lit?

Are background noises kept to a minimum (where possible)?

Moving around the venue

Yes Partly No Action Needed

Do wheelchair users have access to all parts of the building?				
Are floor surfaces even and slip resistant? (carpeted floor can also be difficult to push on for some wheelchair users)				
Do doors have kick plates? And do they open long enough to get through slowly or are the closers too fast and strong?				
Are all doors wide enough for a wheelchair user to use easily? This is normally 33 inches. If not do you know which ones are and are not?				
If people can get into the building and move around can they also get out of the building in the event of an emergency? If not is there a place of refuge in the building?				
Does the building use tonal contrast between walls and doors, doors and handles, wall and floors?				

Moving around the venue

Yes Partly No Action Needed

Are doors light enough for a wheelchair user to open and are there high doorway lips?				
If your floor has more than one floor is there a working lift available?				
Are lifts wide enough to accommodate a wheelchair, with reachable buttons? Lift must be in working order.				
Are floors free of obstacles (remember to take into account those who have lost sight)?				
Are fixtures such as door handles, brochures and promotional material at the right height to be reached by a wheelchair user i.e. 900 mm – 1000 mm				

WC Facilities

Yes Partly No Action Needed

Are the toilets well signed (brightly coloured signs in large font for individuals who have lost sight)?				
Are there designated wheelchair accessible toilets?				
Do the doors of the accessible toilets open outwards rather than in towards the bathroom?				
Are there grab rails on both sides of the wall in the accessible toilet?				
Is there sufficient room for a wheelchair user to position their wheelchair beside the WC and manoeuvre themselves from the wheelchair to the WC (minimum size is 1500 mm x 2000 mm with doors opening out)?				
Do the general toilets have grab rails for the use of people who are ambulant disabled? In the case of males are the urinals accessible?				

WC Facilities

Yes Partly No Action Needed

Are the taps easy to turn on/off (bear in mind wheelchair users and those who have dexterity issues)?				
Are sinks reachable and have free space beneath them?				
Are hand paper dispensers or hand dryers reachable to wheelchair users?				
Are hand and toilet paper dispensers single sheet dispensers rather than from a roll (a single sheet dispenser is easier to use as it only requires the use of one hand)?				
Are there sealed bins in the toilets?				
Is the emergency cord hanging to the floor not tied in a knot?				
Do you have a changing places facility or a portable changing mat?				


Programmes**Yes Partly No Action Needed**

Are programmes designed with all levels of ability in mind? Are parents involved in designing programmes?				
Can everyone join in with the different activities and sessions on an equal basis?				
Do staff know how to adapt, convert, change and communicate activities in order to include young people with disabilities?				
If a person has a language difficulty do you keep descriptions to four instructions only?				
If cooking in the kitchen can activities be adapted?				
Do staff and volunteers have strategies in place for promoting friendships among young people attending programmes, such as group and team activities?				

Communicating with parents

Yes Partly No Action Needed

<p>Are notice boards kept up to date? Is information available using alternative means Easy read and large print Texting/online using websites, forums or social media</p>				
<p>Is information on notice boards kept clear and in bold type (texts and backgrounds that contrast in colour with large, plain fonts)?</p>				
<p>Are parents welcomed into the building and shown around?</p>				
<p>Does your club or group communicate well with parents? Is feedback sought from parents? Are there ongoing review meetings with parents? Do you engage with parents to give reassurance as to how their son/daughter is getting on in the club or group?</p>				

**Giving information to young people
/Promoting the service to the Public**

Yes Partly No Action Needed

Is written information accessible to those who are blind or partially sighted and a budget is available (large print, plain fonts with text and background contrast, audio or Braille)?				
Is written information in easy read format (basic English with no jargon)?				
Do promotional materials promote and inform the public of the accessibility of your club is this done through Facebook and Twitter?				
Do you network with other services including the disability sector, to ensure young people with disabilities are aware of your service?				

**Giving information to young people
/Promoting the service to the Public**

Yes Partly No Action Needed

<p>Does your website meet disability standards, i.e. is compatible with screen reading and magnification software? RNIB can assist you with the testing of your website, contact www.rnib.org.uk/services-we-offer/business-services for more information.</p>				
<p>Are young people with disabilities shown in photos of young people you use to promote the service (this includes social media sites and photos on display in your building)?</p>				

Group Contract

- Communication - We know what everyone's opinions are.
- Show Respect - Listen to each others opinions.
- Have Fun.
- ... to other groups.

Communicating with young people Yes Partly No Action Needed

<p>Do you use warning words for entertainment events where there will be strobe lighting or smoke machines?</p>				
<p>Can young people phone, SMS, email or use appropriate social media to contact you?</p>				
<p>Do you use a loop system? Do you know how to access Sign Language Interpreters if required? Is there a budget available to support the payment of Sign Language Interpreters? Have the Sign Language Interpreters been Access NI checked and have their own Insurance?</p>				
<p>Do staff know how to communicate with a young person who is deaf or hard of hearing?</p>				
<p>Do staff know how to communicate with and guide a young person who is blind or partially sighted?</p>				

Communicating with young people Yes Partly No Action Needed

Do staff know how to communicate with a young person who has a speech impairment?				
Do staff know how to communicate with a young person who has a brain injury?				

The Organisation Yes Partly No Action Needed

Are young people with a disability involved in decision making, such as having an input on how the service is run, being involved in informal consultations, the youth committee or management committee?				
Are staff and volunteers trained in basic disability awareness?				
Would your centre consider employing an inclusion worker?				
Does the organisation have a written commitment/policy on equality and inclusion that includes people with a disability?				

The Organisation

Yes Partly No Action Needed

<p>Has the organisation completed specific training on: Visual awareness training Deaf awareness training Autism awareness training Learning Disability awareness training ADHD awareness training Brain Injury Awareness Training (Contact the Youth Inclusion Hub for further details of where to access training)</p>				
<p>Has the organisation completed specialised training: People Handling Makaton Personal Care Seizure management Sign Language – BSL or ISL Managing Behaviours that challenge Buddy Mentor Training Sighted Guide Training</p>				

Partnerships and networks

Yes Partly No Action Needed

Do you have a referral list of disability services for young people and their families?				
Does your service work in partnership with disability services to make your service accessible?				
Do you provide information about you service to disability services?				



Action Planning for Inclusion

Completing this will help summarise the gaps in your provision on Inclusion

Categories	Who's responsible	Target date	Review date	Comment
Transport				
Car-parking				
Venue approach				



Action Planning for Inclusion

Completing this will help summarise the gaps in your provision on Inclusion

Categories	Who's responsible	Target date	Review date	Comment
Entrance & reception				
Welcoming				
The venue				



Action Planning for Inclusion

Completing this will help summarise the gaps in your provision on Inclusion

Categories	Who's responsible	Target date	Review date	Comment
Moving around the venue				
WC facilities				
Programmes				



Action Planning for Inclusion

Completing this will help summarise the gaps in your provision on Inclusion

Categories	Who's responsible	Target date	Review date	Comment
Communicating with parents				
Information for young people				
Communicating with young people				



Action Planning for Inclusion

Completing this will help summarise the gaps in your provision on Inclusion

Categories	Who's responsible	Target date	Review date	Comment
The organisation				
Partnerships & networks				

Disability Awareness

Please click relevant tab for further information

Learning Disability including Down's Syndrome	Sensory including Speech	Autism Spectrum Disorder (ASD)	Physical Disability	Learning Difficulties	Other Medical Conditions
<p>Happens due to brain development being affected, either before they are born, during their birth or in early childhood. Varying degrees. Affecting intellectual ability – learning, memory, understanding and communication.</p>	<p>Acquired through genetics, accident or illness. Affecting the senses of sight and hearing. There are varying degrees of deafness and sight loss. Speech disorders are varying they can accompany other disabilities e.g ASD, learning disability, Stroke, Cerebral Palsy and Brain Injury;</p>	<p>Acquired through genetics and environmental factors. Varying degrees affecting a person's ability to socialise and communicate, may also have difficulty in processing sensory stimulus.</p>	<p>Acquired through genetics, accident or illness. Varying degrees of mobility affecting the use of limbs, brain function, Gross/fine motor skills and personal care needs</p>	<p>All difficulties are caused by neurological development with wide ranging levels. Dyslexia, Dyspraxia, Dyscalculia, Dysgraphia and ADHD/ADD</p>	<p>Other medical conditions that may accompany a disability e.g Diabetes, Epilepsy</p>

Case Studies

Girl guiding example of good practice

A Brownie and Girlguiding group from Killylea Co. Armagh have been inclusive for over 20 years. Currently have 4 young people who have a range of disabilities from sensory to learning difficulty. In advance of working with the young people Janet Auld Unit Leader spoke to parents so that they could adapt the programme to allow their inclusion.

In Janet's experience the requirements for inclusion are having information about the young person's disability, ensuring there are enough staff and volunteers and undertaking training of staff and the non-disabled Brownies and Guides on disability awareness. Janet hasn't had to complete specialised training in Makaton or seizure management and as a uniformed group have been very fortunate that they have had no challenges in becoming inclusive. For anyone considering starting the process of inclusion Janet encourages people to go for it.





Case Studies

Holy Trinity's experience of inclusion

Among Holy Trinity Youth Club's members are 61 young people with a disability, including physical, learning, sensory, social and communication (ASD), learning difficulty and ADHD. Holy Trinity has been inclusive for four and a half years and is actively recruiting new members. The following are needed to ensure Inclusion works:

1. Preparing the non-disabled young people
2. Young people of the centre receiving disability awareness.
3. Making sure to set clear expectations regarding behaviour and be consistent.
4. Good communication with parents, along with complete information regarding the young people's condition/disability. Using the buddy programme is useful to help with transition.
5. There should be the correct number of staff and volunteers employed and ensure they are provided with disability awareness training, good communication and teamwork vital among staff.

Challenges to inclusion

- Being able to provide the support
- Staff confidence in working with disability
- Inaccessible building
- The centre had the advantage of having some of the staff working in SEN

Training needs

Some of the staff have completed the following training Makaton/BSL sign language/people handling skills/seizure management

What advice would you give to someone who's about to embark on becoming inclusive?

For anyone about to embark on becoming inclusive it's important to have guidelines on behaviour and expectations need to be communicated very regularly with young people who have a disability. Staff need to be consistent and fair in the application of discipline, so that non-disabled young people do not feel that "the rules don't apply" to young people who have a disability.



Case Studies

Colin Neighbourhood's experience of inclusion

Members in Colin Neighbourhood Partnership Youth Club include 59 young people with a disability, including physical, learning, sensory, and social and communication (ASD), learning difficulty and ADHD.

Colin Neighbourhood has been inclusive for five years. The Colin Youth Inclusion Project was started in June 2009 as a partnership with South Eastern Education and Library Board (SEELB).

1. In advance of developing Inclusive Youth Work it's important to have good communication between services in the community to avoid duplication and to ensure there are services available for young people with a disability.
2. Staff and young people who are non-disabled completing disability awareness and building good communication with parents to help breakdown misconceptions this will help with gathering information regarding the young people's disability which ensure their needs are met. Using a buddy programme will help with transition.
3. In relation to staff it's important to have the correct number of staff/volunteers are employed and good communication and teamwork among staff is vital.

Case Studies

Colin Neighbourhood's experience of inclusion

The Challenges experienced by Colin include:

- Occasional bullying - it's challenged and dealt with.
- Initially there was reluctance from parents and non-disabled users, but as time went on they adjusted to it.
- For some young people transport to the club/activities was an issue providing the support.
- Very specific issues included managing behaviours that challenge.
- Supporting specific medical issues and providing equipment.

Advice to anyone wishing to embark on becoming Inclusive:

Take each day as it comes. Learn to look past what your eyes see and look at what we all have to offer each other to become more inclusive.





Case Studies

Pennyburn Youth Centre Derry/Londonderry

There are 30 members with a disability in Pennyburn Youth Centre, including physical, learning, ASD, Learning difficulty and ADHD.

1. In order to become Inclusive it was important to talk to staff members of the special school and parents for guidance.
2. Address any fears held by the current members of the club.
3. Talk to staff to gauge interest in being part of the group
4. Consider how many young people could be recruited as volunteers as their experience limited.

As there was a consultation with the non-disabled young people the transition to inclusion was very easy, they welcomed and interacted with them just like they did with their own peers.

The challenges that the club experienced included:

- Reluctance from parents of non-disabled users
- Transport not being provided to the club and activities
- Managing challenging behaviour
- Understanding and supporting medical issues
- Providing equipment
- Staff confidence in working with disability, this took time to overcome

Training needs:

- It was felt that there is a need for staff to complete a comprehensive range of training including: Makaton, Sign Language, Personal Care, People Handling Skills, Seizure management
- Staff didn't complete any training prior to becoming inclusive

What advice would you give to someone who's about to embark on becoming inclusive?

Be open to everything; don't try to set programmes for the young people who are disabled. When they first started they had a set programme for a few weeks with different topics, the young people queried why was there a need to a set programme could they just do their own thing like everyone else. From this experience we have learnt to treat everyone the same, don't make a fuss and don't make a difference.

Case Studies

All Saints Youth Club Ballymena

'All Saints Youth Club have between 16-17 members in there Inclusion group. There are a range of needs including learning disability, ASD and ADHD.'

Steps taken in advance of being inclusive

- 1.** Had worked with Castle Tower School Special School, after a conversation with the young people about what they did outside of school apart from playing the X-box they didn't access any youth provision so this was the impetus for the centre becoming inclusive. During the visit to Castle Tower School they got the chance to explore the work within the school where staff from All Saints preconceptions was challenged.
- 2.** Allison felt a Youth Worker needs to prepare by getting get rid of any held preconceptions. It was vital to receive training, they accessed training from the Youth Inclusion Hub and support from Castle Tower School. From doing the training they needed to reconsider their plans, need for flexibility and the ability to make a change to an activity/game and most importantly be responsive to the child's needs.
- 3.** Got connected to local groups who work within disability, All Saints worked with Autism NI a parent led group, they were able to help the staff understand the specific needs of their child's disability. The parents come along to the Inclusion project, there will come a time when the parents will no longer need to attend, this will evolve when the time is right when both parents and staff are ready.

Case Studies

All Saints Youth Club Ballymena

Good communication with parents, this has allowed staff to gain a better understanding of individual needs.
Information about the young person's disability, staff get information from their weekly contact which is passed onto the team
Having a buddy system in place to support the inclusion
It is vital to have enough staff and volunteers
Good communication and teamwork among staff
Undertaking risk and needs assessment

Challenges

- One of the concerns was how was she going to engage with young people who didn't communicate.
- Staff reluctance and fear.
- Getting staff to look beyond the negativities and get an understanding of disability
- Young people who don't have a disability were nervous at the start but soon realised they were the same, they had expressed a fear towards people who have a physical disability due to limited experience, initially it challenged them as to how to include them in activities but now it's normalised
- Bullying
- Funding impacted on the cutting one of the mainstream nights which was replaced with the inclusion nights, initially parents weren't happy but are now are fully supportive of it.
- It's important to work with young people's whose needs the staff felt that they could work with.
- Some parents of children with a physical disability expected transport to be laid on

Training Needs
Makaton training

What advice would you give to someone who's about to embark on becoming inclusive?
Do it now.



How to make play accessible

Outdoors

Avoid parks with concrete or tarmacked surfaces under swings and climbing frames

Team children in a way that ensure a balance of skills

Introduce rules that ensure all children can take part and be properly involved e.g.:

- Lower/widen nets and posts
- Use high visibility tape/cones to mark out nets/posts
- Reduce boundaries
- Use bigger/fatter handles for easy grip
- Use balls of different sizes, weight, bounciness, bright colours or audible ball e.g. with a bell
- Introduce games where all members of the team are blindfolded e.g. goalball
- Play games where all members move around on bottoms or knees
- Play 3-legged football
- Create rule where all team members must handle the ball before a goal can be scored
- Promote team-work/pair-work

Painting / craft activities

Set out a range of materials: paper, card, magazines, sequins, string, straw, shells, sand, cotton wool, brightly coloured paper, leaves etc.

Also set out a range of equipment: scissors, glue, paintbrushes (with handles of different thickness), sponges, finger painting, hand and feet painting, empty squeeze bottles filled with paint etc.

Work on walls (frieze-mounted), spread on floor, easels, indoor/outdoor murals etc. For activities set up on tables, be aware of level/height.





How to make play accessible

Musical activities

Music-related activities can be varied or extended in many ways, e.g.:

- action songs
- making maximum use of body language/gestures
- signing songs and rhymes
- describing body language and gestures
- clapping/stamping rhythms
- shakers (feeling movement inside instrument)
- percussion instruments
- written words guiding children through them

Storytelling

Make use of props to support your story. This will provide children with additional cues to help them follow the story, and later retell it.
Provide accessible version of the book for a child with sight loss.

For example:

- Puppets
- Magnet boards
- TV boxes (home made)
- Toys as visual cues, tactile cues relating to the story
- Stimulus boxes for children to tell their own story – assortment of items that can prompt a child's imagination or memory audio stories
- Dressing-up clothes, drama
- Signing, gestures/body language to add expression

How to make play accessible

Transition times and turn taking

These can be difficult for some children to cope with. They need a countdown to the end of an activity, e.g. “10 minutes left... 5 minutes left...now its tidy up time” Have something prepared they can go to straight away. Try and avoid very noisy cues such as whistles or ringing a bell: children with autism would find this particularly scary and confusing. Try using a gentle clap, a song or rhyme along with holding up a visual clue e.g. a big red circle meaning “stop”. Turn taking can be difficult for a child with Autism to understand, using an egg timer can be helpful in showing the allocated time given to a person.





How to develop a Sensory Play area

These activities and games that can be played with sensory materials help children with disabilities explore, communicate and play.

Issues to consider

- Some children may have heightened sensory perception. This could mean they really enjoy sensory experiences or, that they find it difficult and don't enjoy it. Remember each child's experience is different not all children will react the same or enjoy the same stimuli. Create opportunities to offer choices.
- Look at activities from the child's perspective. Have you considered all aspects associated with these activities and how you can provide a quality sensory experience. Facilitate the child's involvement and monitor their reaction for signs of distress/ enjoyment.
- A simple multi-sensory environment can be set up in the corner of any room.

Examples to use:

- Close curtains/ blinds to exclude natural light.
- Shine coloured torches on to lengths of muslin or net curtains.

- Hang mirrored baubles (e.g. Christmas decorations!) to create a lighting effect.
- Play gentle music and sounds to create a relaxing environment.
- Introduce smell, textures and movement.
- Use gentle fans to move air around.

Sensory Activities and areas

Smelly Jars

Punch some small holes in the lid of a small container or plastic bottle. Fill with cotton wool scented with fruity shampoo/ washing up liquid, oils, perfume, food essences. Make sure the lid is secure.

Touch Wall

Cover a section of wall with fine sandpaper, bubble wrap, velvet, fun fur, CD.'s or any safe textured material.

Sensory box

A large cardboard box filled with shredded paper. This could be lined with reflective paper or any other interesting safe material.



How to develop a Sensory Play area

Magic Mud

Corn flour, water, food colouring

Add just enough water to stir the corn flour, add food colouring.
Great for messy play!!

Thick Bubbles

2 ½ -3 parts water, 1 part washing up liquid, 1 tablespoon glycerine. This solution makes bubbles that are much stronger (and cheaper) than ordinary shop bought bubble mixtures.

Hide and Find

Use rice, lentils, clean sand etc to hide toys. The child can find the toys using eyes open or closed, one hand or two. Inclusive for children with visual impairments.

Tightrope walk

Use masking tape to mark a tightrope on the floor. The children can try to follow the line. Helps with balance and co-ordination. Staff can facilitate wheelchair users by pushing them along the line in response to verbal directions..

Making music

Help children to make their own musical instruments.

(Particularly good for older children as can easily be made age appropriate- set up own band etc). Children with hearing impairments can feel the vibrations from banging saucepan lids, drums etc.

Light reflecting materials

Child sized plastic mirror ; Holographic wrapping paper to hold and scrunch or stick onto card shapes which can then be manipulated

Small hand held mirror ball, Cheerleader pom pom, Survival/foil blanket

Light emitting objects

Try shining a torch onto a mirror ball, reflective surfaces or behind a white sheet. Use different coloured filters on the torch e.g cellophane.

Light rope, Push button light up toys, novelty light up toys
Push operated light switch



How to develop a Sensory Play area

Things that move

Sparkly ball, Scented or smelly ball, hand puppet, finger puppets, wind up or battery operated mechanical toys, a tub of bubbles for blowing.

Contrasting sounds

Bells, chains, string of beads (plastic or wooden), string of ping pong balls, string of small metal or wooden measuring spoons, music box, wind chimes.

Textured or messy play

Use a plain coloured tray with a lip all round or a plastic cat litter tray to contain: Gloop (cornflour mixed with water), squirty cream from a can, pasta or dried beans and pulses, water (add food colouring for contrast, herbs from the garden in summer, cereals such as rice crispies.

Vibration

Drum, rain stick, vibrating toys, bumble or jiggle ball, air movement, portable fan, hand held fan, large bubble blower.

Easy things to hold

Small lightweight rattle, small handbell, wristbells, slinky beanbags made from bright or glittery materials. Fill each one with something different: rice, buttons, old keys, a piece of survival blanket, corks.



Adapting sporting activities

Adapt the sport and help the child

Children of the same age can have very different degrees of physical development. Children's physical proportions are changing all the time and it is unrealistic to expect them to learn adult sports using adult equipment. This section explores how we can adapt sports to make them more suitable for children.

Rule it out – or change the rules

In theory, difference in physical maturity makes contact sports unsuitable for young children. But games such as football, which demand frequent contact, are very popular for this age group. The answer is to change the form of the game so as to minimise or, at least, control the degree of contact. In sports like rugby, formalised competitive collision is part of the game. Even so, keep it to a minimum (as in mini-rugby) until the children are physically strong enough to cope with it.

Safety must be your prime consideration. Get the children to wear protective clothing or devise a non-contact form of the game. If the Rugby football Union can change the laws of scrummage to reduce injury, you can change the rules too. Boys are not physically ready for collision sports until they reach puberty; girls cannot be fairly matched with boys in any contact sport after puberty.

The same principle can be applied to other sports. Keep the essential features of the game but modify the rules so that they are suited to the children's current abilities. In this way, children will gain a sense of achievement and satisfaction at each stage of their development. Thinking about reducing the playing time too. Children are less able to cope with full-length game.

Competitive structures are commonplace in professional sport but they may not be so suitable for children. The aim here is to encourage participation, effort and satisfaction rather than winning.

Small can be beautiful

Children are relatively weaker than adults as well as physically smaller. They cannot throw, kick, jump or sprint as far as adults can. Reducing the playing area allows children to develop adult-style moves and tactics as they grow as well as giving them the satisfaction and enjoyment that comes with real and recognisable achievement.



Adapting sporting activities

Tools for the job

Thinking small should apply to equipment as well as teams and playing areas. Bats and racquets that are too big or heavy for children will force them to learn a technique that cannot survive into maturity. Safety is another consideration. Children using equipment that does not match their strength and proportions are more likely to have an accident or suffer injury.

Grouping children

Because children in the same year group may be up to 5 years apart in physical development, putting them all together in competition may be very unfair. A better criterion is weight and height but this can also cause problems with skilful late developers.

The solution is to:

- Consider weight as well as age
- Use skills test to match suitable opponents
- Letting people move children to more appropriate groups
- Offering a wide choice of sports opportunities
- Encouraging parents to help children pick the most appropriate activities.

Keeping groups small gives each child more opportunities to learn and practice skills. This also makes learning the rules of team games easier and reduces decision-making to a level that young children can cope with. For example 4 and 5-a-side football avoids the crush of bodies around the ball and allows children to learn team skills and to understand the basic principles of the game.

Practical tips

Fit the sport to the child, not the child to the sport.

Get equipment that is the right size for players' age group and physical development.

Adapt the rules to achieve better performance and greater satisfaction.

Create practice routines that meet the children's needs and abilities and are not simply watered-down versions of adult routines.

Adapting sporting activities

Examples of adapting sport
Changing the equipment/play area/rule

Sport	Problem	Adaption
Basketball	Target too high	Lower the ring or use lighter ball
Hurdling	Hurdles too high for some	Place hurdles at a height and distance to suit the individual
Tennis	Game too fast, not enough time for decisions	Use slower ball that does not bounce so much
Volleyball	Small children may be afraid of the hard ball	Use sponge ball that does not hurt when it hits
Squash	Racquet too long and heavy	Use shorter, lighter racquet that allows the child to learn the right technique

Adapting sporting activities

Examples of adapting sport
(be aware of fatigue and ABI)

Changing the equipment/play area/rule

Sport	Problem	Adaption
Netball	Cannot score goals	Lower the goalpost and use a larger ring and or smaller ball
Cricket	Cannot hit to boundary	Shorten the boundary and keep the wicket full size
Basketball	Technique too hard	Waive the 3 second rule
Rugby	Too many players	Play mini-rugby with 18 or tag rugby
Volleyball	Technique too hard	Allow the ball to bounce once

How to make group work/training accessible

It's important to be made aware of any young people who have a disability or difficulty before undertaking any training or group work this is enabled by having a detailed registration. Completing the Inclusion Audit will ensure the venue you are using is accessible but here are some things to consider when delivering group work or training.

Accessibility

If a young person has a learning disability it is important not to use jargon, use plain English. Try to shorten and simplify sentences.

Depending on the level of the learning disability there may be a need to prepare information in Easy read format- image assisted text.

- Allow breaks
- Use different approaches during the training – working in pairs or smaller groups, providing a buddy to support the young person, using interactive methods such as videos, art, drama or handouts don't solely rely on power point presentations.

Working with someone who has Dyslexia

It's important to check with the person what methods they prefer when learning – access to a laptop if they are doing accredited training, more interactive methods are normally preferred working in pairs, smaller groups, flipchart work, worksheets, videos, art and drama. Avoid the overuse of power point presentations but if you need to use power point summarise points don't have paragraphs of information, ideally give the young person the power point presentation to follow during the training or group work.

- Allow for breaks
- Encourage peers to offer support
- Allow extra time for the completion of any written work
- Some people prefer information on a specific colour of paper (check individual needs)



How to make group work/training accessible

Working with someone who has ADHD

- Alternate seated activities with those that involve movement so that the child has many opportunities to move throughout the session or training.
- Where appropriate give the child or young person specific responsibilities for example, giving out materials
- Provide a stress ball, small toy, or other object for the child or young person to squeeze or play with discreetly at his or her seat.
- Children may need frequent movements breaks during sedentary work.
- Use a simple schedule so that the child can understand salient information without being overloaded.
- Change rewards frequently - use reward privileges, praise, or activities as rewards rather than with food.
- Try not to seat children in high traffic areas e.g. near windows and doors where they are likely to be distracted
- Reward and encourage positive behaviour and do not draw attention to negative behaviour
- When giving instructions to a person who has ADHD KISS - keep it short and simple one thing at a time
- Do the first difficult time first as concentration is better
- To improve attention break the day or evening down into small manageable tasks, giving a clear indication of what is required of them, the time period for completing it and the materials they will need
- Providing a structure helps them keep focus
- If trying to do group work you can use the traffic light system – red=silence amber=talk quietly to the person beside you green=talk to everyone
- Avoid long periods in one position
- Overcoming transition from one activity to another – give a 5 minute warning
- Have a quiet area where they can for a short period of a short period of time





How to make group work/training accessible

Sensory

Working with young people who are blind or partially sighted

For some young people all they require is information being enlarged to size 16 font or over, check with the individual person as what their specific needs are.

Bear in mind if using flip-chart or power point presentations they won't be able to see them, print off the power point slides in the preferred font size in advance, ensure any handouts or information is printed in their preferred font size.

For young people who are blind it's important to ask them if their preferred methods they use when it comes to learning, some may use screen readers so they will be able to complete any workbooks but will need an electronic copy. The workbook would need to be free of graphics as they get in the way of the screen reader so would need to be a word or publisher document.

During group work or training it's important to consider how the person is included for any videos, you will need to use the audio description option available. If a person uses Braille you will need to allow time to get resources or information transcribed, there is a charge for this.

Working with young people who are deaf or partially hearing

Some people communicate through lip reading so it's important for one person to speak at a time, discourage talking over one another otherwise the person who is lip reading will not be able to follow the conversation. Always speak facing the person, be aware of background noises that will interfere with the discussion.

For anyone who requires a Sign Language Interpreter time and budget should be allowed for as some people have a preference for a particular interpreter who may not be available so a recommendation is to consult with the interpreter before finalising dates for the group work or training. Allow for regular breaks.

Physical Disability

Some physical disabilities impact on people's use of their hands so a scribe maybe needed, this takes time and money to set up so please allow for this when developing any group work or training.

How to make group work/training accessible

ASD

It's important to seek guidance from a parent or carer as to what approach works well with their son or daughter
It's important to have a clear structure/timetable in place as some people with ASD are very dependent on routine and giving prior notice to any change to the schedule.

As there are different levels of ASD you need to allow for all, some people will struggle with a large group.

Drawing up a contract and ensuring the guidelines are enforced as some young people may have a meltdown if people don't conform.

It's important to try and get everyone to see people's different point of views, some young people with ASD may dominate conversation so it's vital to encourage turn taking.

Using visual images is a good aid alongside text, this acts as a visual clue to assist with learning

Some young people with ASD have no speech and may have a communication passport see link for further information

www.communicationpassports.org.uk/About/

Some young people communicate using Picture Exchange Communication Systems (PECS)





Useful Contacts & Resources

Mencap (NI)

Mencap supports, works alongside and represents the interest of people with a learning disability and their families within Northern Ireland. Mencap provide a wide range of practical support services, help people with learning disabilities speak out about things that are important to them and proactively challenges attitudes and assumptions about learning disability.

For more information go to:

www.mencap.org.uk/northern-ireland

or contact: helpline.ni@mencap.org.uk

Brain Injury Matters NI

A local charity which helps rebuild the lives of those affected by an acquired brain injury (ABI) within Northern Ireland and enhance their quality of life through a wide range of services. All services aim to promote independence, foster personal development and support people to adapt to life after illness or accident. Services are delivered by a combination of professional clinicians and staff with specialist knowledge of ABI rehabilitation.

For more information go to: www.braininjurymatters.org.uk or

contact info@braininjurymatters.org.uk or 02890705125.

RNIB NI (Royal National Institute of Blind People)

RNIB Northern Ireland is the leading charity supporting children and adults with sight loss to live full and independent lives. Offering a range of services including: services for children, young people and families, benefits advice, employment and technology advice, transcription and accessible media services, eye care services and community services.

Website: www.rnib.org.uk/northernireland

Email: rnibni@rnib.org.uk or childrenyouthni@rnib.org.uk

Disability Sports NI

Disability Sports NI is Northern Ireland's main disability sports organisation. The organisation currently runs a range of events, participation programmes, training courses and services, all designed to give local disabled children and adults the opportunity to lead a full and active lifestyle through sport and physical recreation.

For more information go to: www.dsni.co.uk/



Useful Contacts & Resources

NDCS (National Deaf Children's Society)

NDCS is the leading charity dedicated to creating a world without barriers for deaf children and young people. NDCS is an organisation of families, parents and carers, providing emotional and practical support. NDCS campaigns for improvements in services aimed at families with deaf children, working with central and local government, health authorities, education professionals, social services, manufacturers and voluntary organisations.

For more information go to: www.ndcs.org.uk/
or contact: nioffice@ndcs.org.uk

Cedar Foundation

Cedar delivers a range of services that enable people with disabilities to get the most out of life and to be fully included in their communities. As an organisation they aim to work towards a society accessible to all and to provide exceptional services that support children and adults with disabilities to participate in all aspects of community life.

For more information go to: www.cedar-foundation.org/ or
contact: info@cedar-foundation.org

Action Deaf Youth

Action Deaf Youth is a deaf youth organisation delivering services for deaf children and young people. They offer a weekly Children's Club for deaf children aged 4-11 and a Youth Club for deaf young people aged 12 to 17, delivered in different regions across Northern Ireland. The clubs enable deaf children and young people to fulfill their potential and pursue new opportunities. Social get-togethers are organised for deaf teenagers living across the province once a month in Belfast. Personal development and sign language training sessions are also offered to deaf teenagers and deaf young adults. Volunteering opportunities at Action Deaf Youth are on offer for anyone aged 16 upwards.

Training and Employment

Working with deaf young people aged 16 to 25 who are not in education, employment or training (NEETs) by providing employment support.

The support offered:

Essential Skills - Literacy & Numeracy Level 1

ECDL Level 1

OCN Level 1 Certificate in Employability Skills

Weekly Job Club

Employability Support

For more information go to www.actiondeafyouth.org or contact:
Michael.johnston@actiondeafyouth.org



Useful Contacts & Resources

YCNI (Youth Council for Northern Ireland)

YCNI was established under the Youth Service (Northern Ireland) Order. YCNI has the status of 'Non-Departmental Public Body' (NDPB). This is a body, which has a role in the processes of government but is not a government department. The Youth Council through the delivery of its functions and work programmes seeks to champion the well being, rights and participation of young people.

For more information go to: www.ycni.org
or contact: info@ycni.org

Deafness

<https://www.youtube.com/watch?v=7azYnEy74Ds>

Physical Disability

A young person who has Cerebral Palsy created this video with the help from Fixers

<https://www.youtube.com/watch?v=4sNdD5NAZXQ>

ASD

A young person who has Autism created this video with the help from Fixers

<https://www.youtube.com/watch?v=V5fD7ZIAaQs>

Middleton Centre for Autism

A specialist organisation providing training in ASD for professionals and parents

<https://www.middletonautism.com/>

Dyspraxia

A young person who has Dyspraxia with the help from Fixers created a video to help raise awareness

<https://www.youtube.com/watch?v=ssfbXEc3tKc>

Learning Disability including Down 's syndrome
MattyBRaps True Colours

<https://www.youtube.com/watch?v=dXmaE0041Y0>

Down's Syndrome

Barbara Norris a young adult created a video to help raise Down's Syndrome awareness

<https://www.youtube.com/watch?v=c4QxT0ErpOc>

Tim's place a young adult who has Down's Syndrome who has opened a café in USA

<https://www.youtube.com/watch?v=1OT5iUORcAM>

Adults with a learning disability sharing what is a learning disability

<https://www.youtube.com/watch?v=BoGTBcVHnd0>

Type 1 Diabetes

A young person who has Type 1 Diabetes with the help from Fixers created this video

<https://www.youtube.com/watch?v=LO-hIUcLinY>



Useful Contacts & Resources

Dyslexia

<https://www.youtube.com/watch?v=zafiGBrFkRM>

ADHD

<https://www.youtube.com/watch?v=HI7Ro1PUJmE>

Boys Brigade NI have created an App that can be accessed for free from I-tunes

Access All Areas

Learning Space

A shop providing a range of educational toys and resources for children with and without a disability.

<http://www.learningspaceuk.co.uk>

Davies Sports

A website providing sports equipment.

<http://www.daviessports.co.uk/>

Forest books

Specialist resources for British Sign Language.

<http://www.forestbooks.com/>

Youth Inclusion Hub Resource Library

The resource library is available to youth groups and other organisations working with children and young people. The resources are designed to facilitate inclusion in group activities for people with a disability.

<https://www.mencap.org.uk/northern-ireland/what-we-do/projects/youth-inclusion-hub/inclusive-resource-library>

Youthnet NI have created a diversity toolkit called Access All Areas for the Youth Work sector. It is now available to help youth workers and other professionals include young people from hard to reach groups.

To download a copy of the toolkit visit the Youthnet website or contact Youthnet 028 90331880 to obtain your free printed guide with CD-ROM included



Disability Etiquette

Some guidelines for meeting people with disabilities

Physical Disability

- Do not lean on a person's wheelchair – this is part of his/her personal body space.
- Do not touch or move a person's mobility aid (e.g. a stick or crutches) without their consent
- When talking to a wheelchair user, try to position yourself at his/her level, ideally on a chair. It is best to avoid crouching down, as standing or crouching can sometimes be interpreted as patronizing (this depends on situation, not necessary to sit on a chair if only speaking for a short period, on the other hand if it's a long conversation or in a noisy environment, it would make sense to sit down)
- Do not grab the back of someone's wheelchair and push him/her along.
- Find out how to push a wheelchair, how to get up and down steps, how to tip it backwards, how to use the brake and how to lift by the arm rests or the wheels.
- Do not ask personal questions about the disability or its origin until you know the person well enough.
Most wheelchair users like to get around under their own power but, if there is an obstacle (e.g. a step) ask the person if they would like some assistance.

If you are going to meet a person who uses a wheelchair, check the following:

- Are there suitable parking arrangements?
- Is there an accessible entrance to the building (e.g. with a ramp or without steps)?
- Is the interior of the building accessible and hazard free
- Is the room used for the meeting accessible (in terms of its location in the building, space and layout)?
- Is there a lift, if required?
- Is there an accessible WC?
- If there are access difficulties that may not be overcome, what can you do?
- Remember not all people with mobility difficulties use a wheelchair or other walking aid. In some cases, the difficulty may not become evident until they try to do a certain thing, e.g. climb stairs or walk more than a short distance. In other cases, balance may be a factor.

Disability Etiquette

Some guidelines for meeting people with disabilities

Acquired Brain Injury

- Be aware of fatigue and levels of concentration.
- Personality and behaviour deficits can cause the person to show challenging behaviour and inappropriate language.
- Do not finish a person's sentence; allow them the time to find the words.
- If moving a person's mobility aid let the person know.
- Be aware of memory loss, it's important to use cueing – may need reminding and giving instructions in small manageable stages



Disability Etiquette

Some guidelines for meeting people with disabilities

Blind or partially sighted

Introduce yourself clearly and introduce all others present, giving their relative position to you.

When offering assistance to someone who is blind or partially sighted ask them exactly what they want you to do. Allow the person to take your arm. Guide, rather than lead, the person and do not automatically assume that they need your assistance.

When offering the person a seat, place their hand on the back or arm of the chair, saying what you have done.

In a group conversation, get people to say their names. This helps the young person with sight loss know where everyone is positioned. From there on, refer to each person by his/her name.

Never leave someone talking to an empty space! Say when you have ended a conversation or are going to move away.

When bringing a blind or partially sighted person into an unfamiliar room, give a brief description of its 'geography' – size and shape and contents – tables, chairs, other furniture.

Always leave doors either fully opened or closed.

Find out the person's preferred reading format in advance e.g. Braille, Large print, audio, email.

Find out if there are audio versions of texts/information.

Inform the person of potential hazards that they may not see.

Use a room that is well lit but not too bright.

Position yourself close enough for the person to see you, but without intruding on their space





Disability Etiquette

Some guidelines for meeting people with disabilities

Deaf or partially hearing

Tips for communicating with a deaf young person

- Find out how they communicate. Not all deaf young people use British or Irish Sign Language (BSL/ISL). Every young person will have a preferred way of communicating, so find out if they use speech, BSL/ISL or a mixture of both. If they do use BSL/ISL ask their parents if they will need an interpreter. If a sign language interpreter is working with someone, always face and talk to the person, not the interpreter.
- You can wave or knock on a table to get their attention.
- Speak clearly and naturally. Speaking slowly or too loudly makes lip-reading much more difficult.
- Use facial expressions and gestures. This can help a deaf young person to understand more of what you are saying
- Watch your mouth. Covering your mouth with your hands, eating or chewing gum can make lipreading difficult and muffle sound.
- Make the conversation topic clear. A young person will find it easier to guess your words if they know what they're talking about, check that they are understanding.
- Reduce background noise. Hearing aids amplify all sound so keep background noise to a minimum.
- Speak one at a time. Group conversations can be difficult for a deaf person to follow. Make it easier by asking everyone to take their turn talking and to make a sign if they want to speak next.

When meeting someone who can lip-read:

- Look directly at the person and speak naturally and clearly.
- Do not shout or exaggerate lip movement, as this will distort understanding
- Speak with facial expressions, gestures and body movements that emphasise the words you use. (Only 3 out of 10 words are visible on the lips)
- Face the light and do not cover or obstruct your mouth.



Disability Etiquette

Some guidelines for meeting people with disabilities

Learning disability

Communication can be difficult it is important to listen as well as to talk.

For someone with a Learning Disability communication can be difficult as the words they want to say won't come out, so it's important to be patient.

When talking to someone with a Learning Disability speak clearly and slowly, try to avoid using jargon or difficult words and give instructions in short manageable chunks. Don't assume that if you give an instruction the person will know how to break it down into individual tasks eg: make a cup of tea - this involves several individual tasks.

Helpful hints:

- Ask open questions
- Check that the person understands what you are saying
- If it's easier for the person to show you what they are trying to say use it – using drawing if necessary
- Use gestures and facial expressions
- Be aware that some people may find it easier to use real objects to communicate but photos and pictures can really help too.
- If you are struggling to understand what they are trying to communicate asking others such as their friends or other staff who are more familiar with them will help with understanding – don't feel embarrassed

Communicating with someone who does not use spoken words or has little use of speech.

Do not assume a person is not capable of communicating because they do not speak.

Each individual is unique and their level of understanding and communication will be different. Asking their friends, family members or carers will help you learn how he or she communicates but most importantly get to know the individual.

Levels of understanding will vary. When an individual has little understanding of spoken words communication aids, e.g. photographs, objects, communication books, PECS (picture exchange communication system), Eye Gaze and Makaton signs could be used.

At most times we can use non-verbal indicators as a way of knowing what an individual wants or feels e.g. through gestures, expressions and eye contact.

Another way of communicating is through sound. The same sound may be used but in a different tone depending on how the person feels or what they wish to communicate.

Do make every attempt to include the individual in decision making, e.g. finding out what activity they would like to do. This may be time consuming however it is important that they are given the choice.

Do not finish a person's sentence, allow them the time to find the words.



Disability Etiquette

Some guidelines for meeting people with disabilities

A.S.D

- Young people with A.S.D usually depend on routine and structure. Any changes should be given well in advance to avoid distress.
- People with A.S.D may have heightened sensory issues, e.g. an intolerance to certain sights, sounds, smells or temperatures. Be aware of triggers that may cause discomfort, for example loud noises from a hand dryer.
- Quiet areas are a useful for time out for young people with A.S.D.
- Having visual materials, e.g. objects or pictures are a useful way of communicating something new to a young person with A.S.D.
- Don't force eye contact or touch.
- Parents do not expect you to know all about A.S.D. Take your cue from them and they will guide you on how best to work with their child.
- People with A.S.D can struggle with abstract, metaphoric language, e.g. "it's raining cats and dogs". Try to avoid using phrases such as this with young people who have A.S.D.

- How to deal with incidents of acute distress:
To prevent meltdowns from happening learn to identify triggers e.g: change in routine or it could be something a child has remembered from sometime ago.
- Do your research and find triggers, if they aren't obvious determine what factors were in place that resulted in a meltdown; try to see if there are any patterns.
- Behavioural difficulties could be caused by fear and anxiety.
The incident of acute distress may be observed through a child becoming: aggressive, crying, screaming, hitting, biting and the child may not be able to speak.

How to manage incidents of acute distress:

Parents have found the use of deep pressure including weighted blankets and massage helps to ease a child back into a calm state.

Other alternatives:

Creating a diversion e.g: singing, putting a movie on or putting sensory lights on, black out den that may have a bean bag, soft blanket and pillows etc or pop up tent or providing some lone time or whatever makes the child laugh. Provide positive verbal reinforcement.

Appendix



Disability Awareness

Category

Physical Disability

Causes

Acquired during pregnancy or birth.
Hereditary
Accident, Injury or through illness

Affecting

Mobility with varying degrees
Use of limbs with varying degrees
Speech with varying degrees
Personal Care

Aids

Wheelchair, crutches, walking frame, assistive technology, hoist, personal care

Conditions

MS – a neurological condition affecting the nervous system a wide range of areas mobility and balance, sight, bladder and bowel control and loss of independence; <http://www.mssociety.org.uk>

Motor Neuron Disease – muscle wasting condition doesn't affect intellect. It's a life limiting condition <http://www.mndassociation.org>

Cystic Fibrosis – An inherited disease caused by a blockage of mucus in the lungs, it's a life limiting condition <http://www.cysticfibrosis.org.uk>

Cerebral Palsy – Caused by the brain being starved of oxygen, affecting mobility, speech, independence. May have involuntary movements (Spasms) along with Epilepsy. May also affect intellect. <http://www.scope.org.uk>

Spina Bifida – caused by an opening in the spine formed in the womb, depending on where the opening or lesion is impacts on the person's ability to have bladder and bowel control and to walk. They may have accompanying Hydrocephalus – fluid on the brain and may affect intellect <http://www.shinecharity.org.uk>

Parkinsons disease - a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement; <http://www.parkinsons.org.uk>

Quadriplegia/Paraplegia and Hemiplegia – caused by a spinal injury Affecting 4 limbs, one limb or part of and one side of the body www.spinal-injury.net/spinal-cord-injury

Dwarfism <http://www.restrictedgrowth.co.uk/RG.html>

Brain Injury – depending on the severity it will impact on memory, communication, mobility, independence etc <http://www.braininjurymatters.org.uk>

Perthes' Disease – of the hip <http://www.perthes.org.uk>

Arthritis <http://www.arthritiscare.org.uk>

Stroke <http://www.stroke.org.uk>

<http://www.disabilityaction.org>

Disability Awareness

Category

Sensory
Blind & Partially Sighted

Causes

Born with
Develop as a result of illness

Affecting

Sight with varying degrees

Conditions

Sight Loss

Most blind and partially sighted children and young people are born with their eye condition. "Approximately two thirds of children with severe vision impairment and blindness had been diagnosed before their first birthday" (Rahi and Cable, 2003). The single most common cause of sight loss in children is Cerebral Vision Impairment. CVI accounts for up to 48% of blindness and between 32% and 45% of all vision impairment in children (Mitry et al 2013). At least 20 per cent of young people with a sight loss have additional disabilities and/or special educational needs and a further 30 per cent have multiple and complex needs. (Keil, 2012a)

Other causes of sight loss in young people are congenital conditions such as cataracts, genetic conditions like Albinism, Aniridia or Retinitis Pigmentosa, premature birth issues e.g. Retinopathy of Prematurity or sight loss as a result of conditions or syndromes e.g. Down's Syndrome.

Young people with sight loss can be registered as Sight Impaired (Partially Sighted) or Severely Sight Impaired (Blind). Registration is carried out by a consultant ophthalmologist and is based on the person's field of vision and visual acuity (detail vision). Only 4% of people with sight loss see nothing at all.

It is important to remember that no two children who have the same eye condition can have different levels of sight loss and ways of learning.

Useful links

[Children's Eye Conditions
Registration
Services & Information Booklet](#)



Disability Awareness

Category

Speech

Causes

Health and illness,
accident and
genetic

Affecting

Varying degrees

Conditions

- Aphasia
- Stammer
- Speech Impediment
- Select Mutism
- Cleft palate
- Tourettes

Aids

- Assistive technology
- PECS – Picture exchange communication system
- Makaton

www.aphasia.org

www.tourettes-action.org.uk

www.clapa.com

www.ispeak.org.uk



Disability Awareness

Category

- ASD – Autism Spectrum Disorder
- Varying degrees
- Aspergers – High functioning
- Autism – Low functioning

Conditions

- Aspergers
- Autism
- May also have accompanying learning disability

Causes

Genetic and environmental

Aids

- Ear guards
- Makaton
- PECS
- Schedules
- ABA
- Autism Assistance dogs

Affecting

- Communication and social Skills
- Sensory overload- Stimming used to counter this
- Dependence on routine and structure
- Difficulties with noise, bright lights, large crowds and smells;
- One sided interaction
- Special interests

www.peatni.org
www.autisminitiatives.org
www.facebook.com/happy.faces.902?fref=ts
www.facebook.com/sonya.jigsawproject
www.autism.org.uk/?nation=northernireland&sc_lang=en-GB



Disability Awareness

Category

Deafness

Causes

**Hereditary
Born premature
Environmental factors**

Affecting

Hearing with varying degrees

Conditions

Difficulties with communication mean that deaf children and young people may find it more difficult to take part in mainstream youth activities. However, with the right awareness and adaptations, any group or organisation should be able to provide a safe, supportive environment where deaf children can thrive.

Some facts about deafness

- There are more than 1,500 deaf children and young people in NI (and 45,000 across the UK).
- Half of deaf children are born deaf, while the other half become deaf during childhood. In addition, eight out of 10 children will experience a form of temporary deafness called glue ear before the age of 10.
- The use of the word 'deaf' means all levels and types of hearing loss from mild to profound. This includes deafness in one ear or temporary deafness such as glue ear.



Disability Awareness

Category

Learning Disability

With varying degrees:

- Mild
- Moderate
- Severe
- Profound
- PMLD (profound and multiple learning disability)

Causes

Happens due to brain development being affected, either before they are born, during birth or in early childhood it is life long and there is no "cure". Varying degrees.

Affecting

- Ability to learn
- Understand
- Communication
- Follow instructions
- Memory

Conditions

Types of Learning Disability

- Learning disability is a reduced intellectual ability depending on the level of learning disability impacts on the person's independence/need for support. It is not a mental illness.
- Foetal Alcohol Syndrome
- Fragile X Syndrome
- Rhett Syndrome
- PMLD - have a sensory or physical disability, complex health needs, or mental health difficulties. People with PMLD need a carer or carers to help them with most areas of everyday life, such as eating, washing and going to the toilet. PMLD is not a type of learning disability but refers to the severity of a person's learning disability and indicates a range of other types of disability the individual has. Will usually require support with everyday living tasks and will most likely require that support for all of their lives although early effective intervention can mitigate the degree of support required

Aids

- Information in Easy Read format
- Makaton
- Personal Care

www.mencap.org.uk/
www.cedar-foundation.org
www.positive-futures.net
www.stepsstonesni.com



Disability Awareness

Category

Learning Disability
Down's Syndrome

Conditions

Down's Syndrome

Causes

Genetic not hereditary, happens
by chance

Aids

- Easy Read
- Makaton

www.downs-syndrome.org.uk

Affecting

- Learning
- Delayed milestones
- Characteristic facial features
- Heart Condition

Disability Awareness

Category

Learning Difficulty
Varying degrees

Causes

- Dyslexia – Neurological condition, genetic
- Dyspraxia – Low birth weight and premature
- Dysgraphia – neurological
- Dyscalculia – neurological
- ADHD/ADD - Neurological – have lower levels of neurotransmitters dopamine and nor-adrenaline that control attention, memory and self-control
- Hereditary

Other factors that have been suggested as potentially having a role in ADHD include:

- being born prematurely (before the 37th week of pregnancy)
- having a low birth weight
- smoking, alcohol or drug abuse

Affecting

Dyslexia - The way people read and spell words

- phonological awareness
- verbal memory
- verbal processing speed

Not linked to a person's intelligence

Dyspraxia - Affecting coordination (fine and motor skills) and organisation. May appear clumsy.

Dysgraphia - characterised by a difficulty with handwriting that impairs writing and memory processing

Dyscalculia – severe difficulty in making arithmetical calculations

ADHD/ADD - Common symptoms of ADHD include:

- a short attention span or being easily distracted
- restlessness, constant fidgeting or overactivity
- being impulsive

ADHD is more commonly diagnosed in boys than girls.

Girls with ADHD often have a form of the condition where the main symptoms relate to problems with attention rather than hyperactivity (ADD), which can cause less noticeable symptoms.

Aids

- Dyslexia - Lap top Technologies – text to speech, Speech recognition software
Mind mapping
- Coloured/textured sheets
- Tinted glasses
- Dyspraxia also known as - Breaking tasks down
- Dysgraphia – Access to a laptop or a scribe

www.dyspraxiafoundation.org.uk

www.bdadyslexia.org.uk

www.dysgraphia.org.uk

www.dyscalculia.me.uk

www.adhdfoundation.org.uk

Conditions

- Dyslexia
- Dyspraxia (DCD – Developmental co-ordination disorder)
- Dysgraphia
- Dyscalculia
- ADHD/ADD



Disability Awareness

Category

Additional Medical Conditions
Diabetes

Causes

There are 2 different types of Diabetes Type 1 normally develops in childhood and Type 2 develops over the age of 40 and is caused by an unhealthy lifestyle

Affecting

Diabetes is a condition where the body can't produce the hormone Insulin or doesn't produce enough; insulin controls the amount of glucose in the blood.

The Main signs of untreated diabetes are: Going to the toilet often, increased thirst, extreme tiredness and weight loss.

www.diabetes.org.uk



Disability Awareness

Category

Additional Medical Conditions
Epilepsy

Causes

It could be because of brain damage caused by a difficult birth, a severe blow to the head, a stroke, or an infection of the brain such as meningitis. Very occasionally the cause is a brain tumour.

Affecting

A seizure happens when there is a sudden burst of intense electrical activity in the brain. There are 2 types of seizure grand mal where the person has fallen to the floor and is having convulsions and petite mal or absence where a person loses awareness of their surroundings for up to 20 seconds.

There are various different triggers to a seizure: Not taking epilepsy medicine as prescribed, feeling tired, not getting enough sleep, stress, alcohol, flashing or flickering lights, menstruation (periods), missing meals.

www.epilepsy.org.uk



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The Youth Inclusion Hub partners would like to express their gratitude to YCNI for enabling the development of inclusive youth work. Along with this inclusion toolkit.

The Youth Inclusion Hub Partners would welcome feedback from anyone who has used this toolkit to help with developing their inclusive practice

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