

Form 8

Including children with a disability/medical condition



Children with disabilities have needs that place additional responsibility on those who care for and work with them. It is often the situational and environmental factors which disable the child rather than the physical or intellectual difficulty the child experiences. Where possible, the environmental factors should be adapted to the child's needs. Disabling attitudes need to be addressed through education and information.

Children who have a disability have the same rights as any other child, in line with the UN Convention on the Rights of the Child.

Further information regarding the needs of children with a disability may be obtained from the Director-Safeguarding Program.

Points to consider when including a child with a disability in your group

- work in partnership with the child and the child's parents/carers/support workers and any professionals involved to establish how the child can be included,
- make sure inclusion is possible before bringing the child into the group. If the child cannot be included discuss the matter with the child and the child's parents/carers/support workers,
- make reasonable adjustments,
- be interested in the child and build rapport and trust,
- if the child has a communication impairment, acquiring key skills in the child's communication method may be useful,
- specific training may be useful or necessary eg. conditions such as autism or epilepsy,
Note: parents/carers often provide valuable information
- risk assessment may be necessary to ensure the safety of some children,
- higher staff ratios may be required if the child has additional needs or behaviour problems - this may be catered for by a parent/carer.
- intimate care issues:- when introducing a child with a disability into an activity, it is important to establish whether she/he has intimate care needs. These needs are usually provided by a known carer/support worker. It is important to remember that not every child with a disability has intimate care needs. Intimate care is, to some extent, individually defined and varies according to personal experience, cultural expectations and gender. It may be described as help with anything of a personal or private nature that the individual is unable to do.

Intimate Care

Generally, Church workers involved in parish activities are not expected to be involved in provision of intimate care, which should be undertaken by a suitably qualified person (generally a care/support worker).

Decisions on who provides intimate care for a child should be discussed and agreed by everyone concerned:

- the child's views should be ascertained,
- parents should be consulted and their consent given,
- a rota of carers (of the same sex as the child) agreed upon,
- the age, stage of development and ethnicity of the child will need to be considered.

Most importantly, who will carry out intimate care and how it should be done should be agreed in advance. Guidelines to be considered when providing intimate care include:

- the sensitive nature of such tasks,
- the need to treat every child with dignity and respect,
- ensure an appropriate degree of privacy,
- involve the child to the extent possible in his/her own care,
- try to ensure consistency in who provides care.

Only on rare occasion, a need may arise for a Church worker to assist. Should health and safety issues arise eg. changing a child, dealing with waste or blood an apron and gloves should be worn. Physical contact should take place within a culture of limited touch and in response to the needs of the child, be of limited duration and be appropriate to the age and stage of development of the child. This should be open to scrutiny and every effort made to ensure that contact is not intrusive. If a child appears distressed or unhappy, this should be discussed with parents and the Parish Safeguarding Officer. Any concerns or allegations should be reported following the process outlined in **Form 4 Our Parish Safeguarding Children Policies and Procedures.**