

WELCOMING & INCLUDING

Children & Young People with
Additional Needs in The Boys' Brigade



**THE BOYS'
BRIGADE**
> the adventure begins here



Northern Ireland District

This booklet contains some basic facts for youth leaders on a range of disabilities to help them understand and include children and young people of all ages in BB activities.

It is not intended to be the definitive source of information on any single disability; recognising that all young people are unique in their needs and abilities. We advise leaders to always work in partnership with parents/carers to gain individual and relevant information for each young person.

This information can also be found on our BB Disability App available for everyone on the App Store and Google Play. Although written for BB leaders we are happy to share this information with all youth workers via the App.



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ADHD



Facts

- ADHD is a term used to describe children who display overactive behaviour and impulsiveness.
- Between 0.5-1% of children in the UK are affected by ADHD.
- Fives times more boys than girls display ADHD.
- In some more severe cases, the child may be treated with medication such as Ritalin (*although this is still a widely debated issue*).



Useful Links

www.livingwithadhd.co.uk
www.adhdchildhood.com



General Features

Children and young peoples with ADHD generally display the following:

- Difficulty following instructions
- Difficulty completing tasks
- Difficulty “sticking to” a task
- Easily distracted and forgetful
- Poor attention span
- Being restless
- Being very talkative and chatty
- Interrupting other children
- Running around inappropriately
- Shouting out
- Can be extremely impulsive
- No consideration of consequences of actions
- Problem with turn-taking



Useful Strategies

1. When giving instructions, make eye contact with the child and young person.
2. Keep instructions short and simple.
3. Provide the child with two choices, avoiding allowing the child to say ‘no’.
4. Use checklists to help the child or young person complete a task.
5. Present text in large print, well spaced out, not cluttered.
6. Set short, achievable targets for the child or young person.
7. Give immediate praise and rewards on the completion of tasks.
8. Provide a “time-out” calming down, quiet area to deal with temper tantrums.



Challenges to Plan for in BB Programme Anchors

Crafts: Following instructions and staying on task

Games: Following instructions/turn-taking

Story: Sitting quietly, sitting still

Juniors

PE/Games: Following instructions

Badgework: Staying on task

Figure Marching: Following instructions

Group Work: Sitting still, turn-taking

Company Section

PE: Following instructions

Drill: Following instructions, restlessness

Badge Classes: Staying on task

Camping/Expedition: Following instructions, recognising consequences.



Asperger's Syndrome

The Facts

- Viewed as the higher ability region of the Autistic Spectrum.
- Tendency to avoid eye contact.
- Often display obsessive, repetitive routines.
- 10-36 per 10,000 display the condition.
- More males than females display Asperger's Syndrome.
- May have unusually accurate memory for details.
- Sleeping or eating problems.
- Trouble understanding what they have read or heard.
- Employ a formal manner of speaking.
- Inappropriate facial expressions.

Useful Links

www.autism.org.uk
www.aspennj.org
www.aspergerfoundation.org.uk

General Features

- Difficulties with social relationships
- Difficulties with communication
- Difficulties with social imagination and flexible thinking
- May talk on and on, taking no notice of listeners' reaction
- Very literal
- Difficulties in thinking abstractly
- Naïve and gullible
- Easily upset by change in routine
- Oversensitive to loud sounds, lights or smells
- Physically awkward in sports
- Often unaware of needs and feelings of others
- Fixation on one subject or object

Useful Strategies

1. Talk to parents and find out how their child responds to different situations.
2. Prepare the child or young person for any changes in advance.
3. Always refer to the child or young person by name.
4. Use visual lists to provide structure for an activity.
5. Be precise when giving instructions.
6. Use the child or young person's ability to rote learn facts, to increase self-esteem.
7. Develop a buddy system.
8. Provide a "time out" comfort zone.

Challenges to Plan for in Programme Anchors

Group activities: Social interaction

Games: Carrying out instructions/social interaction
Rapid change of activities

Juniors

Physical Training

Badgework: doing group work, moving from one activity to another

Group Work: sitting still, turn-taking

Company Section

Badge Classes: doing group work, physical games



Asthma

5 Basic Rules for Dealing with An Asthma Attack

- **Stay calm** — anxiety or panic can aggravate the attack.
- **Help** child to use reliever inhaler.
- **Encourage** child to sit upright and lean forwards.
- **Loosen** tight clothing and offer a drink of water.
- **Call** medical help if the medication fails to relieve the attack — the child should continue to use reliever inhaler every few minutes.

Useful Links

www.asthma.org.uk

General Features

- 1 in 7 children in the UK are affected
- It involves spasms of the air tubes (the bronchi) of the lungs
- A wheeze on breathing out is a regular feature of an asthma attack
- It is harder to breathe out than in
- An attack can last for a few minutes or several hours
- Treated with two main types of medication:
 - a. Relievers (relieves symptoms)
 - b. Preventers (reduce the risk of an attack)


Types of Inhalers

1. **Relievers** — these relieve the symptoms of asthma straight away by relaxing the muscles around the airways so they open wider and make breathing easier. They are usually BLUE.
2. **Preventers** — these calm the inflamed airways and stop them being irritated so easily. These help to calm the asthma and reduce the risk of an attack.

Challenges to Plan for in Programme

For all Sections:

- Asthma attacks are often brought on by exercise, especially in cold, dry weather.
- An attack can often be prevented by the use of an inhaler before a PE or long games session.
- “Warming Up” gradually also helps prevent an attack.

 Children are not a distraction from more important work. They are the most important work.

CS Lewis



AUTISM SPECTRUM DISORDER



The Facts

- 6 in every 1000 display ASD
- 4 times as many boys display ASD as girls
- Display a “Triad of Impairments”:
 - a. Social interaction
 - b. Communication
 - c. Thought and imagination
- Children with ASD may also experience any of the following:
 - a. Hand flapping, rocking
 - b. Poor sleeping patterns
 - c. Self-injury
 - d. Walking on their tip toes
 - e. Irrational fears or phobias



Useful Links

www.autism.org.uk
www.autism.org



General Features

Children and young persons with ASD generally display the following:

- An inability to relate and empathise with others
- Have difficulty understanding others’ feelings and actions
- Can appear aloof
- May display inappropriate touching or display inappropriate aggression
- Difficulty communicating with others, i.e. verbally, using eye contact, facial expression
- Some never develop speech, some experience language delay
- Some have very good language, but difficulty understanding
- May develop repetitive, obsessive interests
- Experience distress by changes in routine



Useful Strategies

1. Provide an individual workspace.
2. Use a visual timetable and task lists.
3. Always refer to the child or young person by name.
4. Do not expect eye contact; the child or young person is unlikely to turn their face to look at you.
5. Prepare the child or young person for changes in advance.
6. Keep verbal instructions brief and simple.
7. Always talk to parents.
8. Consider lighting and noise in the environment you are in.
9. Use stories to explain social communication/instruction.



Challenges to Plan for in Programme Anchors

Crafts: Understanding expectations following instructions

Group Activities: Social interactions, carrying out turn taking

Juniors

PE/Games and Badgework

Company Section

PE, Drill and Badge Classes

“ We have this hope
as an anchor for the
soul, sure and
steadfast.

Hebrews 6:19



Brittle Bones



It is important to try to treat a child with Brittle Bones as normally as possible to ensure a healthy emotional development that will lead to independence.



Useful Links

www.brittlebone.org



General Features

- Brittle Bones is a genetic disorder known medically as Osteogenesis Imperfecta (OI)
- It is not caused by a lack of calcium
- About 1 in 20,000 (approx.) babies are born with Brittle Bones
- There is no cure at present
- Some children are born with fractures, some suffer them soon after birth and others when they first start to walk
- There is evidence to show that adolescents do not fracture bones as frequently as younger children



What Are the Characteristics?

1. Some children are of normal stature and simply more fragile.
2. Some children are more severely affected, can be short of stature and unable to walk.
3. Children with the severe type may have spent much of their early life lying on their back in plaster.
4. Children may have lax joints and loose muscles that lead to difficulties with fine motor skills.
5. Children with Brittle Bones are often left-handed because they experience fewer breaks with that arm.
6. PE and games are not generally recommended.
7. More unusual characteristics include a triangular shaped face, progressive limbs, deformities, chronic back pain and hearing difficulties.



How Can You Help?

1. Talk to the parents and the child/young person.
2. Seek advice from an Occupational Therapist.
3. Make use of specially adapted keyboards or voice activated packages for computers, if finger movements are restricted.
4. For handwriting problems, consider:
 - a. a sloping desk'
 - b. different sizes/shapes of pen, and
 - c. seating arrangements.
4. Make sure everyone is aware of the condition and that there is a clear procedure to deal with a break should it occur.
5. Give the child/young person a small cue card to call for help. The child or young person is often reluctant to ask for help because they do not like to feel any more different than they are already.

“All children with special needs have a right to be part of a family, a community and society.”

Angela Dare, Author



Cerebral Palsy

The Facts

- Palsy can mean weakness, paralysis or lack of muscle control.
- The brain controls all that we do. Different parts of the brain control the movement of every muscle in the body.
- It is caused by damage before, around or soon after birth.

Useful Links

www.cerebralpalsy.org.uk

General Features & Types

1. Spastic Cerebral Palsy
 - a. Hemiplegia (paralysis of right or left side of body)
 - b. Diplegia (both legs)
 - c. Quadriplegia (legs and arms, poor head control)
4. Athetoid Cerebral Palsy
 - a. Uncontrolled movements
 - b. Noticed when child starts to make a movement
 - c. Often weak muscles and feel floppy
4. Ataxic Cerebral Palsy
 - a. Difficulty with balance
 - b. Poor co-ordination
 - c. Shaky movements

Useful Strategies

To overcome impairments associated with Cerebral Palsy:

1. Use large print/pictures to help those with squints and poor visual acuity.
2. When speaking 'say, repeat, and rephrase' to overcome fluctuating hearing.
3. Allow time for the child/young person to speak, to allow for poor control of muscles.
4. Ensure a safe and uncluttered environment to allow for a poor ability to judge distances.
5. Provide a raised writing surface, to help overcome poor eyesight.

Challenges to Plan for in Programme Anchors

Crafts: Poor muscle control

Games: Poor spatial awareness

Story: Poor eyesight and hearing

Juniors

PE/Games: Poor spatial awareness

Badgework: Poor eyesight and hearing

Figure Marching: Poor spatial awareness

Company Section

PE: Poor spatial awareness

Drill: Poor spatial awareness

Badge Classes: Poor eyesight and hearing



Challenging Behaviour

The Facts

- Say what you mean and mean what you say.
- It is not the severity of any sanction that is important ... it is the certainty.
- Children and young people's behaviour will not change until the adult's behaviour changes - think of "Super Nanny".

Useful Links

www.adhd.org.uk

General Features

1. Children and young people need to take risks, and we need to create a safe environment that allows this to happen.
2. Remember we have no control over the mood in which the child or young person arrives at our Company but we have total control over our response.

Why Manage Behaviour?

1. To create an environment where learning can flourish
2. To set boundaries in which young people can feel successful and achieve
3. To teach young people about socially appropriate and acceptable choices

How to Manage Behaviour?

- Emphasis on positive rather than negative statements
- Regular and sustained use of praise and reward
- Teaching the child or young person the social skills they need to be successful
- Redirecting the child or young person towards success rather than highlighting their mistakes

Steps to Better Behaviour

1. Learn to pay positive attention to young people
2. Use this positive attention to improve behaviour
3. Set up a Company token/reward system (think about this at company level)
4. Learn to cope with the inevitable
5. Respond constructively to incidents; they will happen!

How Can We Help?

1. Establish and follow rules. Ensure everyone knows the rules and teach them in an age appropriate way.
2. Don't take the child or young person's behaviour personally.
3. Remain calm; speak slowly and use low tones when addressing challenging behaviour.
4. Look for win-win situations. Give choices and spell out consequences clearly.
5. Know what to say. Use scripts such as "you know the rules, you know the consequences and the choice is yours"
6. Praise those who are behaving well with a "thank you for..."
7. Promote positive relationships; smile, greet and chat.

Benefits of Positive Behaviour...

1. There is a clear system of rewards and sanctions, which everyone knows and understands.
2. Our children and young people behave well in all aspects of the BB Programme.
3. All members learn effectively and work hard to achieve success.
4. You have a system that is as much about rewarding members for good behaviour as on punishing them for bad behaviour.
5. Makes it clear that whether a member is rewarded or punished depends entirely on their behaviour, attitude and approach to the programme.



Diabetes



The Facts

- Affects 1.4 million people in the UK
- 1 in every 700 school children have diabetes
- Type (1) - Usually appears in people under 40 and often childhood
- Type (1) treatment is usually via insulin injections
- Type (2) - Usually found in the over 40s
- Type (2) occurs when the pancreas cannot produce enough insulin
- Type (2) treatment is either diet, tablets, injections or a mixture of all three depending on severity



Useful Links

www.diabetes.org.uk



General Features

- A common condition affecting the amount of glucose (sugar) in the blood
- The hormone, insulin, made by the pancreas normally controls it
- There are two main types of Diabetes: Type (1) & Type (2)
- Over ¾ of people affected have Type (2)



Useful Strategies

1. It is important to have a basic understanding of how to deal with adverse reactions:
 - a. If the blood sugar becomes **too low**, a person may develop **hypoglycaemia**.
 - b. If the blood sugar becomes **too high**, a person may develop **hyperglycaemia**.



Symptoms of Diabetes Include:

1. Increased thirst
2. Going to the toilet a lot
3. Extreme tiredness
4. Weight loss
5. Blurred vision



Challenges to Plan for in Programme

- Leaders in all sections need to know that excessive exercise could lead to an episode.
- Possible indicators of an adverse reaction:
 1. Difficulty following instructions and staying on task
 2. Hunger
 3. Sweating
 4. Drowsiness
 5. Pallor
 6. Glazed eyes
 7. Shaking
 8. Mood change
 9. Lack of concentration



How to Treat

Give fast-acting sugar to raise blood sugar levels:

1. Lucozade or other sugary drink
2. Mini chocolate bar
3. Fresh fruit juice
4. Jam / Honey



A wise bear always keeps a marmalade sandwich in his hat in case of emergency

Michael Bond, Paddington Bear



Down's Syndrome

The Facts

- Down's Syndrome is a genetic disorder and occurs when a baby is born with an additional chromosome
- Occurs in about 1 of every 1000 live births
- Children with Down's Syndrome have a specific learning profile with characteristic strengths and weaknesses

Useful Links

www.downs-syndrome.org.uk
www.sdsa.org.uk

General Features

- Delayed motor skills — fine and gross
- Auditory and visual impairment
- Speech and language impairment
- Poor auditory memory
- Limited concentration span
- Difficulties thinking, reasoning, making links from one activity to another
- Sequencing difficulties
- 40-50% will have heart problems
- Respiratory problems, coughs and colds

“ The things that make me different are the things that make me me.

A A Milne, Piglet

Useful Strategies

1. Make sure rules and routines are explicitly explained.
2. Speak directly to the child/young person and reinforce your message with:
 - a. facial expressions,
 - b. pictures, and
 - c. physical materials
4. Give the child or young person time to process language.
5. Listen carefully - your ear will adjust to their speech patterns.
6. Think about why inappropriate behaviour has occurred:
 - a. did the child/young person understand the task,
 - b. is the task too hard or too easy,
 - c. are the materials appropriate or,
 - d. is the task too long?
5. Use simple and familiar language.



Challenges to Plan for in the Programme

Anchors

Crafts: Fine motor skills and memory

Games: Gross motor skills and memory

Story: Concentration

Juniors

PE/Games: Gross motor skills and memory

Badgework: Concentration, thinking and reasoning

Groupwork: Language difficulties, auditory memory

Company Section

PE: Gross motor skills and memory

Badge Classes: Reasoning skills, concentration span, memory



Dyscalculia



The Facts

- Dyscalculia is a specific learning difficulty in Mathematics.
- There are two main types:
- Developmental Dyscalculia - this is where there is a discrepancy between a person's developmental level and general cognitive ability on measures of specific Maths ability.
- Dyscalculia - a total inability to understand numbers and applied concepts.



Useful Links

www.dyscalculia.org
www.networks.nhs.uk/nhs-networks/numeracy-for-health-and-social-care/research-summaries/dyscalculia



General Features

Indicators of Dyscalculia:

- An inability to learn to count by rote
- Difficulty reading or writing numbers
- Poor mental maths
- Difficulty with time and time management
- Poor sense of direction
- Poor memory for lay-out
- Confusion with left and right
- Difficulty with games - they may lose track of whose turn it is
- Cannot remember names or faces
- Problems with money



Useful Strategies

1. Always explain a new concept step by step
2. Encourage the child/young person to repeat back to check their understanding
3. Use concrete apparatus
4. Use picture/visual stimuli
5. Allow and encourage the use of rough working out
6. Allow extra time to complete a task
7. Provide reminders/task locations



Challenges to Plan for in Programme

Anchors

Games

Juniors

PE/Games

Some Badgework Activities

Figure Marching

Company Section

PE/Games

Drill

Badge Classes



Unless someone like you cares a whole awful lot, nothing is going to get better. It's not.

Dr Seuss



Dyslexia



The Facts

- It affects the ability of the child/young person to read quickly and accurately
- Children with Dyslexia often have poor short-term memory and difficulty in processing information
- 5-10% of the population display Dyslexia
- Possible areas of strength include:
 - a. Good speaking skills
 - b. Good comprehension skills
 - c. Good spatial awareness



Useful Links

www.bdadyslexia.org.uk
www.dyslexiaaction.org.uk
www.dyslexiahelp.co.uk



General Features

Children and young peoples with Dyslexia generally display the following:

- Difficulty recognising and remembering letter names
- Poor visual tracking
- Lack of intonation
- Mispronounces words
- Difficulty paying attention
- Poor short term/long term auditory memory
- Written work can appear messy
- Difficulty with spelling
- Difficulty with reading
- Difficulty with writing
- Difficulty sequencing events
- Prone to tiredness
- Often display behaviour problems due to frustration



Useful Strategies

1. Use a multi-sensory programme of activities
2. Make use of pictures, plans and flow charts
3. Use electronic forms of recording and proof reading
4. Provide key word lists linked to an activity
5. Allow sufficient time for all activities
6. Encourage the use of book markers and coloured arrays



Challenges to Plan for in Programme

Anchors

Crafts: Remembering sequence of events.
Games: Remembering instructions.
Story: Paying attention to the story teller.
Any activity that involves oral instructions.

Juniors

Written Badgework
Figure Marching: Left/right confusion
Any activity that requires writing.

Company Section

Drill: Left/right confusion
Any activity that requires writing.



Dyspraxia

The Facts

- Dyspraxia is an immaturity in the way the brain processes information, resulting in messages not being properly transmitted.
- Dyspraxia presents difficulty in coordinating movements.
- Approximately 1 in 20 children display Dyspraxia.
- Four times more boys than girls display Dyspraxia.

Useful Links

www.dyspraxiafoundation.org.uk
www.bdadyslexia.org.uk

General Features

- Coordination difficulties
- Difficulties with throwing and catching
- Difficulties following sequential instructions
- Difficulties getting dressed
- Difficulty with handwriting
- Confusion with left/right actions
- Inability to recognise potential dangers
- Appear awkward and clumsy
- Limited ability to concentrate
- Understanding special concepts of in/on/behind/under, etc.

Useful Strategies

1. Give clear and unambiguous instructions.
2. Always check the child/young person's understanding of a given instruction or task.
3. When writing, make sure seating allows the child/young person to rest both feet on the floor.
4. Provide sloping surfaces to write on.
5. Limit the amount of time spent writing.
6. Break down the activities into small steps.
7. Allow extra time for finishing work.
8. In games/outdoor activities, be aware of the child/young person's limitations and allocate a position/activity which offers the best chance of success.
9. Give extra praise and encouragement.

Challenges to Plan for in Programme Anchors

Crafts: Clumsiness, following instructions

Games: Co-ordination, following instructions

Juniors

PE/Games: Dressing, poor spatial awareness

Badgework: Concentration, writing


Figure Marching: Left/right confusion

Company Section

PE: Dressing, poor spatial awareness

Drill: Left/right confusion

Badge Classes: Concentration, writing

 We love because
He first loved us.

John 4:19



Epilepsy



The Facts

- It affects one in every 130 people in UK
- 75% will have their first seizure before the age of 20 years
- The cause of epilepsy is a temporary change in the way the brain works
- There is a tendency for recurrent seizures
- Such seizures occur as a result of disturbances in the normal electrical activity of certain brain cells
- There are several kinds of epilepsy and over 20 classified types of seizure



Checklist - when a child or young person has a seizure:

1. Keep calm
2. Put something soft under his head
3. Do not hold him down
4. Do not put anything in mouth
5. Do not give anything to drink until seizure finishes
6. Loosen tight clothing around the neck
7. Move away any furniture
8. Wipe away saliva
9. Provide a place to rest after seizure
10. Stay with and reassure them
11. Inform the parents



Useful Links

www.epilepsy.com
www.epilepsy.org.uk
www.epilepsysociety.org.uk



General Features

1. During a **Partial Seizure** the child/young person will not pass out but consciousness will be affected.
2. During a **Generalised Seizure** the child/young person will suffer fits. Fits will vary from major convulsions with unconsciousness and jerking limbs, to momentary lapses of consciousness.
3. **Triggers** - Most seizures occur completely out of the blue, but the following can act as a trigger: stress, flickering or flashing light, tiredness or lack of sleep, lack of food or poor diet, excessive heat (do not allow child to become overheated), fever, too much liquid, alcohol, sudden loud noises, and anxiety.



Some Causes of Epilepsy include:

1. Brain scar
2. Birth injury
3. Accidental injury (e.g. road accident)
4. Non-accidental injury (drug or alcohol abuse)
5. Infection and fevers
6. Tumours
7. Biochemical abnormalities e.g. low glucose, calcium levels
8. Hormone imbalance
9. Low convulsive threshold



Challenges to Plan for in Programme

All Sections:

Generally, none: Leaders just need to be observant during all activities and aware of the procedure to deal with a seizure.
Games/PE: Watch out for triggers due to over excitement and over heating.



Expressive Language Difficulties

General Strategy

Assist a child or young person answering or giving an answer. Say back what the child has said and add in the extra words. For example: Child says, “ball...net!” ; Leader says, “Yes, the ball is in the net!”

Useful Links

www.ican.org.uk
www.afasic.org.uk
www.thoughtco.com/special-education-4132499
www.hanen.org/Home.aspx/

General Features

Children and young peoples with Expressive Language Difficulties may display the following:

1. Overuse of labels
2. Use an associated word
3. Overuse of hesitations/pauses, fillers: e.g. “em” ... “oh”
4. Use of non specific words e.g. “thingy” ... “it”
5. Talk around the topic
6. Overuse of gesture to describe words

Useful Strategies

Generally the following strategies work for the majority of children and young people;
ref WL (Hanen, 2011).

1. Observe - pay close attention to the child or young person.
2. Wait - do not be tempted to talk or become involved too quickly - give them time to speak. For example, count to 10 first.
3. Listen - be an active listener and do not assume you know what the child or young person wants.

Challenges to Plan for in Programme Anchors

Any area of the programme that requires a verbal response.

For example:

- a. singing,
- b. answering a question during story time and
- c. badgework

Juniors

All aspects of programme that involves listening to instructions such as badgework.

Games where children and young people need to communicate with each other.

Company Section

All aspects of programme that involves listening to instructions such as badgework.

Outdoor pursuits in teams such as DoFE expedition work.



Glue Ear

The Facts

- Glue ear occurs when fluid collects in the middle ear space of one or both ears.
- It usually happens after a cold or an infection of the ear and throat
- The cells from the lining of the middle ear start to use up the remaining air, reducing the pressure in the middle space, allowing fluid to fill the space.
- The fluid can become like glue and prevent the eardrum moving freely, resulting in temporary hearing loss.
- As many as four out of five children have at least one bout of glue ear before their 4th birthday. A substantial number experience regular, recurring symptoms throughout the primary years.

Useful Links

www.ican.org.uk/media/1766/my-child-has-glue-ear-factsheet.pdf
www.nhs.uk/conditions/glue-ear

General Features - What are the signs of glue ear?

1. Children who are inattentive appearing to hear “only when they want to”.
2. Children who are talking more loudly than usual or talking less and becoming detached.
3. Children saying “pardon” or “what” more than usual.
4. Children experiencing discomfort or pain as a result of an ear infection.
5. Children who fail to hear sounds/instructions which come from outside their field of vision.

Useful Strategies

1. Get the child’s attention by calling his name before asking a question or giving an instruction.
2. Talk face to face to the child/young person when possible.
3. Speak up but do not shout at the child/young person.
4. Reduce background noise in the room/area you are in.
5. Keep your instructions short and simple.
6. Use visual clues and prompts with the child/young person.

Challenges to Plan for in Programme

Children and young people with Glue Ear will have difficulty in any programme requiring listening and following verbal instruction.

Anchors

Crafts
Games
Story

Juniors

PE/Games
Badgework
Figure Marching
Group Work

Company Section

PE
Drill
Badge Classes



*We can do it!
You see if we
can't!
So can you!*

*Roald Dahl
Fantastic Mr Fox*



Hearing Impairment



The Facts: Types of Loss

- **Monaural:** the child/young person will have hearing loss in one ear only.
- **Conductive Loss:** this is when the mechanism by which sound waves reach the nerve endings in the cochlea is damaged. Some common causes are Glue Ear or foreign objects in the outer ear.
- **Sensory Loss:** this is caused by damage to the nerves. Hearing aids are usually prescribed to maximise residual hearing. A cochlea implant may be used in a child whose hearing loss is too profound for hearing aids to help.
- **Mixed Loss:** this is a mixture of conductive and sensory loss.



Useful Links

www.batod.org.uk



General Features

Children and young people with a hearing impairment can display a range of degree of hearing loss:

1. **MILD:** hears nearly all speech, but may mishear or misunderstand what is being said, if they are not looking directly at the speaker.
2. **MODERATE:** will have great difficulty hearing people who are not speaking close to them. They will probably wear a hearing aid and also may rely on lip reading and visual clues.
3. **SEVERE:** will not be able to hear without the help of a hearing aid. They will need to use lip reading and body language to assist understanding.
4. **PROFOUND:** will probably use a hearing aid but will also rely on visual clues and/or British Sign Language. To aid effective communication radio aids are often used.



Useful Strategies

For communication Leaders should:

1. Not stand with their back to the light
2. Avoid blocking your face when speaking
3. Use short phrases and sentences which are easier to understand than single words
4. Present one source of information at a time
5. Use body language to aid instructions and explanations
6. Never shout



Challenges to Plan for in Programme

All Sections:

Programme areas where verbal instructions are employed.



The Object of The Boys' Brigade

The advancement of Christ's Kingdom among Boys and the promotion of habits of Obedience, Reverence, Discipline, Self-respect and all that tends towards a true Christian manliness.



Heart - Arrhythmias



The Facts

- This is when the heartbeat becomes irregular.
- It can mean the heart beats too fast or too slow at irregular intervals.
- An irregular heartbeat can be harmless with no negative symptoms or it can also be a sign of more serious heart diseases.



Useful Links

www.heartkids.org.au
www.cardiacmatters.co.uk



General Features

1. Heart Arrhythmias can be caused by a variety of factors:
 - a. Blocked or clogged arteries
 - b. Diseases such as diabetes
 - c. Overactive thyroid gland
 - d. Smoking or drug abuse
 - e. Medication use
6. Different heart conditions involving Arrhythmias:
 - a. Tachycardia: involves a heartbeat that is too fast.
 - b. Bradycardia: a slow heartbeat.
 - c. Atrial arrhythmia: occurs when the heartbeat is irregular and often rapid.
4. Treatments
 - a. Ablation: a catheter is inserted into the area of the heart that is causing the abnormal rhythm
 - b. Cardioversion: electrical stimulation is applied to the chest to restore the heart to its normal rhythm
 - c. Pacemaker: a small device implanted into the heart using a mild electrical impulse to correct an irregular rhythm
 - d. ICD (*Implantable Cardioverter Defibrillator*): similar to a pacemaker but only acts in response to a life-threatening arrhythmia.



Useful Strategies

With heart problems ALWAYS consult with parents and get their permission and advice on their child's needs and capabilities.



Challenges to Plan for in Programme

All Sections:

All activities which require exercise or sustained movement would probably present problems.



The Boys' Brigade Vision is that all children and young people experience '**Life to the Full**'. The Boys' Brigade has faith in young people and provides them with opportunities to **learn, grow** and **discover** in a safe, fun and caring environment which is rooted in the Christian faith.



We hope and pray that the information in this book will help you to bring that vision and mission to life for children with additional needs in your area.



Heart - Cardiomyopathy



The Facts

- This is having a weakened or abnormally large heart muscle
- Cardiomyopathy can be separated into 2 categories:
 - a. Primary Group - affects the heart alone
 - b. Secondary Group - caused by other illnesses affecting the body
- Cardiomyopathy is a condition that can be mild with few symptoms but can lead to heart failure



Useful Links

www.heartkids.org.au
www.cardiacmatters.co.uk



General Features

Common symptoms include:

1. Shortness of breath
2. Heart palpitations
3. Dizziness
4. Weakness and fatigue
5. Swelling of legs, ankles and feet



Three types of Cardiomyopathy

1. **Dilated Cardiomyopathy:** the most common type; occurs when the left ventricle of the heart becomes enlarged, disrupting its normal function.
2. **Restricted Cardiomyopathy:** the heart muscle becomes rigid and firm.
3. **Hypertrophic Cardiomyopathy:** due to abnormal heart muscle growth or thickening.



Treatment (Medicine)

1. Diuretics to decrease fluid build-up around the heart
2. Blood thinners to prevent clots
3. Blood pressure medicine to lower blood pressure and protect the organ
4. Anti-arrhythmic medicine to regulate the heartbeat
5. Surgery

Note: Heart surgery can provide a life-long cure for some heart conditions.



Useful Strategies

With heart problems ALWAYS consult with parents and get their permission and advice on their child's needs and capabilities.



Challenges to Plan for in Programme

All Sections:

All activities which require exercise or sustained movement would probably present problems.



'What is your greatest discovery?' asked the mole.

'That I'm enough as I am' said the boy.

Charlie Mackesy,
The Boy, the Mole, the Fox and the Horse



Heart Problems



The Facts

- About one in every 100 children has a heart problem
- Heart problems can usually be treated with medicine, surgery, or other medical procedures



Useful Links

www.heartkids.org.au
www.cardiacmatters.co.uk



General Features

Causes of a heart defect:

1. Defect in the walls of the heart (hole in the heart)
2. Problems with the heart valves
3. Heart defects develop when the baby is still growing in the uterus
4. Children can get problems with their heart as a result of a viral infection (extremely rare)



Signs and Symptoms of Heart Defects

1. Blue colour around lips and blue skin colour
2. Difficulty feeding (especially becoming sweaty during feeds)
3. Shortness of breath
4. Poor growth
5. Pale skin
6. Fatigue



Treatments

1. **Ablation:** a catheter is inserted into the area of the heart that is causing the abnormal rhythm.
2. **Cardioversion:** electrical stimulation is applied to the chest to restore the heart to its normal rhythm.
3. **Pacemaker:** a small device implanted into the heart using a mild electrical impulse to correct an irregular rhythm.
4. **ICD (Implantable Cardioverter Defibrillator):** similar to a pacemaker but only acts in response to a life-threatening arrhythmia.



Useful Strategies

With heart problems ALWAYS consult with parents and get their permission and advice on their child's needs and capabilities.



Challenges to Plan for in Programme

All Sections:

All activities which require exercise or sustained movement would probably present problems.



Be completely humble and gentle; be patient, bearing with one another in love.

Ephesians 4:2



Moderate Learning Difficulties



The Facts

- Children and young people with MLD struggle with both content and presentation of work
- Perform at a significantly lower level than their peers
- Problem may not be apparent until they are at school (sometimes late Primary School).
- Children and young people with MLD are each unique



Useful Links

www.eani.org.uk/parents/special-educational-needs-sen/moderate-learning-difficulties.html



General Features

Children and young peoples with MLD generally display the following:

1. Poor concentration
2. Low self-esteem
3. Difficulties with comprehension (i.e. understanding instructions)
4. Difficulties with reading, writing, spelling and numeracy
5. Low IQ (usually 70 or below)
6. Sequencing difficulties
7. Behaviour problems - usually misbehave to gain attention



Useful Strategies

Leaders should:

1. Repeat instructions several times
1. Provide visual prompts with instructions
2. Never ask a child or young person with MLD to read out loud and always ask for volunteers
3. Use a buddy System and pair the more able with less able
4. Use "Timeout" system for unacceptable behaviour
5. Give tasks that are appropriate and attainable, even if they appear more suitable for younger children,
6. Always boost self-esteem by rewarding achievements and good behaviour



Challenges to Plan for in Programme

Anchors

Crafts: Fine motor skills - cutting, colouring and sequencing

Games: Following instructions

Story: Concentration span and comprehension

Juniors

PE/Games: Following instructions

Award Activities: Reading, writing and spelling

Team Activities: Performing at lower level to peers

Company Section

Physical Activities: Following instructions

Written Badgework: Concentration and comprehension

Outdoor Activities: Sequencing, reasoning and following instructions



Muscular Dystrophy



The Facts

There are 3 main types of Muscular Dystrophy:

1. **Congenital**
 - b. poor head control
 - c. muscle weakness
 - d. learning difficulties
 - e. 1 in 50,000 have C.M.D.
2. **Duchenne's**
 - f. affects only males
 - g. most common form of childhood dystrophy
 - h. 1 in 3,500 male births
 - i. difficulty in walking
 - j. learning difficulties
3. **Becker**
 - k. affects only males
 - l. milder and progresses more slowly than Duchenne's M.D.
 - m. difficulty with gross co-ordination



Useful Links

www.muscular dystrophyuk.org
www.ninds.nih.gov/Disorders/All-Disorders/Muscular-Dystrophy-Information-Page



General Features

1. Muscular Dystrophy is a general term used to describe a group of about 20 types of genetic disorders
2. Involves muscle weakness
3. Caused by a fault on a particular gene that leads to damaged muscle fibres
4. Is the most common childhood dystrophy.
5. Is a progressive condition where the muscles become weaker and weaker



Useful Strategies

Leaders should:

1. Not assume developments will/will not take place, but work with the individual
2. Plan ahead as the pace of deterioration can vary greatly
3. Use a buddy system
4. Use computers where available and appropriate
5. Incorporate choice in programme (important for self-esteem) and
6. Facilitate other leaders' views and counselling/pastoral care for leaders as strong emotions can be roused when working with a child with a progressive condition



Challenges to Plan for in Programme

Anchors

Crafts: Fine motor skills - cutting, colouring, etc., following instructions

Games: Gross motor skills - following instructions

Story: Understanding content of story (will vary with each child)

Juniors

PE/Games: Gross motor skills

Badgework: Fine motor skills and comprehension

Figure marching: Movement and following instructions

Groupwork: Sitting still, turn-taking

Company Section

PE/Games: Gross motor skills

Drill: Movement and following instructions

Badge Classes: Fine motor skills/comprehension

Camping/Expedition: Mobility issues



Poor Listening Skills



The Facts

Poor, delayed, or impaired language skills:

- Impact on social and emotional development
- Can occur alone or with other difficulties
- Performance at school or in other learning environments



Useful Links

www.ican.org.uk

www.afasic.org.uk

www.thoughtco.com/special-education-4132499

www.hanen.org/Home.aspx/



General Features

Children and young peoples who have poor listening skills may display the following:

1. Easily distracted by background noise and visual factors
2. Very fidgety, difficulty sitting still
3. Poor eye contact with the person who is speaking to them
4. Speaking out of turn
5. Difficulty following instructions or responding to questions inappropriately
6. Disruptive/restless



Reasons for Poor Listening Skills:

1. Adult's voice is too fast
2. Adult's voice is too quiet
3. Language being used is too long or too complex
4. Motivation is low
5. Task is too complex or too simple



Useful Strategies

Leaders should:

1. reduce background noise,
2. slow their speech down,
3. repeat instructions,
4. use visual prompts,
5. ensure task difficulty level is appropriate,
6. pause regularly between sets of instructions and
7. regularly repeat, rephrase, and re-check understanding.



Challenges to Plan for in Programme

All Sections: All aspects of the BB Programme that involves the child/young person listening to instructions.



It is more fun to talk
with someone who
doesn't use long,
difficult words but
rather short, easy words
like, 'what about lunch?'

A A Milne, Winnie the Pooh



Receptive Language Difficulties

The Facts

Poor, delayed, or impaired language skills:

- Impacts on social and emotional development
- Can occur alone or with other difficulties e.g. hearing loss
- Note there are many different types of communication impairment.

Useful Links

- www.ican.org.uk
- www.afasic.org.uk
- www.thoughtco.com/special-education-4132499/childdevelopment.com.au
- www.speechdisorder.co.uk
- www.hanen.org

General Features

Children and young peoples with Receptive Language difficulties may display the following:

1. Poor listening skills
2. Be withdrawn
3. Rely on many non-verbal cues to function successfully
4. Give irrelevant or inappropriate answers
5. Repeat what has been said
6. Mask their difficulty by talking incessantly

Useful Strategies

Leaders should

1. Lower background noise
2. Ensure they have the Child/young person's attention
3. Repeat, rephrase and use short phrases
4. Emphasise key words
5. Pause between instructions,
6. Use visual cues/pointing,
7. Slow down,
8. Ensure that vocabulary is known, and
9. Consider easier sentences/ways to phrase a question/instruction

Challenges to Plan for in Programme Anchors

Crafts: Understanding a sequence of instructions

Games: Following instructions

Juniors

PE/Games: Following instructions

Badgework: Completing activities and carrying out verbally presented instructions

Figure Marching: Following verbally presented instructions

Company Section

PE: Following and understanding verbal instructions

Drill: Following and understanding verbal instructions

Badge Classes: Following and understanding verbal instructions



Semantic Pragmatic Disorder

The Facts

- SPD is a communication disorder
 - a. semantic = the meanings of words and sentences
 - b. pragmatic = making language work in context
- Children with SPD have difficulty in processing all the information from a situation and often do not respond appropriately
- The disorder relates to Autism in that it involves difficulties in the same 3 areas: socialising, language and imagination
- A child/young person with SPD has imperfect “information processing” system and will have problems in knowing what to say, sometimes appearing rude or outspoken and not realising that the listener has “had enough”

Useful Links

www.autism.org.uk
www.senmagazine.co.uk
www.afasic.org.uk

General Features

What are the characteristics of SPD?

1. The child/young person speaks fluently, sometimes in a very grown-up way but on their own terms
2. Inappropriate eye contact/facial expression
3. Difficulty in giving specific information
4. Problems with abstract concepts
5. Can appear rude and arrogant
6. Easily distracted
7. Motor skill problems
8. Oversensitive to certain noises

Useful Strategies

Leaders should:

1. Give straightforward, specific and unambiguous instructions
2. Be aware that practical, hands-on tasks are preferable
3. Create a quiet, orderly working environment
4. Establish clear rules on acceptable behaviour
5. Give regular reminders supported by usual written information
6. Repeat, rephrase and re-check any form of verbally presented instruction or guidance to ensure understanding

Challenges to Plan for in Programme

All Sections:

Children/young people with SPD will have difficulty in any programme area which involves communication/language interactions, understanding of rules and discussion.

“ Have I not commanded you?
Be strong and courageous.
Do not be afraid; do not be
discouraged, for the Lord your
God will be with you wherever
you go.


Joshua 1:9



Tourette's Syndrome

The Facts

- Tourette's Syndrome is one of a number of tic disorders
- It is characterised by many varied, frequently changing tics
- It is a neurobiological disorder that is genetically inherited
- It is more commonly found in males

 Useful Links
www.tourettesyndrome.co.uk

General Features - TIC

A Tic is an involuntary rapid or sudden movement or sound that is repeated over and over again.

There are four Main Types of Tics:

1. **Coprolalia:** repetition of obscene words
2. **Copropaxia:** repetition of obscene gestures
3. **Echolalia:** repeating what they have heard
4. **Echopraxia:** imitating the actions they have seen

“ I praise you because I am
fearfully and wonderfully made;
your works are wonderful,
I know that full well.

Psalm 139:14

Types of Tourette's Syndrome

1. Pure Tourette's Syndrome: often goes undiagnosed and is not associated with other conditions
2. Full-blown Tourette's Syndrome: will include the extremes, such as coprolalia and/or copropraxia
3. Tourette's Syndrome Plus: where associated conditions are present

Pure Tourette's Syndrome often causes no behavioural or educational problems, but it is the associated disorders that lead to the difficulties:

- Attention Deficit Disorder (ADD)
- Obsessive Compulsive Disorder (OCD)
- Oppositional Defiant Disorder (ODD)
- Outbursts of aggression
- Fine motor control problems
- Organisational problems
- Reading comprehension difficulties

Useful Strategies

Leaders should:

1. Talk to the parents and child if appropriate
2. Prevent teasing at all costs
3. Allow extra time to prevent stress
4. Provide time-out for when Tics become disruptive
5. Have a discrete sign so that the individual can leave to release Tics in private
6. Allow the child or young person to sit at the back to prevent staring
7. Allow to miss large groups and quiet times such as opening/closing in the case of a loud vocal Tic
8. Allow for a buffer zone but be careful not to isolate in the case of a touching Tic
9. Never punish a Tic



Visual Impairment

General Features

- Inflamed, bloodshot eyes
- Rapid, involuntary eye movements
- Constant blinking, rubbing eyes
- Frequent headaches
- Clumsiness
- Poor balance
- Difficulty in copying things down

Useful Strategies

Leaders should:

1. ensure child wears glasses at all times,
2. place the child/young person at the front near the Leader,
3. always give the child/young person their own copy of written text and never expect them to share.
4. space out written work
5. enlarge print to 16 point or 18 point
6. try not to use italic or ornate scripts
7. note lower case letters are easier to read



Challenges to Plan for in Programme

Anchors

Crafts: Cutting out, etc

Games: Running around obstacles

Story: Seeing pictures

Juniors

PE/Games: Mat work

Badgework: Copying, reading, etc

Figure marching: Staying within the formation during marching

Company Section

PE/Vaulting: Box work

Drill: Staying within the formation during marching

Badge Classes: Reading and writing

“ Always remember you matter, you're important and you are loved, and you bring to this world things no one else can.

Charlie Mackesy,
The Boy the Mole, the Fox and the Horse



Wheelchair User



Before giving help always talk to the wheelchair user. Ask about:

- Special requirements
- Personalised problems
- Other needs or wishes

When moving a wheelchair user, always make sure there is assistance.



Useful Links

www.wheelchairnetwork.org



Useful Strategies

NEVER:

1. Tip the chair forward or too far back
2. Lift the chair by the armrests
3. Force a chair to move, if stuck
4. Lift the child or young person unless you have been trained
5. Get familiar with how to operate the following:
 - a. armrests and footrests
 - b. safety strap or belt
 - c. folding backrest
 - d. push handle and lifting point
 - e. brake(s) and brake lever(s)
 - f. tipping lever
 - g. other safety and comfort features, such as a cushion



Safety Guidelines

Always:

1. Ask the child or young person how they prefer to be moved
2. Check the position of the child/young person's legs, feet and arms to prevent injury
3. Put feet on footrests
4. Use both hands to ensure safe control and balance
5. Avoid rough handling, rushing, or quick turns
6. Keep an eye for other people and hazards
7. Always treat the person with respect:
 - a. be aware of their needs,
 - b. always kneel or stoop so you're at the same eye level when talking,
 - c. tell the child/young person what you are doing, and
 - d. position the chair so that they can participate well.
5. Apply brakes at proper times, ie. waiting, resting, lifting, or leaving chair unattended



For all those finding it difficult, the sun will shine on you again, and the clouds will go away. Remember that tomorrow will be a good day.

Captain Sir Tom Moore



ADVANCING CHRIST'S KINGDOM



The information in this booklet is also on our Boys' Brigade Disability App, available from the App Store or Google Play.

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