



the girls' brigade  
europe



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***Special Educational  
Needs Help Sheets***

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*For those working with young people who need additional support*

## **GB RESOURCE MATERIAL**

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HELP SHEET:

## 1. ASTHMA

### **Definition:**

Asthma is a common disease of the lungs (on average 1 in 10 children are affected) where the air tubes go into spasm and the passage of air is reduced. It may be that it is easier to breathe in than out and this causes the lungs to become inflated and they cannot be easily emptied. Whilst a “bronchospasm” is the main feature of asthma it also occurs in other conditions of the lungs and in allergic reactions. A bronchospasm may be so severe that it can endanger life as it reduces the supply of oxygen to tissues. (the skin may appear blue) There may also be wheezing and coughing as the sufferer tries to breathe. An asthma attack may last for a few minutes or several hours and all sufferers are taught to recognise the symptoms and treat them accordingly. Asthma is treated with two main types of medicine known as preventers and relievers and these are normally delivered through an inhaler. Relievers are normally blue or white and they must be available to the child at all times. The relievers work to relieve the symptoms by relaxing the muscles straightaway so that the airways open and breathing becomes easier. The preventers calm the inflamed airways and help to reduce the risk of an attack. Their effect builds up over time and they need to be taken every day.

The commonest type of asthma is allergic asthma but asthma can also be induced by exercise, infection, emotion and occupation.

### **How it affects the young person:**

- When a young person has asthma which is well controlled there may be no obvious signs during a company night.
- If the asthma is not well controlled then an attack could happen very easily with little provocation.
- Different individuals will present in different ways depending on the type of asthma they have but as a general rule any sufferer who wheezes (makes a soft whistling noise as they breathe) during exertion, or at any time during the meeting, is likely to be having an attack to some degree.
- Those with “slight chronic” asthma are likely to cough persistently or in the younger child they may complain of a sore tummy which can be very confusing.

### **Practical Tips for helping these young people in your settings:**

- Be prepared: If you know from enrolment forms that a young person has asthma make sure you know where they keep their inhaler when at company - it may be in a skirt or coat pocket. Try not to embarrass the young person by asking them to put the inhaler in an obvious place.
- Learn how to administer an inhaler from the local practice nurse or from the parent.
- It is important that the individual exhales immediately before breathing in from the inhaler to maximise the effect of the dose.
- In cases of allergic asthma find out what triggers an attack and try to avoid the young person coming into contact with the trigger.
- Asthma is frequently brought on by exercise, encourage young people to take the reliever before beginning any exercise and also ensure that they “warm up” properly first.
- Make sure all officers know which young people are affected and what to do in case of an attack.

### **The basic rules are:**

- Stay calm and reassure the young person but do not hold them (this restricts the breathing further).
- Find the sufferer's reliever and make sure they take it correctly.
- Encourage them to sit upright and lean slightly forwards.
- Loosen tight clothing and offer a drink of water.
- If medication fails to relieve the symptoms in five-ten minutes, call medical help (Dial 999). The child can continue to use the reliever every few minutes until medical help arrives.
- Whilst you are dealing with the young person get another officer to contact the parent who will advise of the usual length of an attack and will if necessary be able to be with you before an ambulance arrives if it is needed.
- Those with asthma are usually taught by their consultants how to manage their condition and what to do in an emergency. (Ring 999) **Asthma is life threatening** and a call for help to a known asthmatic will receive priority from the ambulance service.

### **Further information can be found from:**

Websites: **Asthma UK** - [www.asthma.org.uk](http://www.asthma.org.uk)  
**Healthline** - [www.healthline.com](http://www.healthline.com)

HELP SHEET:

## 2. ATTENTION DEFICIT HYPERACTIVITY DISORDER

### **Definition:**

Attention Deficit Hyperactivity Disorder is frequently known as ADHD, sometimes only the attention deficit is present and it is then known as Attention Deficit Disorder (ADD). It may also be linked with Oppositional Defiant Disorder (ODD). ADHD is a medical condition which is very difficult to diagnose as many of its symptoms mirror those of other disorders. It is only clinically diagnosed after much observation of the child in many and varied settings e.g. school, home, youth groups etc. Very often the condition also runs alongside another learning difficulty in either language or mathematics. In the UK it is estimated that up to 1% of all children are affected and that it is found predominantly but not exclusively in boys. It can affect young people of all ability levels and all social groupings. In some cases it is controlled by medication and this can mean that behaviour can vary according to the time of day, as the medication is short acting.

### **How it affects the young person:**

The young person;

- will frequently have difficulty following instructions
- may frequently not complete tasks set
- will demonstrate difficulty in "sticking" to a task
- may be easily distracted and forgetful
- will often not listen when spoken to
- will fidget, be restless and wont keep still
- may interfere with other people's work
- can't stop talking and will interrupt others
- may run about and climb on things when inappropriate
- will frequently blurt out answers without waiting to be asked
- will have difficulty waiting or taking turns
- may get up and wander around inappropriately
- will appear to be unfocused and easily distracted
- will often touch others and their property
- may act impulsively without thinking of consequences
- will often have a very low self esteem

### **Practical Tips for working with these young people in your settings:**

- Keep all rules clear and simple and rehearse them frequently
- Provide clear routines, keep a constant structure and organisation to activities each week
- Whenever possible make eye contact with the young person when speaking to her

- Don't call to the young person from across a room she will ignore you
- Keep all instructions clear and simple-remember the 1 sentence rule
- Give very specific praise - watch out for good behaviour and give praise immediately
- Always give advance notice of when things are going to change or something is about to happen
- Give two choices, avoiding the option of saying no. e.g. "Do you want to put your coat on now or when we get outside?" and most importantly make sure it is followed through.
- Find ways of distracting the young person when engaged in inappropriate actions
- Keep calm at all times – the girl will mirror your emotion
- Use a quiet time (away from others) technique for dealing with temper tantrums
- Set out the room with as few distractions as possible, removing anything that can be fiddled with
- Present text in large font with no clutter
- Avoid long sessions.
- Use a variety of activities alternating physical and sitting down activities
- During sitting and listening activities give the young person something to fiddle with e.g. a piece of blu tac / an elastic band
- Keep all tasks short and achievable
- Provide legitimate opportunities for the young person to move around e.g. giving out books, moving chairs, finding pencils
- Encourage the young person to verbalise what has to be done before starting
- Where possible give the young person special responsibilities so that others see her in a good light and so help to build a good self image
- Be well prepared, as any gap in proceedings is a possible cause for disruption.

Remember that the safety of all your girls is paramount.

**Further information can be found from:**

Publications: **Attention Deficit Disorder**

- Andy Sheppard pub, First & Best in Education Ltd.

**ADHD in the Young Child - Driven to Redirection**

- Reimers & Brunger pub, Speciality Press

Websites: **ADHD Web site** - [www.btinternet.com~black.ice/addnet/](http://www.btinternet.com~black.ice/addnet/)

- tel: 02089 069068

**ADHD Information Services** - [www.addiss.co.uk](http://www.addiss.co.uk)



### 3. AUTISTIC SPECTRUM DISORDER – ASPERGERS SYNDROME

#### **Definition:**

Like Autism, Asperger Syndrome (AS) is viewed as a lifelong developmental disorder. AS describes young people who are of average or above average intelligence and who share underlying deficits in social interaction and social communication. These deficits are expressed by those with AS in a different way from those with autism.

#### **How it affects the young person:**

The young person;

- may appear to be socially isolated, but does show a desire to engage with others
- does not understand the social skills required for social interaction and so is often clumsy and unsuccessful in trying to engage with others
- may appear forward, abrupt or rude at times
- may find it difficult to make and keep friends
- may be fluent speaker but may have difficulties engaging in a conversation, not following the topic, preferring to talk about her own interests
- may have difficulty following group instructions as she may not be aware that she is included in the group
- may have difficulty taking part in group activities, having difficulties with turn-taking, waiting etc.
- may have difficulty understanding non-verbal responses - facial expression, gestures and emotions of others
- may use a flat voice tone and limited facial expression
- may have a 'short fuse' for a variety of reasons; unsure of own emotions, extremes of emotional response, frustration at not being understood, things out of routine, etc.
- may be seen as awkward or clumsy, having varying degrees of difficulty with both fine and gross motor control,
- may have an intense fascination with unusual topics e.g. drain covers, train timetables, locks or keys, space, washing machines
- may have a tendency to adhere to strict routines
- may have adverse reactions to unexpected changes or unpredictability of both people and objects e.g. balloons, animals
- can be vulnerable to bullies because she may present as someone who is 'different'

### **Practical Tips for working with these young people in your settings:**

- Where possible provide structure, routine and predictability to your session.
- Present the programme visually, either as a list or with pictures or photos, as well as orally.
- Where possible, prepare the young person in advance for any changes to the routine
- Be consistent in your approach.
- After any group instruction address the girl by name, gain her attention and make sure she has heard and understood what she has to do.
- When giving information or instructions break them down into small manageable chunks. Using visual cues may also be helpful.
- Use games and group activities which involve turn-taking, sharing and waiting to help the young person to understand how to behave and relate to others in a group. Peers can be valuable role models.
- In craft sessions provide individual/ peer support and demonstrate step by step.
- Be aware that she might explore the craft materials using her senses e.g. smelling or tasting paints etc.
- Be aware if she has difficulties with scissors, pens, pencils etc. and structure the activity so that she can participate in it as independently as possible.
- With cookery activities be doubly aware of dangers of tools, cookers and hot substances, as she may have no awareness of danger.
- Ensure she knows her way around the building and understands that she should not go outside on her own.
- When out and about (on outings or at camp) designate someone to “buddy” her to make sure she is safe.
- Send home copies of any words, songs etc to be learned with CD of music if appropriate
- Make sure that extra copies of letters, notes, written information etc. are given to the parent as the originals may be lost before they get home.

### **Further information can be found from:**

Publications: **Asperger's Syndrome: A guide for parents and professionals.**  
by Tony Attwood

**Martian in the Playground** by C Sainsbury

Websites: **National Autistic Society (NAS)** - [www.nas.org.uk](http://www.nas.org.uk)



## 4. AUTISTIC SPECTRUM DISORDER – AUTISM

### **Definition:**

Autism is described as a lifelong developmental disorder that affects a person's ability to communicate in a social context. It is recognised that the core difficulties experienced by the person with autism are a qualitative impairment in: social communication, social interaction, social imagination and behaviour. Many people with autism also have a learning difficulty to some degree.

### **How it affects the young person:**

The young person:

#### **Language and communication**

- may have delayed or disordered language or even no spoken language at all
- may have difficulty using language to express her needs, preferences and emotions and to take part in conversations
- may exhibit echolalia i.e. repeat words and phrases she has heard or learned
- can have difficulty following instructions being last to respond to a group instruction
- may watch and follow others, using them as a cue as to what to do
- may have difficulty reading facial expressions and may respond inappropriately by laughing e.g. when someone is hurt or someone is annoyed
- may be confused by mood changes in others; or confused by conflicting facial expression and gesture
- may ask repetitive questions, even when given answers

#### **Social interaction**

- may have poor self-awareness – may not respond to her own name
- is often socially isolated – wanders around on her own,
- tends to have difficulty making friends
- may have no understanding or interest in social games
- may have difficulty joining group activities or may avoid them altogether
- may have no idea how to behave and relate to others in a group
- tends to dislike attention
- often lacks motivation to please

#### **Thinking, imagination and behaviour**

- often tends to be very rigid and inflexible in her thinking, imagination and behaviour.
- may have a need for routines or for things to be done in a particular way

- may have restricted, unusual or obsessional interests
- may not want to try anything new
- may make unusual or repetitive body movements – finger flicking, hand wringing, flapping, rocking or twirling
- may avoid creative activities due to difficulties with fine motor skills e.g. pencil and scissor control or difficulties with her thinking and imagination
- will often have no awareness of danger - heights, roads, fire, strangers etc.
- often has a very high pain threshold and may not show pain when hurt

### ***Practical Tips for working with these young people in your settings:***

Dependant on how severe her autism is, the young person with autism may require an adult supporter, to keep her safe, help her to understand what is going on and help her to become involved. A risk assessment may be required, based on information acquired from the young person's parents or guardians.

- Where possible have a clear routine for the evening, post this up visually, either as a list or with pictures or photos, include home time at the end.
- Where possible, prepare the young person for any changes to the routine in advance.
- Address the young person by name, gain her attention before giving instructions.
- Try to give instructions one at a time, using visual clues: objects, pictures and gestures.
- Use games and group activities which involve turn-taking, sharing and waiting to help the young person to understand how to behave and relate to others in a group. Peers can be valuable role models.
- In craft sessions provide individual/peer support and demonstrate step by step.
- Be aware of dangers, the young person may eat glue, paint, felt tips or have difficulties with scissors, pens, pencils etc.
- With cookery activities be doubly aware of dangers of tools, cookers and hot substances.
- Send home copies of any words, songs etc to be learned along with CD of music.
- Make sure that extra copies of letters, notes, written information etc. are given to parent/carers as the originals may be lost before they get home.

### ***Further information can be found from:***

Publications: ***Autism in the Early Years*** by V Cumine, J Leach, G Stevenson  
***The Autistic Spectrum*** by L Win

Websites: ***National Autistic Society*** - [www.nas.org.uk](http://www.nas.org.uk)



HELP SHEET:

## 5. CYSTIC FIBROSIS

### **Definition:**

Cystic fibrosis is an inherited disease which affects vital organs in the body by clogging them with thick, sticky mucus. It is the UK's most common life-threatening inherited disease, affecting more than 7500 people across the country. Of this, 50% are under the age of 15 and 70% are under the age of 20. Average life expectancy for someone with CF is currently early 30's, although with advances in medication and other treatments this continues to increase at a very encouraging rate and children born today with the disease are likely to live well into their 4th and 5th decades. There is at the moment no cure. 5 babies with CF are born in the UK every week. For a baby to be born with CF both parents must carry the faulty CF gene. When this is the case there is a 1 in 4 chance of the child having the disease. In the UK 1 in 25 people (2.3 million) are carriers of the CF gene, usually without knowing it.

### **How it affects the young person:**

The young person:

- will often look healthy on the outside, but on the inside it may be a different story. The defect results in the main organs in the body becoming clogged with thick sticky mucus which damages the organs over time. Worst affected are generally the lungs and pancreas.
- will have thick mucus which is difficult to clear and which causes repeated chest infections which often require hospital admissions for intravenous antibiotics, and can eventually lead to respiratory failure.
- will be encouraged to carry out daily physiotherapy to help clear the mucus from their chest, but this is time-consuming and difficult to fit into a daily routine.
- may also be required to take a lot of inhaled medication often up to 5 or 6 times daily to keep infection at bay and keep as well as possible.
- may not be able to digest their food properly so that they have to take enzyme tablets with every meal and snack. Without these enzymes they may experience tummy aches and are at risk of complications such as bowel obstruction.
- as a result of digestion problems, may struggle to put on weight and can suffer from malnutrition.
- may be advised to take nutritional supplements in the form of drinks or in extreme cases may need a feeding tube put into the stomach to overcome these problems.
- may also have diabetes, liver disease or thinning of the bones.
- may have a persistent cough which although not infectious, could be embarrassing in front of other children

It is important to remember that CF affects each person in different ways with varying degrees of severity. Each individual's health can change considerably from month to month or even from day to day. Young People who are more severely affected may miss GB at times due to hospital admissions and may need time to catch up.

***Practical Tips for working with these young people in your settings:***

- If you accept the coughing as normal, the rest of the group is likely to do the same. The mucus should be expectorated into a tissue and thrown away.
- If their condition is more severe they may not have the same amount of energy as their friends or may become short of breath easily when doing physical activities. It may be necessary to provide an alternative activity
- Most people with CF can control their cough and breathing well and they may bring an inhaler to GB with them to relieve any symptoms. Ensure it is to hand at all times
- As CF causes malfunctioning of the pancreas, special supplements need to be taken with all meals and snacks. These are available in capsule form and are often taken in large quantities. If food is to be part of your programme ensure that you have researched what is needed for the child with CF
- Although enzymes aid digestion, people with CF may still experience abdominal pain, cramps and/or diarrhea. It is important to give a child with CF frequent access to the bathroom.
- One of the most important things someone with CF can do to stay healthy is to minimize exposure to germs and harmful bacteria. Frequent hand hygiene, which includes washing hands with soap and water and/or using alcohol-based hand gel, is best. **Please keep in mind that the germs often carried by children who do NOT have CF can be harmful to those with CF.** Therefore, a member with a cold or flu should be encouraged to stay home until recovered.
- People with CF can lead very normal lives and we should encourage them to take part in activities as fully as possible.
- Take time to talk to the young people, or their parents, who will be very well educated on the condition and will know the young person's limitations.

***Further information can be found from:***

Websites: ***Cystic Fibrosis Trust*** - [www.cftrust.org.uk](http://www.cftrust.org.uk)  
***Cystic Fibrosis Foundation*** - [www.cffw.org](http://www.cffw.org)



HELP SHEET:

## 6. DEVELOPMENTAL DELAY

### **Definition:**

Developmental delay is a delay in achieving one or more developmental milestones. When a child has delays in all areas of development it is termed global developmental delay.

Children who display developmental delay may also have other additional support needs such as Cerebral Palsy, Autism, Down Syndrome, Dyspraxia, etc. Thus it is impossible to give specific details as to how best accommodate the needs of each individual child. However, there are some general guidelines which are considered to be good practice in providing a safe, comfortable and enjoyable environment.

### **How it affects the young person:**

The young person:

- may have great difficulty in communicating
- may have difficulty building relationships
- may display a range of challenging behaviour
- may have difficulty with, or be unable to participate in pencil and paper, cutting and gluing and craft activities
- may meet developmental stages much later than the norm
- may need varying degrees of assistance with personal hygiene routines
- may have difficulty or be unable to participate in skills based activities
- may prefer to participate in sensory based activities
- may need a 1:1 support worker/carer in attendance at all times, either a designated leader or personal carer.

### **As soon as the young person displays an interest in joining your group:**

- ascertain their preferred method of communication. This may be eye contact, use of objects, photographs, symbols, signs or verbal. If the young person uses objects or symbols advice can be obtained from their parents/ carers, school or speech and language therapists.
- if possible visit the young person in their home or at another activity to begin building relationships
- familiarise yourself and other leaders with the specific needs of the young person.

### **Practical Tips for working with these young people in your settings:**

- Communicate in a clear manner, using the young person's preferred method of communication
- Allow the young person plenty of time to communicate with you – do not rush them
- Display a timetable of the evening's events using photographs, symbols or objects
- Explain to the young person at the beginning of the evening what will be happening
- During craft sessions remember the process is more important than the product. Let them do what they can for themselves. Remember they will enjoy using their senses
- During active sessions build in an activity that will involve the young person alongside their peers even if they cannot participate in a similar manner
- Ensure everyone treats the young person in an age appropriate manner
- If new skills are being taught and others are being provided with written instructions, ensure the young person is provided with appropriate instructions, in verbal or in picture form.
- Avoid paper and pencil activities if possible
- Where reading is required provide alternatives e.g. tell the young person the words of a song, read the passage to them
- Always ensure sufficient appropriate adult assistance is available for the tasks undertaken

### **Further information can be found from:**

HELP SHEET: **Language Impairment** - Pg. 24

Websites: **Addenbrookes Hospital** - [http://www.addenbrookes.org.uk/resources/pdf/patient\\_visitors/patient\\_information\\_leaflets/childrens\\_services/PIN1553\\_Children\\_develop\\_delay.pdf](http://www.addenbrookes.org.uk/resources/pdf/patient_visitors/patient_information_leaflets/childrens_services/PIN1553_Children_develop_delay.pdf)

**Foundation Genomics & Population Health**

- [www.phgu.org.uk/file\\_gateway?file\\_ID=635](http://www.phgu.org.uk/file_gateway?file_ID=635)



## 7. DOWN SYNDROME

### **Definition:**

Down Syndrome (sometimes called Down's Syndrome) is a genetic condition which is recognisable at birth and affects 1 in 700 births. The condition is caused by an extra copy of chromosome number 21 being present in the cells due to a chromosomal accident. People with Down Syndrome (DS) have some common features and a degree of learning difficulty but all are unique individuals with their own abilities and personality.

### **How it affects the young person:**

The young person;

- usually has a delay in speech production
- may communicate by pointing, choosing, using facial expression or gesture
- may use signing (Makaton) to support her expressive language (talking)
- may speak in a quiet or hoarse voice
- may understand more than you may think
- may have difficulty with auditory processing and working memory
- finds listening and following instructions difficult in both group situations and individually
- may find information/instructions presented visually more helpful as she often has good visual memory
- often has good rote memory and may learn words quickly
- usually enjoys the company of others
- is very sociable and friendly and shows affection to others, although this may become inappropriate, as the young person grows older.
- usually has delay with both fine and gross motor skills development. Fingers are shorter and stubbier making manipulation of small items, drawing, writing and crafts fiddly or difficult.
- may be reluctant to take part in games and group activities due to an awkward gait.
- may have a natural aptitude for drama
- usually enjoys participating in musical and art activities
- may refuse to join in / be afraid of noisy active games where everyone is participating, she may prefer to sit and watch.
- may have a heart defect therefore enquires should be made from parents as cardiac problems can impair tolerance and endurance for gross motor activities.
- often has some degree of visual impairment.
- may suffer from intermittent hearing loss due to 'glue ear'

### **Practical Tips for working with these young people in your settings:**

- Where possible have a clear routine for the session. This will help her to feel secure and less confused.
- If the young person uses signing to communicate, encourage everyone (leaders and girls) to learn some basic signs.
- If she is verbal give her time to speak, don't rush her.
- After any group instruction address the young person quietly by name, gain her attention and make sure she has heard and understood what she has to do.
- When giving information or instructions break them down into small manageable chunks. Using visual cues may also be helpful.
- In craft sessions provide individual/ peer support and demonstrate step by step.
- Be aware of the difficulties she has with scissors, pens, pencils etc.
- Structure activities so that she can participate as independently as possible.
- Consider the heights of tables, chairs, etc. as she is often smaller than her peers and may have difficulty working if they are too high.
- Be sensitive to her difficulties in physical sessions and allow her extra time
- In physical activities give her a designated space ( e.g. a P.E. mat) to work in
- If she is afraid to join in loud active games, make sure you have a balance of games that she can join in with.
- Encourage and praise any effort
- Ensure she knows her way around the building and understands that she should not go outside on her own. Ensure the building is secure
- Send home any words of songs / prayers etc which you use regularly
- Make sure that extra copies of letters, notes, written information etc. are given to the parent as the originals may be lost before they get home
- When out and about (on outings or at camp) designate someone to buddy her to make sure she is safe.

### **Further information can be found from:**

Publications: **Down Syndrome: The Facts** by M Selikowitz

Websites: **Down Syndrome Educational Trust** - [www.downsed.org](http://www.downsed.org)

**Down Syndrome Association** - [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)



## 8. DYSLEXIA

### **Definition:**

Dyslexia is most commonly characterised by difficulties with the acquisition of reading, spelling and writing skills and may also affect spoken language and aspects of mathematics. It is a neurological difficulty for which, at present, there is no known cure. It is a difficulty independent of intelligence and is often hereditary. Other causes may be related to birth trauma. It affects people across the whole spectrum of abilities. Diagnosis is not often made before the age of 7yrs, it is usually later, but earlier detection is becoming more frequent. Many young people with dyslexia will have learnt how to mask the symptoms and so get by without people noticing but their low self esteem will mean they are very sensitive and easily upset by what seem to us trivial matters.

### **How it affects the young person:**

The young person:

- may have difficulty reading text, especially the smaller words.
- may take a long time to think out an answer
- may produce written tasks that appear messy and of a poor standard compared to their oral ability
- will be more able in discussions
- will be sensitive to the feelings of others
- will often have low self esteem
- will have a poor short term memory but excellent long term memory (may confuse order of weeks or months)
- will remember things in pictures and have very good recall of visual experiences
- will most likely be disorganised
- will appear to tire easily
- may behave poorly due to frustration
- are often unable to tie laces, use scissors or catch balls
- may have difficulty “getting out” what they want to say
- may forget what they were going to say whilst waiting for a gap in which to speak
- may confuse the syllables in words eg ephelant, sghapetti
- will frequently confuse left and right

**Practical Tips for working with these young people in your settings:**

- Avoid the use of too many written tasks, cross words and word searches cause great stress to these young people
- Work in pairs if reading or written tasks are involved
- Use large group crosswords etc and ask for answers filling them in yourself
- If writing is necessary then write the script they have to copy in colour to help them track where they are (e.g. a different colour on each line)
- Allow plenty of time for all activities to be completed as they will be frustrated by half completed tasks
- Find out their special strength be it art, dance, debating and adapt programmes to include these
- Keep instructions short and simple
- Use their name before asking a question to alert them to the need to stop and listen to you
- Use lots of praise and don't over correct mistakes in wordy tasks
- Avoid directional confusion by pointing when giving instructions in dance / games activities

**Further information can be found from:**

Publications: **Dyslexia - A brief guide for parents.**

- Pub Dyslexia Scotland

**Achieving Dyslexia Friendly Schools.**

- Pub British Dyslexia Association

Websites: **British Dyslexia Association website** - [www.bdadyslexia.org.uk](http://www.bdadyslexia.org.uk)



## 9. DYSPRAXIA

### **Definition:**

Dyspraxia is an immaturity in the way the brain processes information. It is generally recognised to be an impairment of the organisation of movement. Associated with this may be problems of language, perception and thought. Other names for dyspraxia include Clumsy Child Syndrome, Developmental Co-ordination Disorder (DCD), Minimal Brain Dysfunction, Motor Learning Difficulty and Perceptuo-motor Dysfunction

### **How it affects the young person:**

The young person;

- may appear to be disorganised, losing property, forgetting what is needed etc
- may seem to be ignoring instructions and being unaware of what to do
- may display awkward movements, finding it difficult to hop, run, jump, catch, kick or climb stairs as others of their age can
- may be slow and hesitant with most actions
- may seem to have a low tolerance level for activity
- often tries to find excuses to get out of games sessions
- tends to fall over more frequently than most
- can show confusion over laterality, changing hands when writing / cutting etc
- may hold pens, pencils, scissors etc with an unconventional grip and write laboriously and immaturely
- may show immaturity in art work
- often finds small, fiddly craft activities difficult
- can find it difficult to copy from a board or screen
- tends to play /relate to younger children
- may have difficulty in keeping friends
- can be something of an isolate
- frequently finds it difficult to understand the socially accepted behaviours in the company of others
- can be vulnerable to bullies because she may present as someone who is 'different'
- often demonstrate extremes of emotions
- can have very low esteem which at times may lead to behavioural difficulties

### **Practical Tips for working with these young people in your settings:**

- Try to give instructions one at a time.
- When giving information do so in small chunks that can be more easily assimilated.
- If new skills are being taught e.g. craft or cookery, provide one to one support to help manage all the 'bits'.
- In craft sessions adopt a 'Blue Peter' approach teaching and demonstrating one step at a time.
- Try to praise as often as possible; dyspraxic children often fail and self esteem can easily be lost.
- Where possible stick to a clear routine for the evening. This will help the young person not to get confused.
- Ensure the young people know their way around the building; they may forget the names of different rooms or people, so they may get left behind when groups change round.
- When you have parties, barbecues, drinks ensure that they can sit down with their food etc; it is hard for them to balance plates, cups etc. whilst eating
- Be sensitive to their disability in physical sessions and where possible avoid team games where they will feel very vulnerable and may be very conscious that they are letting the side down.
- When choosing physical activities for you programme select activities that are about personal challenge rather than team effort
- Make sure that extra copies of letters, notes, written information etc. is given to the parent by a leader as the originals may be lost before they get to them
- Avoid writing activities whenever possible
- If writing needs to be copied use different colours on each line so that the young person can know which line they are on
- When out and about (on outings or in camp) designate someone to keep an eye out to ensure that belongings are not lost or left behind

### **Further information can be found from:**

Websites:     **Dyspraxia Foundation** - [www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)  
                  **Contact A Family** - [www.cafamily.org.uk/Diretc/d48.html](http://www.cafamily.org.uk/Diretc/d48.html)



## 10. EPILEPSY

### **Definition:**

Epilepsy is caused by a disorder of the brain. It is not a mental illness. It is not infectious and it cannot be 'caught' from someone who has it. Young people with Epilepsy usually experience fits and seizures. There are over 40 different types of epileptic seizures. People with epilepsy do not pass out but consciousness is affected. These fits and seizures can be partial or generalised. Partial seizures are caused by electrical activity in one part of the brain, whilst generalised seizures are caused by epileptic activity in the whole brain. Fits vary in seriousness and can present in different forms, from a major convulsion with jerking limbs to a momentary lapse of consciousness.

### **How it affects the young person:**

Different types of epilepsy present in different ways:

- **Tonic Clonic seizure** – the young person goes stiff, falls to the ground unconscious with jerking limbs. They may go still before regaining consciousness.
- **Clonic Seizures** – the body stiffens and the young person falls over.
- **Absence Seizures** – the young person is momentarily unconscious and unaware of what is happening around them. They cannot be wakened or alerted. To the observer the young person may appear to be day dreaming or switched off. Those suffering from this form of epilepsy may be slow to 'catch on' to things as they often do not hear all you say, momentarily blacking out, without your being aware, whilst you are giving instructions or explanations.
- **Atonic Seizures** - all muscle tone is lost, the body goes limp and the young person falls to the ground. The young person is at risk of head injuries.
- **Myoclonic seizures** – tend to occur in the mornings and cause abrupt jerking of the limbs. They are usually brief seizures and can be most frustrating.

### **Practical Tips for working with these young people in your settings:**

- Although most seizures come completely out of the blue, there are a few things that can trigger an attack. It may therefore be helpful to avoid these things if possible. Triggers can include flashing lights, flickering of a computer screen, flashes of sunlight, tiredness, fever and stress.
- Some young people may have a brief 'warning' that an attack is about to happen. Young people may say they are feeling 'funny' or 'fitty'. Ask the parent, carer or young person themselves if there is any way they can indicate to you the onset of a fit.

- Check with the parent to ascertain the nature of the epilepsy ask:
  - What type of epilepsy has the young person?
  - Are there likely to be any warning signs before an attack?
  - Are there any known triggers?
  - What happens during their seizure?
  - How long do the seizure usually last?
  - What length of recovery period is generally required?
  - What medication, if any, is administered?
  - Should someone be trained in the administration of medication?
  - How and where medication should be stored
  - When to call an ambulance
- In case of an attack the basic rules are:
  - Move any furniture or obstacles that may cause harm
  - Cushion the head with something soft or hold the head in your arms
  - Do not try to restrict the jerking movements
  - Take note of the time the seizure starts
  - Do not put anything in the mouth or give a drink
  - Do not move them, unless they are in a place of danger
  - Loosen any tight clothing
  - Keep calm
  - Allow the seizure to run its natural course
  - Give lots of reassurance as it can be a frightening experience
  - Once they have returned to consciousness wipe away saliva
  - Provide a place for them to rest after the seizure
  - Inform the parents of the length of the seizure and any known trigger
- Further help may be required and an ambulance will need to be called if:
  - an injury has occurred as they fell or fitted
  - one seizure appears to run into another without a return to consciousness
  - the seizure is longer than the normal time that parents have told you
  - you are in any doubt

**Further information can be found from:**

Websites:     **Epilepsy Action** - [www.epilepsy.org.uk](http://www.epilepsy.org.uk)  
                   **The National Society for Epilepsy** - [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)  
                   **Epilepsy Action Scotland**     - [www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)



## 11. HEARING IMPAIRMENT

### **Definition:**

Hearing Impairment is a term used to describe a whole range of conditions. The young person with hearing impairment may hear most sounds, but mishear or misunderstand what is being said. On the other hand, she may have a total loss of hearing. Any level of hearing impairment can be debilitating to the young person. There are two main types of hearing impairment – conductive loss or sensory loss. Sometimes the two types occur together. Conductive loss is the most common type. It is caused by damage or blockage to the ear drum, ear canal or middle ear and can frequently be intermittent. Sensory loss, however, involves damage to the inner ear, to the nerve paths, or to the part of the brain that interprets sound.

### **How it affects the young person:**

The young person;

- may have to wear a hearing aid which may be an uncomfortable experience
- may continually hear distorted and unpleasant sounds
- may lip read
- may encounter language difficulties as she has not heard the sounds she is trying to make
- may also have speech that is difficult to understand
- may frequently misunderstand what is being said
- may appear to be staring at others
- may often appear to be frustrated - either because she cannot make herself understood or because she does not know what to do
- may move around to ensure she is in front of the person communicating
- may use some form of sign language e.g. Makaton or British Sign Language
- may continually be looking for visual clues
- may follow other young people
- may do things slightly after others as she is watching for clues
- may appear inattentive when there is a lot of speaking going on
- may appear to be disobedient when in reality she just hasn't heard the rules / the instructions / the command
- may demonstrate agitation, withdrawal or disturbed behaviour because of how others respond to her

### **Practical Tips for working with these young people in your settings:**

- Always stand where the young person can clearly see your face
- Remember when communicating not to stand with your back to the light
- Keep your hands away from your face when communicating
- Check whether the young person uses a form of signing and if she does try to learn some signs
- Encourage other members of the group to learn signs too
- Whenever possible use body language to aid your communication
- When giving instructions use short sentences and phrases to aid understanding
- When giving instructions e.g. in craft do so one step at a time and always give a visual demonstration as well as verbal instructions
- Watch out in case there is any teasing or lack of understanding from others
- When playing noisy games, hearing aids may be turned off to avoid a cacophony of sound. Remind the young person to switch the aid back on after the game
- During games remember that the young person cannot hear a whistle or bell. When ever possible use visual signs as well as aural ones e.g. a flag or gesture
- Use visual aids when ever possible e.g. to illustrate devotional thoughts, to give information, to teach a new skill
- When planning your programme try to involve as many practical tasks as possible
- Consider whether having a 'hearing buddy' would be helpful to the young person
- Do not shout
- Remember safety is a key issue. Warnings that depend on hearing are of no use to a hearing impaired young person e.g. fire alarms, bells, car horns, a shouted command. Have a plan to ensure that someone is designated to ensure the young person is warned in the case of danger.

### **Further information can be found from:**

Websites: **Royal National Institute for Deaf People** - [www.mid.org.uk](http://www.mid.org.uk) **National Deaf Children's Society** - [www.ndcs.org.uk](http://www.ndcs.org.uk)  
**British Deaf Association** - [www.britishdeafassociation.org.uk](http://www.britishdeafassociation.org.uk)  
**Sense** - [www.sense.org.uk](http://www.sense.org.uk)



## 12. LANGUAGE IMPAIRMENT

### **Definition:**

Specific language impairment, developmental language delay, developmental language disorder, difficulties with receptive or expressive language are all terms that may be used to describe the young person who has problems with spoken communication. This may be difficulty with understanding spoken language (receptive language difficulties) or it may be to do with their inability to express themselves in the spoken word (expressive language difficulties). Here we are considering difficulties which cannot be attributed to physical disabilities, emotional problems or environmental deprivation. One in ten children struggle with this invisible disability.

### **How it affects the young person:**

The young person with **receptive language** difficulties:

- may be constantly watching others to see what they have to do
- may appear to forget what they have been told
- may appear to be disobedient when in reality they have not understood
- may give a response that does not answer the question asked (e.g Q: 'Who is meeting you tonight?' A: 'Because its fun!')
- may switch off / get easily distracted if there is a lot of talking because she is not able to follow what is being said
- may keep asking what she has to do next
- may go off at tangents when there is a group discussion
- may latch on to one word in a sentence, ignoring the context in which it is used.

The young person with **expressive language** difficulties:

- may have a limited vocabulary / or overuse a few known words
- may have difficulty finding the words she needs to express herself
- may find it difficult to categorise things
- may struggle to get words in the right order / relate events in the sequence
- may have difficulty expressing abstract concepts
- may speak in single words / short phrases rather than sentences
- may find it difficult to explain what she means
- may have difficulties getting the right word endings e.g. walk/walked/walking
- may confuse gender saying he instead of she, his instead of her
- may confuse prepositions on, in, under, over, beside, above, below

- may miss significant facts / words out of her spoken language
- may fail to get to the point in a conversation
- may be socially withdrawn and anxious
- may make inappropriate comments, give an answer that does not relate to the question

***Practical Tips for working with these young people in your settings:***

- When a young person says a word / constructs a sentence incorrectly, repeat it back to her correctly (do not make her say it again)
- When teaching games break instructions down, teaching each part separately
- Use short clear instructions at all times and give visual clues to help
- When speaking to the young person preface your statement / question with her name, or touch her gently on the shoulder to alert her to the fact that she needs to listen
- Try to avoid abstract ideas and concepts especially in devotional times e.g. 'Jesus wants to live in your heart'. This will confuse the young person
- Use lots of non verbal signals to help the young person to understand what is required e.g. gestures, facial expressions, demonstration
- Try to avoid technical or complex vocabulary
- Slow the pace of your speech
- Allow the young person time to respond. Do not rush her.
- Make sure you face the young person when speaking to her and, if appropriate, bend down so that you are at her level.
- Do not turn away until you have completed your sentence.
- Regularly check that the young person has understood instructions by asking questions
- When teaching a new skill, give a running commentary on what you are doing so that the young person can identify new vocabulary
- Help the young person to express herself by giving her options. (e.g. Do you want to use felt pens or paints?' rather than 'What do you want to use?')

***Further information can be found from:***

Websites: **AFASIC** - [www.afasic.org.uk](http://www.afasic.org.uk)  
**I CAN** - [www.ican.org.uk](http://www.ican.org.uk)



HELP SHEET:

## 13. SPINA BIFIDA & HYDROCEPHALUS

### **Definition:**

The term 'spina bifida' means cleft spine. It is a birth defect which occurs when the spine does not close properly during the first months of pregnancy. There are three main types of Spina Bifida. Spina Bifida Occulta is the most common form. Many people have it but might never know as it can go undetected for years. Meningocele is a form of Spina Bifida where some of the protective covering around the spine pushes through the opening in the vertebrae. This form of Spina Bifida can often be repaired with little damage to the nerves. Finally, there is Myelomeningocele which is the most severe form of Spina Bifida. With Myelomeningocele part of the spinal cord itself protrudes through the back, sometimes exposing nerves or tissue. A large percentage (80%-90%) of those born with this form of Spina Bifida also have hydrocephalus (water on the brain) This can be corrected with a shunt which is surgically placed to relieve the excess pressure. Hydrocephalus can occur without Spina Bifida but the two conditions often occur together. Spina Bifida is not a disease and unless medical science discovers a way to repair the nerve damage it won't get better. However, those with Spina Bifida can, and do, live long fulfilled and happy lives.

### **How it affects the young person:**

The young person may be affected in different ways depending upon the severity of their condition. Below are some of the ways in which they may be affected, but you will need to talk to parents / carers to get a true picture of the young person with whom you are working.

The young person:

- will probably have some mobility problems
- may have some paralysis and loss of sensation below the level of the damage
- might need to use crutches, braces or a wheelchair
- may have poor control of bowel or bladder
- may have a catheter or a tube to permit the passage of urine
- may wear nappies or pads
- may have poor coordination affecting handwriting, games and activities
- may articulate ably, though they may not understand all that is being said
- may need a series of operations to insert shunts
- may have poor hand-eye coordination
- may be prone to kidney damage

If Hydrocephalus is also present the young person:

- may have developmental delay
- may have learning difficulties
- may find paying attention difficult
- may find it difficult to organise, sequence and process information

***Practical Tips for working with these young people in your settings:***

- Discuss with parents / carers the amount of help / support that will be required
  - If needed have an extra helper or support worker to support the young person
  - If appropriate, assign someone to help manage the young person's toileting needs
  - Wherever possible help the young person to be as independent as possible e.g. using scissors, cutlery, pencils, tools
  - Carefully consider which rooms are to be used for which activity, ensuring wheelchair access where necessary and moving from upstairs to down or from a small room to a bigger one as required
  - Consider whether a simple ramp may be helpful for access to the building
  - However, wherever possible help the young person to be as independent as possible e.g. using scissors, cutlery, pencils, tools
  - Extra drinks may be needed during hot weather to keep the kidneys functioning well
  - Try to find ways in which the young person can join in physical activities as exercise is very important to aid circulation
  - Remember that because of poor eye hand coordination ball skills might be difficult
  - Encourage the young person to try new things
  - Try to ensure that tables are at the right height and accessible for the young person especially if they are in a wheelchair
  - If appropriate see also the sheet on developmental delay
- And finally if a young person with hydrocephalus develops a severe headache, drowsiness or vomiting this may indicate that a shunt is not working properly and medical attention should be sought immediately.

***Further information can be found from:***

Websites:     ***Association for Spina Bifida and Hydrocephalus*** - [www.asbah.org](http://www.asbah.org)  
                  ***Scottish Spina Bifida Association*** - [www.ssba.org.uk](http://www.ssba.org.uk)  
                  ***Spina Bifida Association of America*** - [www.sbaa.org](http://www.sbaa.org)



HELP SHEET:

## 14. VISUAL IMPAIRMENT

### **Definition:**

Visual impairment is not a term normally used to describe someone who is long or short – sighted, rather it is when there is some loss or distortion to vision. Sight loss may be a gradual deterioration over a long time or it may be sudden and severe. It may be caused by genetic conditions, associated with other conditions or illnesses, or may result from injury or accident involving the eye. There are around 2 million people in the UK with sight problems. Their difficulties can range from people whose vision will not, for example, allow them to pass their vision test for driving, to people who are registered blind. Children with visual impairment may, or may not, have other additional support needs.

### **How it affects the young person:**

The young person:

- may have distorted vision
- may need to wear glasses or contact lenses
- may be unable to distinguish shapes or colours
- will not respond to facial expressions and non verbal clues
- may need to attend a special school or unit, involving the need to travel some distance to attend school
- may have inflamed or bloodshot eyes
- may have rapid, involuntary eye movements
- may constantly blink or rub their eyes
- may be prone to clumsiness
- may frequently complain about headaches
- may find activities involving balance difficult

### **Practical Tips for working with these young people in your settings:**

- Use verbal cues when possible as a visually impaired young person may not be aware of what is happening at a distance.
- Allow the young person to stand near you if you are demonstrating anything.
- Additional work space may be required when working on crafts etc. to accommodate any special materials.
- Simple enlargement of print may be helpful, however not all visually impaired young people need enlargements.
- On printed material, black or other dark colour of print on yellow or pale green backgrounds provide good contrast without the glare of a white background.

- On written sheets use a broad felt tipped pen or broad font.
- Use a font with no finishing strokes which can be confusing e.g. sans serif.
- Avoid italic or any other ornate fonts
- When printing out material use a larger than usual font, at least 16 or 18
- As with all readers, visually impaired people read by looking for distinctive features of words rather than individual letters, so use a mixture of lower and upper case letters to aid discrimination
- Check whether the young person uses any aides such as magnifying glass, large print editions of publications, audio descriptions or Braille versions,
- Keep the premises well lit especially passage ways, corners, entrances/ exits
- An angle poise lamp may give precise lighting to a particular task.
- Visually impaired young people may take longer to complete tasks. Ensure this is built into the programme without drawing attention to individuals.
- Encourage the young person and her peers to work in an organised manner to diminish stress involved looking for materials, etc.
- Avoid placing like coloured objects on like coloured backgrounds
- Free your meeting place from obstructions which will hinder movement
- Until the young person is able to recognise leaders and peers by voice, etc. always introduce yourself by name e.g. "Hi Jane, it's Mary, I'm just marking your attendance in the register."
- Ensure sufficient adult assistance is available for the task to be undertaken
- Take extra care about the safety of the environment. Ensure that there are no small hazards at ground level. Keep the room free from clutter
- Steps, entrances to rooms etc can be marked with white /yellow hazard strips to make them more 'visible'
- It may be appropriate to borrow a set of "visual impairment spectacles" so leaders and peers can discover some of the difficulties people with visual impairment encounter.

**Further information can be found from:**

Websites: **RNIB** - [www.rnib.org.uk](http://www.rnib.org.uk)  
**The Nat. Federation of Families with Visually Impaired Children**  
 - [www.look-uk.org](http://www.look-uk.org)  
**Action for Blind People** - [www.actionforblindpeople.org.uk](http://www.actionforblindpeople.org.uk)

**Contact school or college where young person attends**





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