

Short Breaks

Disability information cards



Disability information cards

Things to remember when using the information cards:

- The term 'young people' includes both children and young people.
- The term 'parents' includes parents, guardians and carers.
- Remember that all young people are different and always consult with the young person or their parent as they are the experts, don't make assumptions and ask the young person about what they would like help with.
- The information on these cards is to be used as a guide and is not comprehensive.
- All disabilities are different in severity and will have different effects on young people.
- The cards do not focus on the medical aspects of the disability but aim to inform you about what people are functionally able to do.
- It will be a good idea to collect information about each individual young person prior to their attendance, this information should be available to you and anyone else working with the young person, before and during each session.

Each card gives:

- a brief description of the disability;
- possible Implications;
- possible inclusion tips;
- websites for additional information.

The following disability information cards are included:

- Autism Spectrum Disorder.
- Behavioural difficulties
(including Attention Deficit Hyperactivity Disorder - ADHD).
- Blind/visually Impaired.
- Deaf/hearing Impaired.
- Epilepsy.
- Learning disabilities.
- Physical disabilities.
- Speech, language and communication needs.



Autism Spectrum Disorder

A developmental disorder that affects the way a person is able to empathise and communicate with others. The developmental disorder varies from one young person to another.

The three main areas of difficulty, which all people diagnosed with Autism share, are known as the 'triad of Impairments'.

There are difficulties with:

- 1) **Social communication skills** – eg, difficulties in recognising and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice.
- 2) **Social interaction** – eg, difficulties with playing with other, relating and empathising with others.
- 3) **Social imagination** – eg, difficulties with imagining situations outside of their own routine.

People with high functioning Autism generally have more ability to communicate using language and are often of average or above average intelligence. However, they are on the spectrum and do have difficulties with the triad of impairment.

Possible implications

- May have specific areas of intense interest.
- Often highly sensitive to changes in routine.
- Find it difficult to empathise with others
- May be sensitive to their surroundings. Their senses may be over or under stimulated, becoming distracted or distressed by bright lights, patterns or smells.
- Often have a literal understanding of language, and difficulties interpreting facial expressions and body language.



Autism Spectrum Disorder

Possible inclusion tips

Prepare a routine:

- Structure the activity into small tasks with regular breaks.
- Plan the day by using pictures and time away from the group if required.
- Be aware of any triggers specific to the young person that may cause anxiety or distress.

Communication skills:

- Use a variety of methods of communication, eg, pictures, demonstrations, drawings, written form.
- Gain the young person's attention when speaking with them, eg, say their name first, then communicate with them.
- Be mindful that jokes, sarcasm and metaphors may be misunderstood as having their literal meaning.
- If the young person does not respond to your question, repeat the question and give time for the young person to process what you have asked.

Additional information:

National Autistic Society: www.nas.org.uk

Behavioural difficulties

Including Attention Deficit Hyperactive Disorder (ADHD)

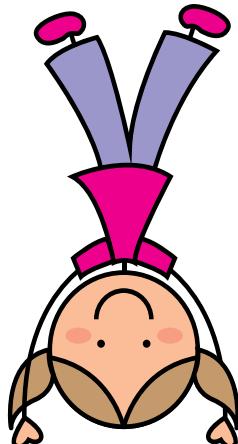
A range of challenging, disruptive and inappropriate behaviours caused by a variety of psychological, biological and social factors.

Possible implications

- Often responds well one-to-one.
- May appear to be confident but this may cover a lack of self-esteem.
- Can be impulsive, hyperactive and have mood swings. Can be disruptive and exhibit challenging behaviours during activities that do not engage them.

Possible inclusion tips

- Plan activities so that there is a minimum amount of waiting time, keep young people occupied and engaged.
- Include a lot of physical activity and movement within the activity, if this is not possible, break the activity down into smaller tasks and offer regular breaks.
- Give young people a particular responsibility and praise good behaviour immediately.
- Find out what behaviour management methods are used by the young person's school and parents, then implement them if possible.



Additional information:

Attention Deficit Disorder Information and Support Service: www.addiss.co.uk

Social, Emotional and Behavioural Difficulties Association: www.sebda.org

Blind/Visually impaired

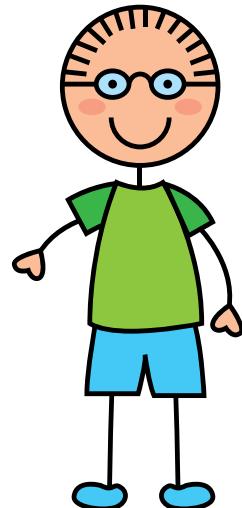
A degree of impairment of visual capacity, including low vision or no vision. This includes; Blind, blurred vision, colour blindness, long sighted, short sighted, night blindness, tunnel vision.

Possible implications

- May use forms of mobility aids.
- Lighting conditions may affect people differently.
- Implications may depend on whether the person has been blind from birth or not.

Possible inclusion tips:

- Find out from the young person or parent about which light conditions enable a person to see best.
- To engage a young person in conversation, consider using their name and touching them lightly on the arm.
- Tell people about their surroundings including layout of the activity setting.
- For most blind people, learning is going to be hands on so allow time for this, especially when introducing new activities or equipment.
- It may be helpful for the young person to be informed of who is approaching or leaving them.
- When leaving the young person, consider the social implications so they are not isolated from the group or unable to connect with their general surroundings.



Additional information:

Opensight: www.opensight.org.uk

Royal National Institute for the Blind: www.rnib.org.uk

Deaf/Hearing impaired

An impairment in the ability to detect or understand sounds.

Possible implications

- May have assistance in the form of a signer or hearing aid.
- The young person may have an associated speech impediment.
- Can feel isolated in group situations as it may be difficult to follow conversations.
- Lip reading is often an important aspect of communication.



Possible inclusion tips:

- Find out how much the young person can hear and their preferred method of communication.
- If people are lip reading make sure they can see your face and use normal speech and mouth patterns.
Consider your position in relation to the light source.
- Match your facial expressions to the message you are trying to convey.
- Try to limit background noise.
- If you do not know sign language, you can still use basic signs such as thumbs up for 'ok' and simple miming of actions to aid with communication.

Additional information:

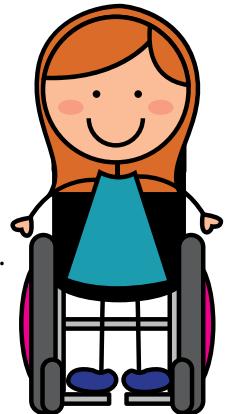
Hampshire Deaf Association: www.deafhampshire.org

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.

Possible implications

- There are different types and severity of seizures; some of the symptoms include convulsions, confusion, change in level of consciousness, absences and breathing difficulties.
- People can become disorientated during seizure and may not remember anything about it afterwards.
- Recovery from a seizure can range from minutes to many hours.
- Seizures may be triggered by a variety of internal or external factors and cannot be stopped without medical intervention once started.
- Seizures rarely cause permanent damage.



Possible inclusion tips:

- Plan for extra supervision to be available in certain activities if required (eg, swimming)
- Find out and be aware of the triggers of a seizure specific to the young person (e.g bright lights or overheating)
- Find out from the young person and their parents as much as you can about the type of epilepsy and how the young person feels and acts before, during and after a seizure.
- In the event of a seizure, clear the area of any objects which may cause injury.
- Find out what impact the seizure will have on the person. Does the young person require emergency medication? Will they go to sleep, need to go to hospital (often not required) or need time to recover? It is worth planning how this will impact the rest of the activity.

Additional information:

British Epilepsy Association: www.epilepsy.org.uk

Learning disabilities

A learning disability affects the way a person learns new things in any area of life, usually associated with lower cognitive function, difficulties with coping independently and difficulties with understanding complex information.

Possible implications

- Increased time needed for carrying out tasks and processing information.
- Skills may be hidden by the young person's lack of confidence.
- May have a lack of social awareness.
- Often associated with speech, language and communication needs.

Possible inclusion tips:

- If communication is difficult, consider using communication aids such as picture cards.
- After giving a demonstration/explanation take time to properly check understanding. An affirmative answer to the question 'Do you understand?' is often the easiest answer to give but may not be indicative of actual understanding. Consider questions such as 'What have I asked you to do?' or specific questions such as 'can you tell me which colour we are using?'
- Allow extra time for cognitive processing.
- Break information and activity down into small chunks.
- Be patient, allow people to finish.
- Engage as many senses as possible (hearing, sight, smell, taste and touch)
- Also see the 'Speech, language and communication needs' card.



Additional information:

Mencap: www.mencap.org.uk

Physical disabilities

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

Possible implications

- May be associated with another disability.
- Often tire and fatigue quickly.
- May require support with personal care.
- May use mobility aids to assist them, for example a wheelchair, crutches, splints and/or artificial limbs.



Wheelchair users

- Have a wheelchair to assist with their general mobility and may be able to transfer either independently or with some support. They may be able to stand or walk for short distances.
- Essential wheelchair users rely on the physical support of their wheelchair for most of their day to day activities. They usually need full support to transfer to and from their chair.
- Some chair users may need little assistance over the majority of surfaces/slopes, other may need help with pushing or guidance.

Possible inclusion tips:

- Do not assume the young person has any disability other than physical.
- Find out what the young person can do and if there is anything they would like support with.
- Consider adapting the activity, venue or equipment to allow a young person to participate more fully.
- Allow time for rest breaks away from the activity.
- Consider the mobility aids as part of an individual's personal space.

Physical disabilities

Wheelchair users

- When talking to a chair user; try to position yourself so that you are at a similar eye level. If standing and talking to a person in a wheelchair, do not stand too close so they have to look straight up at you.
- Consider access for wheelchairs before working with a chair user. Will rough or uneven ground be difficult for a chair to move over? Are there steps, narrow gaps or other obstacles that will prevent a chair from passing? Are toilets accessible to chair users?
- Find out about an individual's additional mobility and personal care needs. Will they require the use of a hoist or changing table? If your setting does not own these, can they be hired or borrowed?

Also see the following 'specific disabilities' in the booklet (pages ??) for a description of the following:

- Cerebral Palsy;
- Cystic Fibrosis;
- Down's Syndrome;
- Multiple Sclerosis;
- Spina Bifida and Hydrocephalus;
- Spinal cord injuries.

Additional information:

Cerebral Palsy: www.scope.org.uk

Cystic Fibrosis: www.cftrust.org.uk

Down's Syndrome: www.downs-syndrome.org.uk

Multiple Sclerosis: www.mssociety.org.uk

Spina Bifida and Hydrocephalus: www.asbah.org

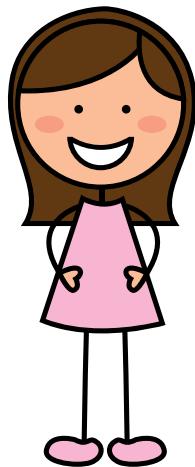
Spinal cord injuries: www.apparelyzed.com

Speech, language and communication needs

Difficulties with communicating which could be due to a number of physiological, cognitive or psychological reasons.

Possible implications

- May become frustrated if people do not take the time to listen and understand them.
- Many young people will understand a lot more language than they use.
- Some young people may use communication aids such as symbol cards, signs or audio-electronic devices able to convert text to speech.



Possible inclusion tips:

- Communicate directly to the young person and not to an advocate. Even though the young person may not respond to you verbally, it is likely they understand everything you say.
- Find out the young person's preferred method of communication and how you can adapt to meet the young person's communication needs.
- If speech is difficult, consider asking questions with a one word answer or give the young person a choice of short answers.
- Limit outside noise so you are more likely to hear and understand any verbal communication.
- Be patient, allow people time to finish.
- If you do not understand what someone is saying, never pretend that you do. Ask them to repeat what they have said...as many times as you need to.
- Do not worry if people are initially difficult to understand. Take time to build a rapport and 'tune in' to how someone speaks.

Additional information:

Talking Point: www.ican.org.uk/talkingpoint