















The Play Doctors www.theplaydoctors.co.uk Disability Awareness Information Cards

These cards have been produced to help raise awareness of some common conditions or impairments. Remember each child or young person is an individual. Although these cards describe traits associated to the particular impairment they are a guideline only.

Always put the child or young person first, they just happen to have a disability.

Each card provides a brief description of the disability and how it may present, specific inclusion suggestions and where to go for further information.

When using these cards remember:

To hear the child or young person's voice. They know more about themselves than any other. Don't feel shy or bad about asking for advice. It is better to ask rather than make an assumption

Some children may require support to communicate. Get to know the child's individual requirements and use appropriate augmented communication techniques if necessary

The cards are guideline only, further information and more detail can be found through research

The inclusion strategies are good practice and can be used in many if not all situations

To ensure the child comes first. Use 'all about me' information sheets to find out about the child or young person but ensure the child is seen before the disability.

The cards include:

- 1. Autism Spectrum Conditions
- 2. Attention Deficit (Hyperactivity) Disorder
- 3. Visual Impairments
- 4. Hearing Impairments
- 5. Learning Disability
- 6. Physical Disability

Remember information is available on all other impairments – don't forget to research on line.











Autism is a developmental condition that affects the way a person thinks and communicates with others.

Autism is a spectrum condition which means is may be displayed to a greater or lesser extent. Higher functioning autism is known as Aspergers Syndrome.

There are 3 key areas of difficulty known as the Triad of Impairment.

Social Communication

Difficulty understanding verbal and non-verbal communication, including facial expression, gestures and tone of voice.



Social Interaction

Lack of empathy, not understanding their own or others feelings. Not understanding the unspoken rules of 'social engagement'

Social Imagination

Lacking imagination, taking things literally. Difficulty in predicting the future, or other people's intentions often leading to confusion and fear

Classic traits of autism may include:

- Associated conditions such as Dyspraxia
- Specific areas of interest or obsessional behaviour
- Does not like change in routine is frightened of the unknown
- Sensitive to environment (may not like bright lights, noise, lots of people, bright colours, textures, smells)
- Pedantic speech (words mean what they say) or a lack of speech
- Echolalia (copying others words and behaviour)

Good practice

- Support verbal understanding by using visual stimuli (symbol cards, objects of reference, signing)
- Reduce information overload, break tasks down into small sections. Keep language simple and repeat the same words if reiterating an instruction
- Use the child's name when trying to gain their attention
- Don't use metaphorical language, be aware of how the child understands jokes or innuendo
- Find out what may cause the child anxiety or distress
- Find out what calming methods the child enjoys
- Allow the child time to respond to you, encourage them to join in with activities, use any specific interests to encourage imaginative play

Further information: National Autistic Society www.nas.org.uk













A social communication disorder that affects the way a person thinks and communicates with others. ADHD can present in a range of challenging and disruptive and often inappropriate behaviours.

Imagine a day where your mind is constantly working on overload. However much you try to relax your mind is continually be working and never keeps still. This is what is like for someone with Attention Deficit. It is difficult to concentrate for long on any one thing, there is a desire to be constantly on the go in movement and thought.

Children with this particular impairment may:

- · fail to give close attention to details or make careless mistakes
- not appear to listen
- struggle to follow through on instructions
- have difficulty with organisation, particularly organising self
- avoid or dislike tasks requiring sustained mental effort
- · be easily distracted
- · be forgetful in daily activities
- be impulsive, reacting before they have thought things through
- have mood swings, reacting very quickly to different situations
- be hyperactive, constantly 'on the go'
- need support to understand rules and boundaries
- seem very self assured, but in reality lack self esteem and confidence
- respond well one to one

Good practice

- Don't give too many instructions at once, keep language simple and to the point
- Try to cut down on 'waiting'. Plan ahead to keep children occupied, provide simple choices for alternative activities
- Praise good behaviour immediately
- Set appropriate targets and clear rules/boundaries
- Keep distractions to a minimum
- Know triggers for bad behaviour
- Introduce clear routine
- Consistent approach find out what behaviour management strategies are in place for the child in other settings and at home

Further information: ADD Information and Support Service

www.addiss.co.uk











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Visual impairments vary considerably from child to child. Less than 2% of people diagnosed as blind have no remaining sight. It is important to know and understand what residual sight may be remaining and how best to support the individual. This is down to good communication both with the child or young person themselves and also with their parent/guardian, school or other professionals.

Just because a child happens to have a visual impairment this does not mean they are not able to participate in activities. Think about the activities on offer and how you can adapt the activity to ensure they are fully included.

For children with a visual impairment this may mean:

- Blind no vision remaining
- Blurred Vision (fine detail may be difficult to see and things are less focussed)
- Night or bright light blindness (sight is affected by the dark or bright light)
- Colour blindness (some colours cannot be seen, often red and green)
- Short sighted (can see things better when they are closer)
- Far or long sighted (can see things better further away)
- Tunnel vision (limited vision to the sides, can see things better when directly in front)

Note: There are many eye conditions that have not been mentioned. Each will have their own individual traits.

Good practice

- ask what type of lighting would be most appropriate for individuals
- keep passages and walkways clear of objects
- very few people who are registered blind will read Braille
- Black print on yellow paper is a good colour contrast, but be aware of individual preferences
- Don't assume a person cannot do a task
- Talk to people with a visual impairment, use their name when you want their attention. Communicate what is happening around them and who is approaching or leaving
- Allow extra time for activities and make activities as 'hands on' as possible

Further information <u>www.rnib.org.uk</u> <u>www.opensight.org.uk</u>







All hearing impairments are different. Some children may have no hearing, others reduced hearing or distorted hearing. Some children may have difficulty hearing particular pitches and will respond better to particular voices.

Many children who have a hearing impairment or are deaf get frustrated when communicating. Patience is important, allowing extra time for messages to be understood. However, remember that a person just happens to be deaf, this does not mean they have a learning disability.



Some children will use augmented communication systems including, signing, specialised technology and lip reading. Be aware of the individual requirements for each child.

Children may:

- have assistance in the form of a hearing aid or signer
- use British Sign Language (be aware of local variations and accents in signing)
- have an associated speech impediment
- feel isolated, particularly in group situations where it is difficult to follow conversations
- use lip reading if this is the case ensure you are always visible to the child and speaking clearly



- Know your individual children and find out how they prefer communicate
- When communicating with someone who uses lip reading, make sure you stand in the light where the person can see your face. Use normal speech, and speak as clearly as possible
- Reinforce messages by the use of body language and facial expression
- Even if you do not know much signing, try to indicate your communication with body language. A simple 'thumbs up' can indicate 'yes, good, OK'. By holding up an empty mug, you can ask the individual if they would like a drink. Further information: National Deaf Children's Society

www.ndcs.org.uk





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There are many reasons for learning disabilities. These may be associated to a particular impairment or condition or to difficulties at birth or an accident/injury.

Some children may not learn in the same way as others, they may need a little longer to process information and prefer that information is presented in a more suitable way for their learning requirements.

Some children may have a lack of confidence and self esteem and require support to help them join in and feel accepted.



Children may:

- Have a lack of social awareness (an example of some traits may include a lack the understanding of taking turns, personal space and talking quietly)
- Have speech, language and communication requirements (some children may use augmented communication systems such as picture or symbol cards)
- Have difficulty in sequencing and ordering
- Require additional time to process information and undertake tasks
- Need a little support to help make choices



Good Practice

- Know your individual children and find out how they prefer communicate
- If using picture or symbol cards, ensure you are using the same ones that the child is used to
- Give clear, easy to understand instruction. Break instructions and information down into smaller chunks.
 Make sure the child understands what they are being asked to do.
- Allow the child time to communicate back to you. Don't make an assumption that you know what the child wants.
- Encourage sensory play
 Further information www.mencap.org.uk



The Play Doctors www.theplaydoctors.co.uk 6. Physical Disability



A physical disability can be described as a physiological disorder or anatomical loss affecting one or more of the body's systems. The condition may be temporary or permanent.



The impairment may be associated to a particular condition such as cerebral palsy. Don't assume that the child has a further impairment, this may not be the case. Find out what the individual would like support with rather than assuming. Most children would prefer to undertake tasks by themselves rather than have things done for them. Think 'out of the box' and adapt activities to ensure children can be included.



Children who have a physical disability may:

- get tired guickly and need to do activities in short sessions. Some children may want short breaks between activities
- require personal care
- use mobility aids to assist (i.e. motorised wheelchair, augmented computer systems, prosthesis, artificial limbs
- require specialised aids such as hoists or changing tables



Many children who are wheelchair users are able to stand or walk for short distances. Some may rely on their wheelchair for the majority of their daily activities. Don't automatically push a wheelchair user, ask first. Remember a mobility aid is part of the child's personal space.

Good Practice

- If you are speaking to a wheelchair user, position yourself so that you are at eye level. Try not to make the wheelchair user look up at you.
- Find out where accessible toilets and facilities are in the locality, find out if there are obstacles or steps
- Find out whether the child will require any personal care. If so ensure your are respecting their wishes and that they are given as much responsibility of their own personal care as possible
- Think about how you can adapt an activity to be inclusive Further information can be found from specific websites depending on the particular impairment













The Play Doctors Further information and advice

The Play Doctors have written a series of books supporting inclusion. Inclusion is an easy word to say but not necessarily as easy to implement.

We are aware of the barriers children and young people face in accessing services. These barriers are sometimes real and sometimes perceived.

The books explore a range of ideas to help diminish barriers to participation in a fun and humorous manner. They look at the world of inclusion through the eyes of children, following the stories of a number of young people throughout their lives.

Each book has been written by Wendy Usher who uses over 30 years of experience living and working with disabled children and young people.

The Play Doctors also offer training and consultancy services supporting all aspects of working with children.

In addition to these resource books,
The Play Doctors publish a range
of children's books based on a group of
animal friends. The characters have a range of
impairments and the stories identify how the
group ensure all their friends are included and
how they adapt their games and adventures to
ensure all the friends can participate. These
children's stories have an accompanying
adults' resource book
For further information contact

info@theplaydoctors.co.uk or take a look at www.theplaydoctors.co.uk