Inclusion Booklet

A guide for providers with tips and ideas for making your setting more accessible and inclusive for disabled people across Denbighshire
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**For the purposes of this pack:**

- The terms ‘individual’ and ‘disabled person’ includes children, young people and adults
- The term ‘parents’ includes guardians and carers
- In the first instance providers should communicate directly with the disabled individual; only if this is not practicable or appropriate should you then communicate directly with their parent/carer
1. Introduction

1.1. What is inclusion?

Inclusion "is about valuing all individuals, giving equal access and opportunity to all and removing discrimination and other barriers to involvement" (Keys to Inclusion; www.keystoinclusion.co.uk/what-is-inclusion-2)

Inclusion is not about meeting ‘special needs’; it is about meeting everyone’s needs in the same place and in a variety of different ways.

1.2. Who does inclusion benefit?

Everyone! Disabled people will have more opportunities to take part in a greater variety of activities and their families will also have a chance for some crucial respite. The other people already in your setting will also benefit, as they will learn about the diversity of people in their community, develop an understanding of different people’s needs and gain strong friendships that would have been impossible otherwise (see 5 Ways to Wellbeing). Finally, you as a provider will benefit because you will have more people attending your activity and you will gain an excellent reputation for being an inclusive setting.

1.3. Why include disabled people in your setting?

- There are over 11 million people in the UK who are disabled (Family Resources Survey 2011/12)
- There is a strong business case to widen your service to all potential users
- To enhance your image and reputation to all your service users
- To improve the lives of disabled people and their parents and siblings, currently excluded from your setting
- You have a legal responsibility under the Equality Act (2010)

1.4. Remember

Everyone is unique. This is particularly important to remember when taking a session for disabled people. Therefore whilst it is important to have a plan, it is even more important to be flexible within it. Keep talking to disabled people and their parents/ carers to create and deliver the best inclusive session you are able to at your setting.

It is ok to feel uncertain and apprehensive about including disabled people. Lack of knowledge commonly leads to fear; the best way to reduce that fear is by meeting disabled people, including them in your setting and getting to know them.
2. Models of Disability

2.1. What is a disability? - Social vs Medical Model

There are two main models of disability, the medical model and the social model. These models encourage people to think about disability in different ways, therefore it is important to understand the difference between the models.

The medical model of disability is often used by health professionals whereas the social model was created by, and is often used by, disabled people themselves. Therefore, the social model tends to be the preferred model of disability.

2.2. The social model

- Disability is a social state; it’s how society is set up that disables a person, rather than their impairment
- It makes a clear definition between an impairment and the disability:
  - The ‘impairment’ is the medical condition (e.g. a hearing impairment)
  - The ‘disability’ is the effect that society has on the person due to their impairment (e.g. a setting disables a person with a hearing impairment by not providing an induction loop)
- An increase in inclusion can occur if society makes small adaptations to the environment
- Society can reduce the disability of a person

2.3. The medical model

- Disability is an individual’s state; it’s how a person’s impairment causes them difficulties in society (e.g. a person with a hearing impairment has difficulties in some settings, because they cannot hear very well)
- An increase in inclusion can only occur if the disabled person makes adaptations themselves (e.g. by learning to lip read)
- Medical treatment can reduce the disability of a person
3. Five Ways to Wellbeing

Looking after our wellbeing is essential if we are to lead happy, fulfilled lives and be able to achieve everything we are capable of. As such the New Economics Foundation launched the 5 ways to wellbeing which detail simple things that people can do to improve their own wellbeing.

**Connect**
There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world. It’s clear that social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages.

**Be Active**
Regular physical activity is associated with lower rates of depression and anxiety across all age groups. Exercise is essential for slowing age-related cognitive decline and for promoting well-being. But it doesn’t need to be particularly intense for you to feel good - slower-paced activities, such as walking, can have the benefit of encouraging social interactions as well providing some level of exercise.

**Take Notice**
Reminding yourself to ‘take notice’ can strengthen and broaden awareness. Studies have shown that being aware of what is taking place in the present directly enhances your well-being and savouring ‘the moment’ can help to reaffirm your life priorities. Heightened awareness also enhances your self-understanding and allows you to make positive choices based on your own values and motivations.

**Learn**
Continued learning through life enhances self-esteem and encourages social interaction and a more active life. Anecdotal evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift older people out of depression. The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of wellbeing.

**Give**
Participation in social and community life has attracted a lot of attention in the field of wellbeing research. Individuals who report a greater interest in helping others are more likely to rate themselves as happy. Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.

By including disabled people in your setting you will be playing a crucial role in not only improving their wellbeing but also improving the wellbeing of everyone involved in your setting.

For more information on the 5 Ways to Wellbeing please see:

The Equality Act ensures that everyone is provided with equality of opportunity and has the chance to be included. Although it may seem complex, only small changes may be required to ensure compliancy.

4.1. What is the Equality Act 2010?

The Equality Act replaced all other anti-discrimination laws back in 2010. This Act legally protects people from discrimination in the workplace and in wider society. More specifically it provides protection for people who may be discriminated against because they are perceived to have, or are associated with someone who has, a protected characteristic.

Protected characteristics include:
- Age
- Being or becoming a transsexual person
- Being married or in a civil partnership
- Being pregnant or having a child
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion, belief or lack of religion/belief
- Sex
- Sexual orientation

It is against the law to discriminate against someone based upon any of these characteristics.

4.2. What does the Equality Act mean by disability?

The Equality Act 2010 defines disability as: a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative affect the person’s ability to do normal daily activities.

4.3. What does the Equality Act mean by discrimination?

Discrimination can come in the following forms:

1. Direct discrimination - treating someone with a protected characteristic less favourably than others
2. Indirect discrimination - putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage

Examples of discrimination against disabled people:
- Refusing to provide a service to disabled people that is provided to non-disabled people
• Refusing to make reasonable adjustments to a provision, service or physical feature of premises, that disadvantages a disabled person, so that it is unreasonably difficult or impossible for them to participate
• When providing a lower standard of service to disabled people than non-disabled people
• When implementing different terms of service for disabled people, compared to the terms of service for non-disabled people

For more information on the Equality Act 2010 please see:

www.equalityhumanrights.com
5. Safeguarding Disabled People

There are no additional policies required beyond those that should already be in place however, disabled people may potentially be more at risk.

5.1. What does safeguarding mean?
- Ensuring the provision of a safe environment
- Ensuring that the setting and the activity have been appropriately risk assessed
- Putting policies and procedures in place to assist in preventing the mistreatment of disabled people

5.2. Why might disabled people be particularly vulnerable?
Disabled people may:
- Have communication difficulties
- Not have an understanding of what is socially acceptable
- Require personal intimate care, possibly making the individual unsure of what is appropriate
- Have reduced ability to resist inappropriate behaviour either physically or verbally
- Be more dependent on others
- Have medical conditions that could be used to cover abuse
- Be used to being told what to do and not given choices

5.3. What are some suggestions of policies and procedures that should be in place?
- Child protection & safeguarding procedure
- Health & Safety policy
- Inclusion policy
- Moving & handling policy
- Whistleblowing policy
- Complaints & disciplinary procedures
- Incident reporting procedure
- Information gathering procedure (about the disabled person)
- Procedure for the recruitment and screening of staff and volunteers
- Disclosure policy

Providers should also have an understanding of the policies and procedures relating to the protection of vulnerable adults (POVA).

Instead of creating new policies and procedures, you can simply adapt the ones you have to meet the specific and individual requirements of disabled people.
5.4. How can an environment be made even safer?

- Policies and procedures are known and followed by all
- Training on safeguarding takes place
- The potential for abuse is acknowledged to exist in society and is discussed by adults
- The disabled person’s health needs and additional needs are known and recorded
- There are strategies to deal with difficult behaviour
- Report any concerns to a designated child protection or welfare officer
- There is support for those who report concerns
- Sufficient amount of people know how to respond to the individual needs of disabled people
- There are action plans with achievable outcomes and objectives

Good safeguarding practice protects not just the disabled person but it also protects the activity providers from false allegations. Remember the best way to assist in creating a ‘safer’ environment is for the management, activity providers and parents to all work together, communicating openly.
6. Code of Conduct

6.1. Code of Conduct for Inclusive Activities

Consider the following guidelines to make your sessions even more successful and assist you in keeping everyone safe:

6.2. Activity sessions

- Empower disabled people to share in the decision making processes
- Encourage all participants to take responsibility for their behaviour
- Ensure the activity is appropriate for the age, maturity, experience and ability of the participants
- Ensure appropriate risk assessments have been completed and read thoroughly
- Make sure the place where the activity is being held is safe and free from obstructions

6.3. Communication

- Focus on what the disabled person does right or well, not what they do wrong

6.4. Relationships

- Develop a professional relationship with the disabled person and parents based on mutual trust and respect
- Observe professional boundaries at all times
- Support and encourage disabled people in the setting to form friendships and peer support

6.5. Safeguarding

- Always put the well-being of the disabled person first
- Keep a written record of any incidents that occur and details of how they were dealt with
- Take responsibility for the disabled people in your care until they have safely left the activity session with a parent or carer
- Observe changes in mood, behaviour and appearance and discuss any concerns you may have with the individual and/or parents where appropriate
- Understand that disabled people can be more vulnerable and that you may need to be extra vigilant
- Report any concerns to the designated staff member

6.6. General

- Always work in, and encourage an open environment
- Be a good role model
- Be committed to developing your skills and knowledge
- Ensure another adult is in attendance at every session
- Divide your time equally between people of all abilities
- Promote enjoyment and achievement rather than success
- Set out clear boundaries and rules for the activity
6.7. As an activity provider in a position of responsibility and care you should not:

- Allow, or engage in, any inappropriate touching
- Do things of a personal nature that the disabled person can do themselves
- Engage in a personal relationship with a disabled person
- Engage in rough physical or sexually provocative games
- Let allegations made by anyone go unrecorded or un-acted upon
- Make derogatory comments
- Make sexually suggestive comments
- Shout at someone for making a mistake
- Spend time alone with a young person away from others

These guidelines will help protect the disabled people at your setting and will also assist in protecting you from false allegations.
7. Risk Management & Risk Assessment

Both assessing and managing risk are a crucial aspect of ensuring your setting is as safe as possible.

7.1. What is risk management?
- Using a systematic approach to identify hazards
- Assessing what the severity and likelihood is of a hazard causing significant damage or injury
- Identifying, recording and implementing ways to reduce the risk of damage or injury

7.2. Why risk assess?
- It improves your ability to plan and prioritise
- It helps you anticipate what may go wrong and prevent it or reduce the associated implications if it does

7.3. How to remove potential risks that can affect disabled people in your setting
- Clearly identify hazards with colour and labels, and ensure housekeeping procedures are in place
- Ensure all staff and volunteers complete disability equality/awareness training
- Support workers to undergo Health and Safety and moving and handling training

7.4. What are some things that need to be considered when managing risk?

Person centred approaches to risk:
- Specific health and safety risks should be treated on a case by case basis (specific risks can be identified by providing a detailed personal information form for the disabled person or parent to complete, when registering for an activity)
- Risk assessments should not implement blanket policies that restrict all disabled people or assume that they are a greater risk, since disabilities vary so widely

For more information on health and safety please see:

www.hse.gov.uk

For more information on person centred approaches to risk please see:

www.helensandersonassociates.co.uk/reading-room/how/person-centred-practice/person-centred-risk-.aspx
8. Accessible Information

Staff responsible for producing marketing material should ensure that they are accessible to everyone.

8.1. Easy Read Tips

- Use simple, plain English
- Make one point per sentence or paragraph
- Don’t use jargon or abbreviations
- Ensure a clear, chronological structure
- Don’t make documents childish
- Don’t use metaphors
- Explain the context in terms of when the information is relevant
- Use pictures and photographs, but avoid using graphs and charts, and don’t put images behind text
- Use **bold** to highlight important words not capitals or italics
- Use black text on a white background, ideally Arial with a size of least 12 point
- Have clear spacing around paragraphs
- Information should be available in alternative formats such as large print if possible

These tips whilst advisable, are not always suitable or feasible. As such you should keep these tips in mind whilst creating marketing materials but be aware that there is often a need for flexibility.

An example easy read document is available in Appendix 1.

For more information see:

“Am I making myself clear?” – [www.mencap.org.uk](http://www.mencap.org.uk)
People use a whole range of communication methods on a daily basis. This could include verbal communication, facial expression, body positioning or something as simple as a hand gesture. Some disabled people may communicate through less traditional methods and may need an aid of some description to assist them with their day to day interaction.

It is important to give everyone the best opportunity to communicate. Since methods of communication are so vast and require some planning, it may be appropriate to talk to the parent or carer prior to the session about the disabled person’s preferred method of communication.

9.1. What are some of the additional methods of communication that a disabled person may use?

- Braille and tactile pictures
- British Sign Language, which is the most widely used method of signed communication in Britain (www.rnid.org.uk)
- Communication aids such as ones that provide an ‘artificial’ or ‘pre-recorded voice’ or a ‘book’ of pictures that can be pointed to
- Makaton, which is a communication system that uses ‘key’ signs and gestures to support speech and graphical symbols to support written communication (www.makaton.org)
- Picture Exchange Communication System (PECS) which begins with teaching people to exchange a picture of a desired item with another individual, who immediately responds to the request and provides the item on the card (www.pecs.org.uk)

By gaining a basic understanding of these different methods, you can communicate more effectively. There are also other simple methods of communication that you could use that will increase your ability to communicate better with all the people you work with.

9.2. Things you could try in your setting...

- Filling a box with objects that the disabled person can hold up to symbolise what they want to communicate e.g. holding up an empty bottle may mean they are thirsty
- Giving the disabled person paper and a pencil/pen so that they can draw what they are trying to communicate
- Providing pictures of items and symbols that the individual can hold up or point to, to show what they want and what they are feeling
- Speaking using simple, concise instructions, highlighting the key words
- Using lots of demonstrations and actions
9.3. Remember

- It may be easier for a disabled person to understand you if you use a variety of communication methods.
- Make sure you always communicate with the disabled person first and only with the parent/carer as a second option.
- Even if the disabled person requires the support of a parent to communicate with you, always direct your question to the disabled person.
- Whilst the disabled person may not respond verbally to you, they may understand everything you say.
- Give people time. Avoid finishing their sentences and be patient.
- Never imply you have understood somebody when you haven’t. Ask them to repeat as many times as you need to.
10. Terminology

Language is constantly changing and it can sometimes feel like a bit of a minefield making sure that you are using the correct terminology with disabled people and their families. As such, it is a good idea to keep up to date with the preferred terminology as it will increase your confidence when communicating with disabled people and is a sign of understanding and respect.

10.1. General Guidelines

- The social model of disability (see introduction) distinguishes between a disability and an impairment; an impairment is the medical condition that the person has, whereas the disability is the affect society has on the person due to their impairment e.g. attitudes and environmental barriers.
- Avoid using negative words to describe how the impairment affects a person e.g. this person ‘suffers’ from Down’s Syndrome. People don’t ‘suffer’ from Downs Syndrome.
- If in doubt of what terminology to use, check with the individual themselves (or their parent/carer) which terms they find acceptable.
- Remember that appropriate terminology is often down to personal opinion. However, terms used with the best intentions are unlikely to cause offence.
- Put the person first, before the disability i.e.
  - Anna is an autistic ×
  - Anna has autism ✓

Autism is the impairment that Anna has; it does not define her as ‘an autistic’. This ensures you are not not describing a disabled individual but an individual who happens to have a disability.
This quiz is designed to help you think about the terminology you use when working with disabled people, which terms are preferred, and which are not, and the reasons for this.

### Choose the preferred term for each of the following....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>a. Mark has autism</th>
<th>b. Mark is an autistic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>a. She is mute</td>
<td>b. She does not communicate</td>
<td>c. She communicates non-verbally</td>
<td>d. She is dumb</td>
</tr>
<tr>
<td>3</td>
<td>a. Sally has an able-bodied sister</td>
<td>b. Sally has a non-disabled sister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>a. An epileptic person</td>
<td>b. A person with epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>a. A disabled person</td>
<td>b. A handicapped person</td>
<td>c. A person with a disability</td>
<td>d. A sub-normal person</td>
</tr>
<tr>
<td>6</td>
<td>a. Sarah suffers from down’s syndrome</td>
<td>b. Sarah has down’s syndrome</td>
<td>c. Sarah is a down’s child</td>
<td>d. Sarah is a victim of down’s syndrome</td>
</tr>
<tr>
<td>7</td>
<td>a. Disabled toilet</td>
<td>b. Accessible toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>a. John is a wheelchair user</td>
<td>b. John is wheelchair bound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>a. He has special needs</td>
<td>b. He has learning problems</td>
<td>c. He has learning difficulties</td>
<td>d. He cannot learn very well</td>
</tr>
<tr>
<td>10</td>
<td>a. Ellen is partially sighted</td>
<td>b. Ellen has a visual impairment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10.3. Terminology Quiz Answers (Preferred Terms)

   Autism is the impairment Mark has; it does not define him as ‘an autistic’. This can be applied to all impairments.

   Most people will communicate in some way, such as sign language, facial gestures or blinking. These are all methods of non-verbal communication, therefore the term ‘she does not communicate’ is incorrect. The terms ‘mute’ and ‘dumb’ are old fashioned terms that may cause offence.

3. Preferred term: ‘b. Sally has a non-disabled sister’.
   The term ‘able-bodied’ implies that all disabilities are physical.

   You should mention the person first before the impairment, this highlights that they are a person first and foremost.

5. There are two preferred terms: ‘a. A disabled person’ and ‘c. A person with a disability’.
   Using the social model of disability a ‘disabled person’ is correct, since the impairment is what the person ‘has’ it’s society which disables a person. However, some people prefer the term ‘a person with a disability’ since it puts the person before the disability. Both terms are regularly used and most people find either acceptable. ‘Handicapped’ is considered offensive due to the associations with begging (cap in hand). Also ‘sub-normal’ suggests the person deviates from normality, which is also offensive.

   Most disabled people are not ‘suffering’; they have an impairment, not an illness or a disease. Similarly ‘victim’ is a negative word and is disempowering. Sarah is not ‘a down’s child’ since this suggests that down’s syndrome is what defines her. ‘Sarah has down’s syndrome’ is preferred since that is the impairment she has.

   An accessible facility is accessible to all, not just to those people with an impairment. Grammatically speaking a ‘disabled facility’, for example a ‘disabled toilet’, implies the toilet itself has a disability.

   This term highlights the freedom of a wheelchair. The term ‘wheelchair bound’ implies the person is always in a wheelchair (even when asleep). ‘Bound’ also suggests that John is tied to the chair.

9. Preferred term: ‘c. He has learning difficulties’.
   The term ‘special needs’ implies that the person is different and ‘not normal’. The term ‘learning problems’ implies that the person finds their difficulty a problem, however that may not be the case; it may not be a problem with the right support. ‘He cannot learn very well’ is also negative. Note, ‘Special Educational Needs’ (SEN) is a term often used by schools.

10. Preferred term: ‘b. Ellen has a visual impairment’
   The term ‘partially sighted’ regards ‘sighted’ as normality, implying Ellen deviates from the norm.
Successful strategies for inclusion often evolve over time though trial and error. As such there are no set rules for inclusion; there are however a range of things you could try to increase the inclusivity of your setting.

11.1. Parent's top 7 tips for providers:

**Ask the Experts**
- If in doubt ask the disabled person themselves or their parent/carer. Few people will know more about what the best things are that you could do to ensure this individual is included. You could offer a face to face meeting with yourselves and the disabled person and their parent/carer to discuss any worries they may have and to allay any fears: this would also provide an opportunity for you to find out a little more about their likes, dislikes, triggers etc. Some of the key questions you could ask include: “What is wrong for you in our setting?”, “What disables you in our setting?” and “How can we make it better?”. The answers to these questions should give you a fairly good indication as to how you could adapt your activities and become more inclusive as a result!

**Be yourself**
- As mentioned earlier, for many providers the idea of including a disabled individual into their setting can often be a fairly daunting task. As a result staff will often feel nervous around disabled people in fear of doing something wrong or upsetting them. However, if you are nervous this will often make the individual feel nervous too, so the best thing you can do is relax and be yourself and the disabled person will do the same.

**Improve awareness**
- For both inexperienced staff and non-disabled people, being confronted with a disabled person wishing to join their setting can be a fairly intimidating prospect. The more aware staff, and non-disabled participants, are of disability, the more confident they will feel when faced with this situation and the more likely it is that they will be able provide a positive experience for disabled people who attend your setting.

**Look out for hidden disabilities**
- If an individual’s behaviour deteriorates then take note. Do not assume they are behaving badly or becoming distressed for no reason. If possible ask the individual what has caused their behaviour to change, if this is not possible consider if any aspects of the setting have recently changed and may have acted as a trigger for the behaviour you are witnessing.

**Include a quiet area**
- Many people can become overwhelmed in busy, noisy settings, so it is a good idea to have a quiet area, with quieter activities, that they can go to if needed.

**Timetable (be structured)**
- Know exactly how your activity is going to work and how you will fill the time. Waiting to take part in an activity is no one’s favourite thing and it can be especially difficult for people with learning disabilities or behavioural difficulties, as such it is wise to have activities to hand that can keep people occupied as they wait.

**You should be prepared to adapt**
- You should be prepared to adapt your setting to meet the needs of disabled people. You should not expect disabled people to adapt to use your setting. If you are unsure as to how to adapt then the best thing to do is ‘Ask the Experts’. You can also refer to the 'Disability Information Cards' which provide handy hints and tips for including disabled people into your setting.
11.2. Policies and Procedures
- Include specific sections to assist disabled people in your risk assessment policy.
- Make it part of your organisation’s Mission Statement or Organisational Document that working with disabled people is a valued part of what you do.

11.3. Wheelchair Accessibility
- Signpost any accessible routes around your setting.
- Consider installing ramps or lifts to allow access up steps.
- Look at the position of furniture within a room. Is it possible for a wheelchair to be moved around easily? Could some furniture be removed either permanently or temporarily to allow wheelchair access.
- Investigate the practicalities of buying a hoist. Many are portable and can be stored until needed.

11.4. General Accessibility
- Consider installing handrails next to steps/steep slopes.
- Make important signage bold and easy to read.
- Install handrails in toilets making it easier for people to sit down and stand up.
- Provide changing tables in toilets/changing rooms for people with higher levels of physical disability.
- For blind/visually impaired people, consider ways to assist them with their mobility around your setting e.g: Could you lay floor mats of a different texture along frequently used walkways which are easy to follow? Other examples also include providing good lighting, colour contrast of walls, etching on glass and braille on hand rails.

11.5. Marketing
- Give an option on your website for different sizes and colours of font.
- Include positive images of disabled people in all aspects of marketing materials, not just in sections that are specifically dealing with disability.
- Provide accurate information on the accessibility of your setting. This can include things such as width of doorways, height of toilet seats, availability of accessible parking, appropriate signage, any steps and wheelchair ramps.
- Consider writing an access statement and making it available to prospective users. This provides detailed information about all aspects of access at your setting and helps prospective visitors decide whether it is suitable for their needs. A good tip is to involve disabled people and parents/carers in the production of this document, as this will ensure that the statement accurately reflects the accessibility of your setting from the user’s perspective.
- Make information on relevant staff training and risk assessments easily available to prospective users.

11.6. Community/Partnership Working
- Find out how people can continue with an activity away from your setting. Are there specialist providers, relevant websites, clubs or organisations that they can access? Make sure this information is given to anyone who shows interest.
• Contact organisations that work with disabled people. Ask them if they would be willing to provide workshops or information for your staff. You could also ask if staff could spend time with the organisation within a setting to gain experience of working alongside disabled people.
• Invite teachers from local Special Educational Needs (SEN) schools to visit your setting. Ask them if there is anything you could do which would make them want to use your facility.

11.7. Participation
• Have different evaluation forms for parents and disabled young people and adults. Consider making ones with pictures or tick boxes that do not require a lot of writing for children and those with a lower cognitive ability. It is wise to involve disabled people in the design of such forms to ensure they are as accessible as possible. (See Accessible Information)
• Follow up feedback, both positive but more especially critical. If the feedback tells you that something could be better, find out how and make changes.
• Make feedback available to all staff. Gain their views on how things could be improved when working with disabled people. This may make any changes more meaningful and long-lasting.
• Review activities with the participants to find out what worked and what didn’t. Use this information to adapt the activity next time.

11.8. Staff Training/Approachability
• Make sure that the first point of contact e.g. receptionists/bookings managers are pro-active in supporting inclusiveness, and know who to refer enquiries on to.
• Provide opportunities for staff to review activities they have led, sharing good practice and highlighting any problems that arose or concerns they have.
• Actively advertise training courses on disability and inclusiveness within your setting, and provide funding for staff to attend.
• Provide opportunities for staff to air any concerns they may have about working with disabled people. If you are unable to answer questions, find out who can.

11.9. Communication/Visual Support
• Learning materials such as worksheets could be different for people of different cognitive ability.
• Make picture cards showing/explaining the activities that you do with participants.
• Have picture cards which may assist with general communication. For example, a set with faces showing different emotions that can help you find out how an individual is feeling.

11.10. Remember
Most reasonable adjustments are simple and inexpensive. All that is often required is a little imagination and ingenuity to establish creative solutions for overcoming barriers to inclusion.
12. Design & Evaluation of Your Setting

12.1. Inclusive Design – The Access Chain

In order to improve the inclusivity and appeal of your setting for disabled people, and their families, it is important to think about every step in the process of visiting your service.

As such the Sensory Trust has developed the Access Chain. By thinking of access as a chain of events, it becomes apparent that failing to provide for every link in the visitor experience can mean that the visit may end with the visitor feeling frustrated, or, more likely, the visit not happening at all.

For more information on the access chain please see: www.sensorytrust.org.uk/information/factsheets/access_chain1.html
12.2. Why involve disabled people and their parents/carers in the design and evaluation of your setting?

- It may increase the disabled person’s, and parent’s, confidence whilst motivating them to be involved with your service
- Parents are often experts on the needs of their child
- You as the provider, the disabled person and the parents/carers will all develop a positive and constructive relationship, working towards a single common goal; inclusion
- To increase your understanding of the needs of the disabled people so that the service can be tailored to the specific requirements of individuals
- So that disabled people and their parents have increased confidence that you can meet their needs/ the needs of their child

12.3. How can you include disabled people and their parents/carers in the design and evaluation of your setting?

- Regularly seek feedback from disabled people and their parents using a variety of methods (e.g. questionnaires and informal interviews)
- Create a committee of disabled people and their parents/carers or include them in an existing committee

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**Ask the Experts**

One of the best ways to evaluate your setting is to ask the people that use your service what they think of it and what suggestions they have for improvement.
Most disabled people will be able to manage their own personal care needs competently, however some require support. To ensure everyone receives the appropriate care, it is essential that the provider has full awareness of everyone’s requirements. It is important that the provider asks the person concerned and their parents/carers.

13.1. Why communicate with disabled people and their parents/carers?
- Disabled people and their parents/carers may feel anxious about their/their child’s personal care
- To encourage open communication with the individual or their parents/carers so that they are comfortable discussing their concerns with you
- To work in partnership to plan how best to meet the individual’s personal care needs

13.2. What preparation does a setting need to do?
- Discuss with the individual and their parents/carers the personal care plan prior to the visit. Consider writing the care plan down and have both parties sign it to ensure expectations are met
- Arrange any specialist advice training, or resources if required
- Ensure that all activity providers are aware of the plan and what their responsibilities are
- Identify health and safety implications and determine whether a risk assessment is required

13.3. What are some guidelines for good practice?
- All parties involved monitor and review the plan regularly to make sure the individual’s needs are continually being met in the best possible way
- Everyone is regularly encouraged to go to the toilet (include ‘toilet breaks’ in your activity plan)
- Ensure personal care incidents are managed swiftly and empathetically by staff, taking into account the individual’s dignity
- Personal care needs should be managed immediately and not left for parents/carers to manage later
- Have clear plans, policy guidelines and training if required
- Have knowledge of all individual’s impairments and how the impairment may affect their personal care needs
- Treat people who have a personal care requirements with respect, dignity and sensitivity
- Work to achieve maximum independence of the disabled person

13.4. Practical Tips
- Consider the size of the toilet cubicles and the changing facilities (preferably they need to be big enough for a disabled individual and two adults to fit in comfortably)
- If the changing facilities are not big enough consider using another room (possibly a first aid room) as a changing room
- Get physical aids in the toilet cubicle and the changing facilities, such as a grab rail, drop down changing bed and a hoist system, so that the disabled person can be as independent as possible
- Ensure that the required equipment is available (e.g. an adult changing mat, wipes, gloves, aprons and appropriate waste disposal items). This will help to control the risk of infection
For information on other impairments, the internet is a great resource. Many internet sites provide extensive information on the medical aspects of disability but it is important to remember we should be most concerned with a person’s functionality and what they are able to do.

14.1. Autism Spectrum Disorder
A developmental disorder that results in difficulties with social communication, interaction and imagination.

- Relevant card: Autism Spectrum Disorders
- Websites: www.autism.org.uk www.autisminitiatives.org

14.2. Behavioural Difficulties (Including Attention Deficit Hyperactivity Disorder ADHD)
A range of challenging, disruptive and inappropriate behaviours caused by a variety of biological, psychological, and social factors.

- Relevant card: Behavioural Difficulties
- Website: www.sebda.org

14.3. Blind/Visually Impaired
A degree of impairment of visual capacity, including low vision or no vision.

- Relevant card: Blind/Visually Impaired
- Websites: www.rnib.org.uk

14.4. Cerebral Palsy (CP)
A brain injury occurring at the time of birth or within the first two years of life. It affects movement, posture and co-ordination. The main effects are on people’s muscles causing them to weaken and become stiff. This reduces the level of control they have over their movement. CP is a physical disability that does not affect a person’s cognitive abilities. Its effects range from barely noticeable to extremely severe with an individual requiring assistance with many or all aspects of their daily life.

- Relevant cards: Physical Disabilities
  Speech, Language and Communication Needs
- Website: www.scope.org.uk

14.5. Cystic Fibrosis
An inherited disease affecting internal organs, especially the lungs and digestive system. These get clogged with a thick sticky mucus making it difficult to breathe and digest food. A person may need daily physiotherapy to help clear out excess mucus but is generally able to participate in most activities. Activity is often beneficial and can improve overall health.

- Relevant card: Physical Disabilities
- Website: www.cysticfibrosis.org.uk
14.6. Deaf, Deafened and Hard of Hearing
A degree of impairment in the ability to detect or understand sounds.

Relevant card: Deaf, Deafened and Hard of Hearing
Websites: www.actiononhearingloss.org.uk

14.7. Down’s Syndrome
A genetic condition. People with Down’s Syndrome are usually very sociable and gregarious. They often have poor muscle tone, associated learning disability and can have heart defects.

Relevant card: Learning Disabilities
Physical Disabilities
Speech, Language and Communication Needs
Website: www.downs-syndrome.org.uk

14.8. Epilepsy
A tendency for a person to have recurrent seizures. A seizure is a surge in brain activity that affects how a person feels or acts for a short time.

Relevant card: Epilepsy
Website: www.epilepsy.org.uk

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

Relevant card: Learning Disabilities
Website: www.mencap.org.uk

14.10. Multiple Sclerosis (MS)
A neurological condition causing damage to the protective sheaths around nerve cells. A range of symptoms including fatigue, poor balance, muscle stiffness/spasms, memory loss and difficulties in concentrating. MS is degenerative and affects mobility which may lead to the use of a wheelchair. The disease tends to vary in its severity over time for a person, with symptoms appearing (relapse) and then fading away (remission).

Relevant cards: Physical Disabilities
Speech, Language and Communication Needs
Website: www.mssociety.org.uk

14.11. Muscular Dystrophy
A group of hereditary muscle diseases that progressively weaken the muscles in the body. The muscles affected depends on the type of muscular dystrophy. Symptoms vary but may include mobility impairment leading to the use of a wheelchair, poor balance, limited range of movement, respiratory difficulty and cardiac problems.

Relevant card: Physical Disabilities
Website: www.muscular-dystrophy.org
14.12. Physical Disabilities
A physiological disorder or anatomical loss affecting one or more of the body’s systems.

Relevant card: Physical Disabilities

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

Relevant card: Speech, Language and Communication Needs
Websites: www.ican.org.uk/talkingpoint  www.afasiccymru.org.uk

Spina Bifida occurs when the spinal cord fails to close properly when the infant is in the womb. Hydrocephalus is an associated condition affecting between 85-90% of people with Spina Bifida. This causes a build-up of fluid in the brain which may require a person to have a shunt inserted in their head to drain off the excess fluid. Spina Bifida and hydrocephalus affects everyone differently. The effects range from barely noticeable to severely affecting mobility and continence, and causing skin allergies (commonly to latex) and epilepsy. Although not common, people with Spina Bifida and Hydrocephalus may have associated mild learning disabilities.

Relevant cards: Physical Disabilities
Speech, Language and Communication Needs
Epilepsy
Learning Disabilities

Website: www.shinecharity.org.uk

14.15. Spinal Cord Injuries (SCI)
These are caused by damage or trauma to the spinal cord resulting in a loss of or impaired function causing reduced mobility or sensation. A complete injury means there is no function below the level of the injury; no sensation and no voluntary movement. An incomplete injury means there is some function below the injury and may have some sensation and/or voluntary movement. Other symptoms include difficulty regulating body temperature, low blood pressure and dysfunction of the bowel and bladder. Of particular importance is seating and skin care. If the skin is damaged, either by a cut or bump, or by sitting on an unsuitable surface for too long pressure sores can develop. These may take months to heal so it is important that people have suitable seating.

Relevant card: Physical Disabilities

Website: www.apparelyzed.com
15. Useful Contacts

Action on Hearing Loss
Provide support for people with hearing loss and tinnitus.
Tel: 08088 080123
Email: informationline@hearingloss.org.uk
Web: www.actiononhearingloss.org.uk

Creatasmiles
Charity, coordinating parent led inclusive activities for families with a disabled child up to 16 years of age.
Tel: 01745 344303
Email: asd.smiles@yahoo.co.uk
Web: www.creatasmile.webs.com

ADDISS (Attention Deficit Disorder Information and Support Service)
Provide people-friendly information and resources about Attention Deficit Hyperactivity Disorder to anyone who needs assistance.
Tel: 02089 522800
Email: info@addiss.co.uk
Web: www.addis.org.uk

Cystic Fibrosis Trust
Charity funding research into cystic fibrosis and also provide a helpline offering general advice, support and information on any aspect of cystic fibrosis.
Tel: 03003 731000
Email: enquiries@cysticfibrosis.org.uk
Web: www.cysticfibrosis.org.uk

Afasic
Charity providing information and training for parents and professionals working with children and young people with specific language impairment (SLI) and speech, language and communication needs (SLCN).
Tel: 01745 550461
Email: yvonne@afasiccymru.org.uk
Web: www.afasiccymru.org.uk

Down's Syndrome Association
Provide support and information to parents, carers and professionals on all aspects of living with Down's Syndrome.
Tel: 02920 522511
Email: wales@downs-syndrome.org.uk
Web: www.downs-syndrome.org.uk

Apparelyzed
Spinal cord injury peer support website run by individuals with spinal cord injuries.
Web: www.apparelyzed.com

Epilepsy Action
Provide advice and information, online, in print and directly through the Epilepsy Helpline on anything relating to epilepsy.
Tel: 08088 005050
Email: helpline@epilepsy.org.uk
Web: www.epilepsy.org.uk

Autism Initiatives UK
Provides services and support for people with autism, their families and providers.
Tel: 01519 093606
Email: info@autisminitiatives.org
Web: www.autisminitiatives.org

Equality Act 2010
Web: www.equalityhumanrights.com

Barnardos Cyfle
The Cyfle team provide a range of services for children, young people, and families along with offering inclusion advice to providers.
Tel: 01745 817 216
Email: cyfle@barnardos.org.uk
Web: www.barnardos.org.uk/cyfle

Family Information Service (FIS)
Provides information and advice on services and support available for children, young people, families and professionals in Denbighshire.
Tel: 01745 815891
Email: fis@denbighshire.gov.uk
Web: www.fisdenbighshire.co.uk
I CAN
Provides information and resources to parents and professionals relating to children’s communication.
Tel: 02078 432544
Email: help@ican.org.uk
Web: www.ican.org.uk

Mencap
Offers information and advice for parents, carers and the family, and professionals working with someone with a learning disability.
Tel: 02920 747588
Email: helpline.wales@mencap.org.uk
Web: www.mencap.org.uk

Multiple Sclerosis Society
Charity funding research, providing grants, campaign for change and providing information and support on anything relating to Multiple Sclerosis.
Tel: 0808 800 8000
Email: helpline@mssociety.org.uk
Web: www.mssociety.org.uk

Muscular Dystrophy
Provide support for everyone affected by muscle-wasting conditions, as well as clinical, education, health and social care professionals.
Tel: 08006 526352
Email: info@muscular-dystrophy.org
Web: www.muscular-dystrophy.org

National Autistic Society
Charity providing information and support for people with autism (including Asperger syndrome), their families and professionals.
Tel: 02920 629312
Email: wales@nas.org.uk
Web: www.autism.org.uk

NSPCC
Striving to end cruelty to children. Services include the NSPCC helplines, general enquiries and specialist advice and information for adults and professionals in order to help them protect children.
Tel: 08088 005000
Email: help@nspcc.org.uk
Web: www.nspcc.org.uk

RNIB (Royal National Institute for the Blind)
Work to raise awareness of sight problems, and prevention of sight loss, and campaign for better services and a more inclusive society.
Tel: 03031 239999
Email: helpline@rnib.org.uk
Web: www.rnib.org.uk

Scope
Charity providing support and information about disability to disabled people, families and professionals.
Tel: 08088 003333
Email: helpline@scope.org.uk
Web: www.scope.org.uk

SEBDA
SEBDA campaigns for better services for children and young people experiencing social emotional and behavioural difficulties and better support for those who work with them.
Tel: 01233 622958
Email: admin@sebda.org
Web: www.sebda.org

Sensory Trust
Works to make places more accessible, attractive and useful for everyone, regardless of age, disability and social circumstances.
Tel: 01726 222900
Email: enquiries@sensorytrust.org.uk
Web: www.sensorytrust.org.uk

Shine
Charity offering support and practical advice relating to Hydrocephalus and Spina Bifida.
Tel: 01733 555988
Email: info@shinecharity.org.uk
Web: www.shinecharity.org.uk

Wales Council for Deaf People
The Council aims to support all activities of benefit to people with hearing loss in Wales, with the object of enabling these people to lead fuller and more independent lives.
Tel: 01443 485687
Email: mail@wcdeaf.org.uk
Web: www.wcdeaf.org.uk
16. Appendix

16.1. Figure 1: Example Easy Read document produced by Mencap. Available at: www.mencap.org.uk/easy-read-factsheet-article-19

A factsheet about the Inclusion International Article 19 report on independent living

**What is Inclusion International and what is Article 19?**

Inclusion International is a group that works across the world. It fights for equal rights for people with a learning disability.

**Mencap** is a member of Inclusion International.

Article 19 is part of the United Nations (UN) Convention for people with a disability. It is about being able to live independently and being included in the area where you live.

Inclusion International wrote a report about Article 19. This talks about the experiences of people with a disability who live all over the world.

Inclusion International use the words intellectual disability to talk about learning disability.

This report will use the words that are used in the UK which are learning disability.

**What does the report say?**

The key things the report talks about are:

Most people with a learning disability have no choice about where and who they live with.

- In some countries, there are still institutions. These are very big places where lots of people with a learning disability live. They don’t have much choice and control and don’t get out much.
• Housing people in places like this is against the rights of people with a learning disability.

• It is important for people with a learning disability to be able to stay in the area where they live and to get the right support to be able to do this.

• More money is needed to provide services and support for people with a learning disability.

• A lot of support and care that people with a learning disability get is from their families. But their families get little or no support from the government.

• It is important that the families of people with a learning disability are given the right information and support, such as short breaks, to look after the person with a disability properly.

• Often where people with a learning disability live, they are still cut off from other people who live nearby.

• Communities don't set up things like learning, jobs, health and transport like buses in a way that includes people with a learning disability.
This toolkit is based upon one produced by Hampshire County Council; as such Denbighshire County Council would like to thank Hampshire County Council for their significant contribution to this pack and for allowing us to adapt it for our use.