**Inclusion policy guidance – disabled children.**

All children in out of school care should have access to a range of stimulating activities. They have a right to feel valued and to be encouraged to extend their abilities. Children need to feel included. To ensure good practice is maintained individuals and their needs need to be considered.

The term ‘disabled children’, includes children with physical and sensory impairments, learning difficulties and children who experience mental or emotional distress. If these children were within a school setting they might be described as having **Special Educational Needs**. The term **‘disabled child’** is used throughout this document in accordance with the **Social Model of Disability (see appendix 1)**

Disabled children can often be left out, lack confidence and may not always tell playworkers if they have a problem, for fear of isolating themselves further. Staff should be extra vigilant in ensuring these children particularly, are included. Games and activities should be adapted with individual need in mind. All children can be encouraged to share and to invite others to join in. Praise and rewards may be used to nurture self-confidence and self worth. Positive images, stories and games may be used to reinforce this and to break down stereotypes.

Where an impairment or need has been identified, playworkers need to discuss with parents / carers the implications, such as maintaining routines and the child’s preferences and abilities. Information may also be gathered through specialist leaflets and advice.

It is important that these routines and practices are met in accordance with the child’s needs and parents’ / carers’ wishes. Whilst extra consideration will need to be given to a disabled child, this does not necessarily mean direct time spent with an adult. It may mean ensuring a child has appropriate access to play equipment or prompting them to eat or drink etc.

Whilst information should be shared between parents / carers, staff and individual children, confidentiality should be respected. Each child is different. By getting to know children and by working in partnership with their parents / carers, it is possible to help them fully enjoy their time at the setting.

**The Equality Act and the SEN Framework?**

Legally the definitions of SEN and disability are different – the definition of SEN is based on the concept of a learning difficulty that calls for special education provision. A child is defined as having a “learning difficulty” (Education Act 1996 s312) if they have:

1. *a significantly greater difficulty in learning than the majority of children of his age,*
2. *A disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in schools within the area of the local education authority,*
3. *He is under the age of five and is, or would be if special educational provision were not made for him, likely to fall within paragraph (a) or (b) when of or over that age.*

The definition of disability in the Equality Act 2010 considers the impact of an impairment on the person’s ability to carry out day to day activities.

Many disabled children also have SEN. Some do not. The largest group of children who may count as disabled under the EA 2010 but who do not have SEN are those with a range of health conditions, such as diabetes, epilepsy, severe asthma or eczema.

Inclusion Policy – disabled children

<Name of Setting> will make every effort to see the child first and the impairment second, endeavouring to make all play opportunities available to all children at all times. The term ‘**disabled children’** includes children with physical and sensory impairments, learning difficulties and people who experience mental or emotional distress. If these children were within a school setting they might be described as having **Special** **Educational Needs**. However as this setting accepts the **Social Model of Disability**, we use the term disabled child throughout.

## Staff

The setting will identify a member of staff as the lead worker for disabled children. This individual will be trained appropriately to promote inclusive practice in the scheme.

All members of staff will be expected to assist the lead worker in working with disabled children.

The lead worker’s responsibilities will include:

* Ensuring that all management, staff and volunteers are aware of all legislation, regulations and other guidance on working with disabled children
* Identifying staff training requirements to meet the needs of disabled children attending the setting
* Meeting with the disabled child and their parent/carers at the point of entry to plan a successful entry to the setting
* Ensuring that disabled children are considered when activities are being planned and prepared. To monitor and evaluate delivery.
* Liasing with other agencies and seeking advice and support where necessary

## Premises

The setting building is fully / partially / not accessible (delete as appropriate) to wheelchair users. The group will make any reasonable adjustments to allow access to areas. The setting will regularly review use of the premises and identify areas for improvement both in the short and long term.

# Information / Communication

Information on the activities of the setting will be given to all potential users and interested parties. Where appropriate, translations will be undertaken; jargon or unnecessary, complicated language will be avoided. Staff will have the opportunity to undertake appropriate communication training (eg. Makaton or BSL). Signs will be displayed in a variety of methods using both words and pictures and positioned with consideration.

# Activities

Every effort will be made to meet the needs of disabled children to ensure they feel welcome and valued. The setting recognises that this will be achieved not only through the provision of physical access but by the attitude of management, staff and users of the service. All children will be encouraged to take part in the activities on offer. Inclusive play resources are also available to the setting through the Inclusive Play Project.

# Entrance

When a disabled child accesses the scheme this will be identified on the Child Registration Form. The lead worker will then invite the child and their parents / carers to a pre-entrance meeting to identify any support requirements, needs or preferences. The scheme will be realistic about what it can offer and try to identify additional sources of support if required. At this point any medical access needs should be identified and appropriate plans, training and paperwork completed and agreed with the child and parents / carers. If the child needs personal assistance for “personal care” (washing, toileting, changing clothes and mealtime support), a personal assistance plan will be drawn up and agreed with the child and parents/carers.

# Confidentiality

Whilst information should be shared between parents / carers and individual child, confidentiality should be respected.

# Individuality

Every child at out scheme is different. By getting to know our children and by working in partnership with parents / carers we can help them fully enjoy their time.

**Review**

Children’s individual plans will be reviewed regularly to ensure they are kept current. Delivery of activities and provision of resources will be reviewed as part of staff meetings and fed into planning so the setting learns from experience and areas for improvement are identified in regards to inclusion.

**Appendix 1**

# Introduction to the Social Model of Disability

There have been different theories and approaches to disability over the years which have resulted in 2 main models of thinking. The ‘Individual / Medical Model’ and the ‘Social Model’.

## The Individual / Medical Model of Disability

This model assumes that the disabled child has the problem, and has to be ‘fitted’ into mainstream society. It is the assumption that disability is a personal tragedy, and that the child will need to either be ‘cured’ or ‘cared for’.

**The Social Model of Disability**

This model assumes that the disabled child is disabled by society’s lack of recognition of their needs, and by structures, lack of access and attitudes that exclude them from the activities that other children take for granted. For disabled people, this is a far more positive approach to disability, because we are all members of society and if we can create barriers, then we can also remove them.

|  |  |
| --- | --- |
| **The Medical Model** | **The Social Model** |
| Child is faulty | Child is valued |
| Diagnosis | Strengths and needs defined by self and others |
| Labelling | Identify barriers and develop solutions |
| Impairment becomes focus of attention | Outcome based programme designed |
| Assessment, monitoring | Resources made available to “ordinary services” |
| Programmes of therapy imposed by professionals | Training for parents and professionals |
| Segregation and alternative services | Relationships nurtured |
| Ordinary needs put on hold | Diversity welcomed, child welcomed |
| Re-entry if “normal” enough or permanent exclusion | Society evolves |
| Society remains unchanged |  |