



## Disability Information Cards

The Disability Information Cards relate to people which may have that disability.

**Each card gives:** A brief description of the disability

Possible implications

Possible inclusion tips

Websites for additional information

**The following cards are included:**

- Autism Spectrum Disorders
- Behavioural Difficulties (including Attention Deficit Hyperactivity Disorder ADHD)
- Blind/Visually Impaired
- Deaf/Hearing Impaired
- Epilepsy
- Learning Disabilities
- Physical Disabilities
- Speech, Language and Communication Needs

Please also see the 'Specific Disabilities' (pages 13 -16) section in the Booklet for descriptions of some of the more common disabilities which young people visiting your setting may have.

**Remember for the purpose of this pack:**

- The term 'young people' includes both children and young people
- The term 'parents' includes guardians and carers.

### Things to remember when using these cards:

- All young people are different; they are the experts on themselves. Do not make assumptions, ask them about their disability, what they may need and like help with.
- The information on these cards is not comprehensive and should only be used as a guide.
- All disabilities differ in severity and the effect they will have on the young person.
- The cards do not focus on the medical aspects of disability, rather they are more concerned with what people are functionally able to do. In your setting you should not focus on the impairment the young person has, just how best to meet the young person's specific individual requirements.
- Many of these strategies are general good practice and will make you even more effective in communicating with all the young people you work with.
- You should 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.
- For information on some specific disabilities, please refer to the glossary at the end.



**Remember**  
**Everyone is unique**  
Always consult with  
the individual and/or  
their parent,  
they are the experts

# Autism Spectrum Disorders

A developmental impairment that affects the way a person is able to communicate with, and relate to, the people around them. The word 'spectrum' is used because the characteristics of the condition vary from one person to another.

The Triad of Impairments: The three main areas of difficulty, which all people with autism share, are known as the 'triad of impairments'. They are difficulties with:

1. Social communication skills (e.g. problems in recognising and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice).
2. Social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own).
3. Social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour and imagining situations outside of their own routine).

## Asperger's Syndrome

- Autism and Asperger's Syndrome are part of the same condition, all have difficulty with the triad of impairment. However, people with Asperger's generally have more ability to communicate using language and are often of average or above average intelligence.

## 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 particularly sensitive to their surroundings and environment. Their senses may be intensified or underdeveloped causing them to become distracted or distressed, for example by bright light, certain textures or particular smells.
- Often have a very literal understanding of language, and difficulties interpreting facial expressions and body language.



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## Possible inclusion tips:

- Break activities down into smaller tasks.
- Combine verbal instructions with other methods of communication e.g. diagrams, demonstrations and writing information down.
- Gain the young person's attention by saying their name first when speaking to them.
- If the young person does not respond, repeat the question, using the same words. Changing the way the request is made will only confuse the young person.
- Consider showing the young person a plan of the day, possibly using pictures to help them prepare for activities.
- Find out and be aware of any triggers specific to the young person that may cause them distress or anxiety.
- Be aware when using jokes, sarcasm, exaggerated language and metaphors. People with autism may take you literally.
- Consider giving young people time away from the group to help them process what is going on.

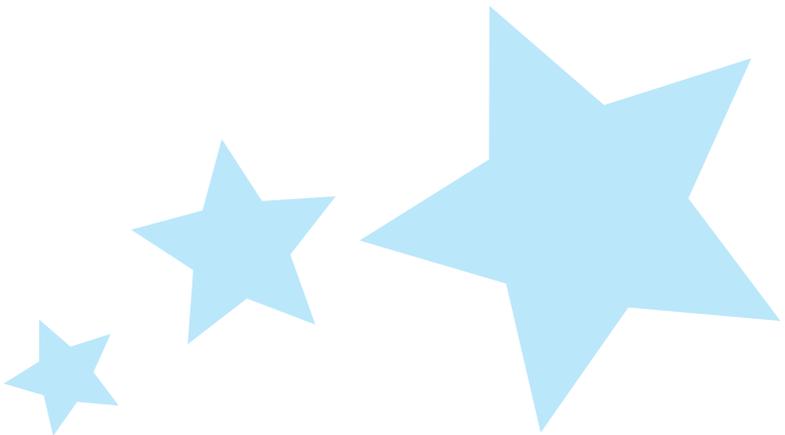
INFO

**National Autistic Society**

[www.nas.org.uk](http://www.nas.org.uk)

**Hampshire Autistic Society**

[www.has.org.uk](http://www.has.org.uk)



## Behavioural Difficulties

(including Attention Deficit Hyperactivity Disorder ADHD)

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



### Possible implications:

- Will often put a lot of effort and enthusiasm into well designed and appropriate activities. Can be disruptive and exhibit challenging behaviours during activities that do not engage them.
- Can be impulsive, hyperactive and have mood swings.
- May appear to be very self-confident but this may cover a lack of self-esteem.
- Often respond well one to one.

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## Possible inclusion tips:

- Design activities so that there is a minimum amount of waiting. Keep people occupied and positively engaged.
- Try to incorporate physical activity/movement into an activity. If doing a more sedate activity, consider having regular breaks in which young people can move around.
- Break activities down into smaller tasks.
- Praise good behaviour immediately.
- Give young people a particular task or responsibility.
- Find out what behaviour management methods are used by the young person's school and by their parents and implement them if possible.

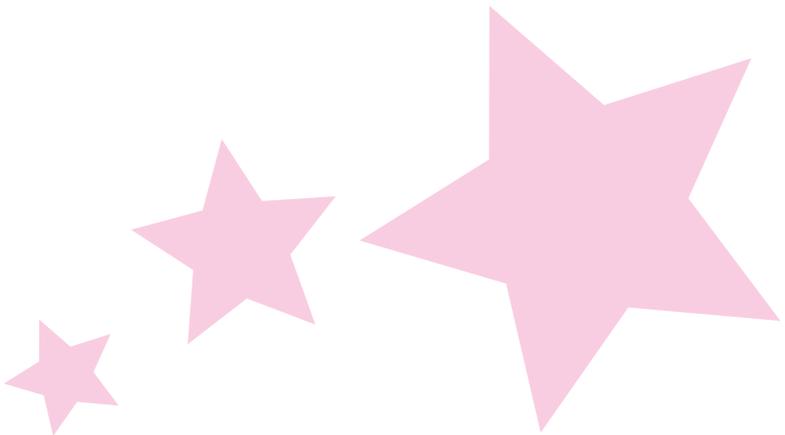
### INFO

#### **Attention Deficit Disorder Information and Support Service**

[www.addiss.co.uk](http://www.addiss.co.uk)

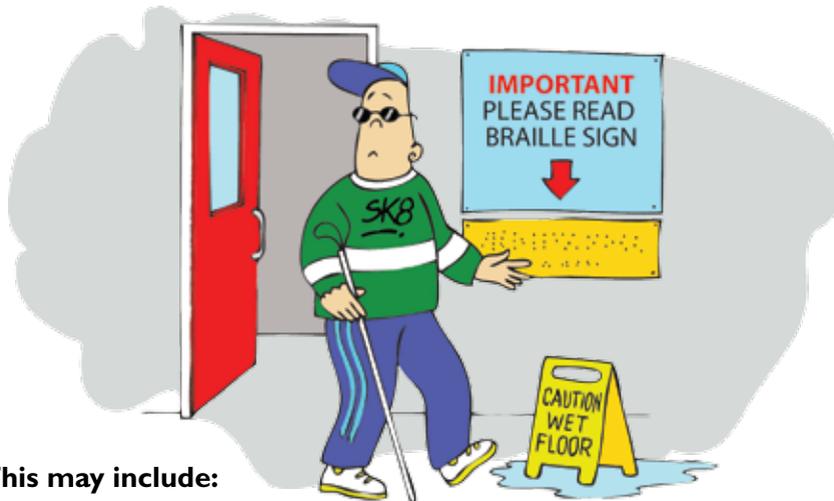
#### **Social, Emotional and Behavioural Difficulties Association**

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



# Blind/Visually Impaired

A degree of impairment of visual capacity, including low vision or no vision.



### This may include:

- Blind (no vision)
- Blurred vision (see things less focused and less able to see small details)
- Colour blindness (certain colours, often red and green, cannot be distinguished)
- Long sighted (see things better further away than closer)
- Night blindness (difficulty seeing in poor light)
- Short sighted (see things better closer than further away)
- Tunnel vision (see things better directly in front than to the side)

### Possible implications:

- May use various forms of mobility aids, for example a white cane.
- Different lighting conditions will affect people in different ways.
- Implications may depend on whether a person has been blind from birth or become blind through an illness or trauma.

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## Possible inclusion tips:

- Find out 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.
- 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.

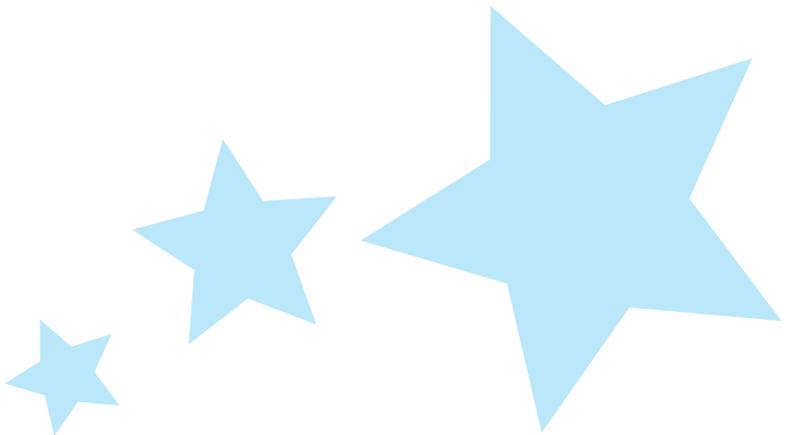


**Opensight**

[www.opensight.org.uk](http://www.opensight.org.uk)

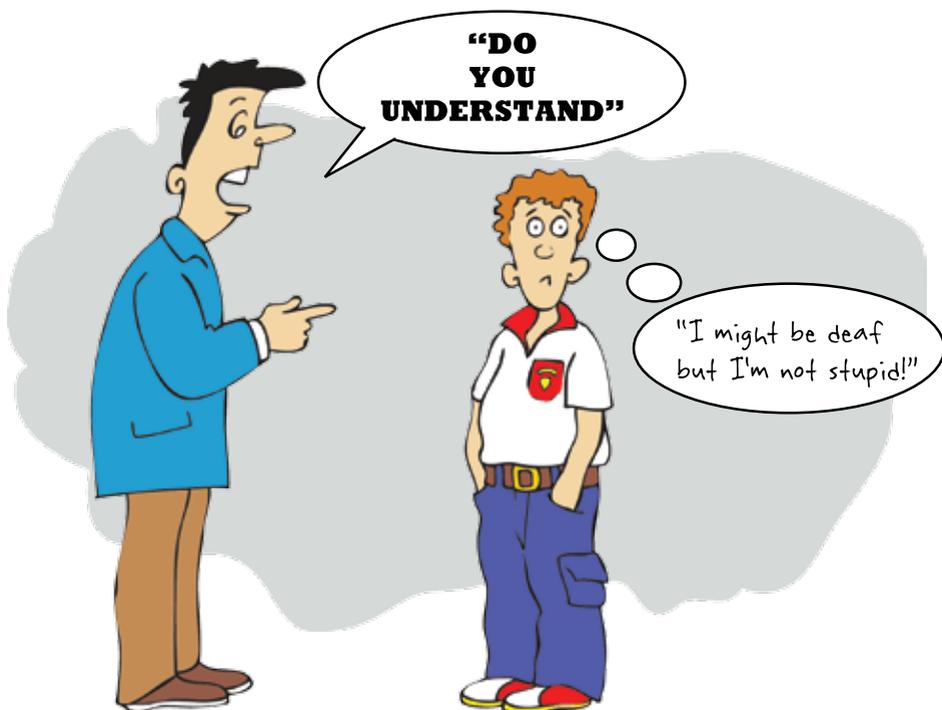
**Royal National Institute for the Blind**

[www.rnib.org.uk](http://www.rnib.org.uk)



## Deaf/Hearing Impaired

A degree of 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.



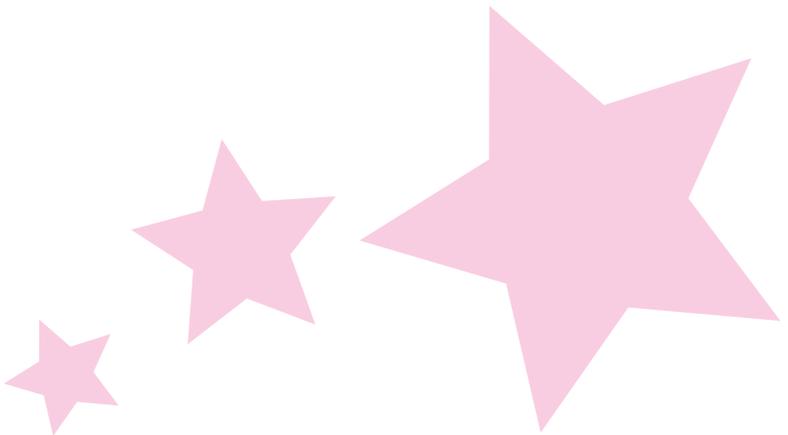
## Possible inclusion tips:

- 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 ambient 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.

INFO

### **Hampshire Deaf Association**

[www.deafhampshire.org](http://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.



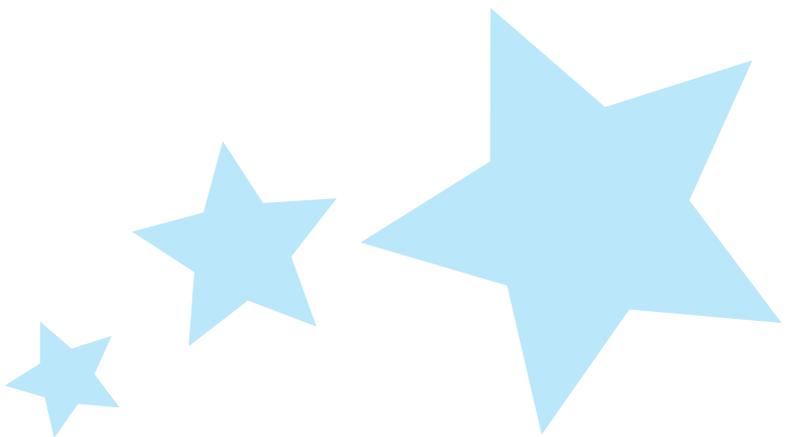
### Possible implications:

- There are different types and severity of seizure; some of the symptoms include convulsions, confusion, change in level of consciousness, absences and breathing difficulties.
- People can become disorientated during a 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 (e.g. swimming).
- Find out and be aware of the triggers of a seizure specific to the young person (e.g. bright lights or heat).
- 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.

**British Epilepsy Association**[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

## Learning Disabilities

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

### **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:

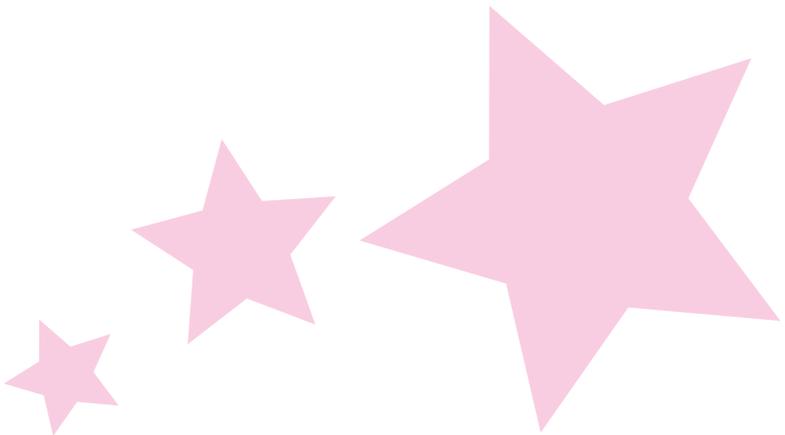
- If communication is difficult, consider using communication aids such as picture cards.
- After giving a demonstration/explanation take time to properly check understanding. An affirmative answer to the question 'Do you understand?' is often the easiest answer to give but may not be indicative of actual 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



**Mencap**

[www.mencap.org.uk](http://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 mobility aids as part of an individual's personal space.

## 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 14 -16) for a description of the following:

- Cerebral Palsy (CP)
- Cystic Fibrosis
- Down's Syndrome
- Multiple Sclerosis (MS)
- Spina Bifida and Hydrocephalus

### INFO

#### **Cerebral Palsy**

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

#### **Cystic Fibrosis**

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

#### **Down's Syndrome**

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

#### **Multiple Sclerosis**

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

#### **Spina Bifida & Hydrocephalus**

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

#### **Spinal Cord Injuries**

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

## Speech, Language and Communication Needs

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



### Possible implications:

- May become frustrated if people do not take the time to properly 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.



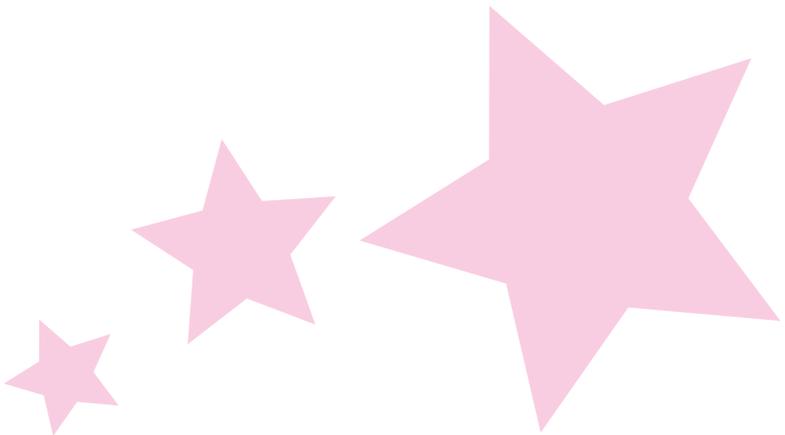
## Possible inclusion tips:

- 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.

INFO

### Talking Point

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



## Glossary

### **ADDISS**

Attention Deficit Disorder  
Information  
and Support Service  
Premier House  
112 Station Road  
Edgware, Middlesex  
HA8 7BJ  
Tel: 020 8952 2800  
Fax: 020 8952 2909  
www.addiss.co.uk  
info@addiss.co.uk

### **British Epilepsy Association**

New Anstey House  
Gate Way Drive  
Yeadon, Leeds  
LS19 7XY  
Tel: 0113 210 8800  
Fax: 0113 391 0300  
www.epilepsy.org.uk  
helpline@epilepsy.org.uk

### **CSIE**

Centre for Studies on  
Inclusive Education  
New Redland Building  
Coldharbour Lane  
Frenchay, Bristol  
BS16 1QU  
Tel: 0117 328 4007  
Fax 0117 328 4005  
www.csie.org.uk  
admin@csie.org.uk

### **Cystic Fibrosis Trust**

11 London Road  
Bromley Kent  
BR1 1BY  
Tel: 020 8464 7211  
Fax: 020 8313 0472  
www.cftrust.org.uk  
enquiries@cftrust.org.uk

### **Disability Discrimination Act (DDA)**

www.direct.gov.uk/disability  
www.equalityhumanrights.com

### **Down's Syndrome Association**

Langdon Down Centre  
2a Langdon Park  
Teddington  
TW11 9PS  
Tel: 0845 230 0372  
Fax: 0845 230 0373  
www.downs-syndrome.org.uk  
info@downs-syndrome.org.uk

### **Hampshire Autistic Society**

1634 Parkway  
Solent Business Park  
Whiteley, Fareham  
Hampshire  
PO15 7AH  
Tel: 01489 880881  
Fax: 01489 880890  
www.has.org.uk  
info@has.org.uk

### **Hampshire Deaf Association**

1 & 2 Carlton  
Commerce Centre  
Dukes Road, Southampton  
Hampshire  
SO14 0SQ  
General Enquiries  
Minicom: 023 8051 6518  
Voice: 023 8051 6516  
Fax: 023 8051 6517  
www.deafhampshire.org  
enquiries@deafhampshire.org

### **I&DeA**

Improvement and  
Development Agency  
Layden House  
76-86 Turnmill Street  
London  
EC1M 5LG  
Tel: 020 7296 6880  
Fax: 020 7296 6666  
www.idea.gov.uk  
ihelp@idea.gov.uk

### **Mencap**

123 Golden Lane  
London  
EC1Y 0RT  
Tel: 020 7454 0454  
Fax: 020 7608 3254  
www.mencap.org.uk  
information@mencap.org.uk

**Muscular Dystrophy**

61 Southwark Street  
London  
SE1 0HL  
Tel: 020 7803 4800  
Tel: 0800 652 6352 (freephone)  
www.muscular-dystrophy.org  
info@muscular-dystrophy.org

**Multiple Sclerosis (MS)**

MS National Centre  
372 Edgware Road  
London  
NW2 6ND  
Tel: 020 8438 0700  
Fax: 020 8438 0701  
www.mssociety.org.uk  
helpline@mssociety.org.uk

**National Autistic Society**

The National Autistic Society  
393 City Road  
London  
EC1V 1NG  
Tel: 020 7833 2299  
Fax: 020 7833 9666  
www.autism.org.uk  
nas@nas.org.uk

**NSPCC**

National Society for the  
Prevention of Cruelty to  
Children  
NSPCC, Weston House  
42 Curtain Road  
London  
EC2A 3NH  
Tel: 020 7825 2500  
Fax: 020 7825 2525  
Textphone: 0800 056 0566  
www.nspcc.org.uk/Inform  
help@nspcc.org.uk

**Opensight**

25 Church Road  
Bishopstoke, Eastleigh  
Hampshire  
SO50 6BL  
Tel: 02380 641244  
www.opensight.org.uk  
info@opensight.org.uk

**RNIB**

Royal National Institute for  
the Blind  
105 Judd Street  
London  
WC1H 9NE  
Tel: 020 7388 1266  
Fax: 020 7388 2034  
www.rnib.org.uk  
helpline@rnib.org.uk

**Scope**

6 Market Road  
London  
N7 9PW  
Tel: 020 7619 7100  
www.scope.org.uk  
response@scope.org.uk

**SEBDA**

Social, Emotional and  
Behavioural Difficulties  
Association  
Room 211, The Triangle  
Exchange Square,  
Manchester  
M4 3TR.  
Tel.: 0161 240 2418  
Fax: 0161 838 5601  
www.sebda.org  
admin@sebda.org

**Spina Bifida & Hydrocephalus**

42 Park Road  
Peterborough  
PE1 2UQ  
Tel: 0845 450 7755  
Fax: 01733 555985  
www.asbah.org  
helpline@asbah.org

**Talking point**

Information on children's  
communication  
www.ican.org.uk/talkingpoint  
info@ican.org.uk

