

# Working with young people with additional needs

Revised edition, 2017

the girls' brigade  
europe



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# INTRODUCTION

Our God is an all inclusive God and we want to ensure our work with young people in Girls' Brigade is equally as inclusive and accessible.

We hope that this revised edition of the GB Europe's Additional Needs resource will help to equip and resource you in your important ministry to all young people.

This new revised edition includes:

- New topics like mental health
- New sections on how to engage young people with faith and ideas of inclusive games and sports
- Up-to-date language
- Up-to-date further information links

GB Europe would like to thank everyone who contributed to creating and updating this GB Europe Additional Needs resource, in particular, The Big House Ireland - [www.thebighouse.org.uk](http://www.thebighouse.org.uk).

Thank you for all that you do each week to help girls and young women to seek, serve and follow Christ.

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*'Whatever you do, do it all  
for the glory of God'*

*1 Corinthians Ch.10:31*

# ADHD

## Definition

Attention Deficit Hyperactivity Disorder is frequently known as ADHD, sometimes only the attention deficit is present and it is then known as Attention Deficit Disorder (ADD). It may also be linked with Oppositional Defiant Disorder (ODD). ADHD is a medical condition which is very difficult to diagnose as many of its symptoms mirror those of other disorders. It is only clinically diagnosed after much observation of the child in many and varied settings e.g. school, home, youth groups etc. Very often the condition also runs alongside another learning difficulty in either language or mathematics.

In the UK it is estimated that up to 1% of all children are affected and that it is found predominantly but not exclusively in boys. It can affect young people of all ability levels and all social groupings. In some cases it is controlled by medication and this can mean that behaviour can vary according to the time of day, as the medication is short acting.

## How it affects the young person:

### The young person:

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

## Practical Tips:

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

- Keep all rules clear and simple and rehearse them frequently
- Provide clear routines, keep a constant structure and organisation to activities each week
- Whenever possible make eye contact with the young person when speaking to her
- Address the young person by name and gain her attention before giving instructions e.g. refrain from calling them from across the room
- Keep all instructions clear and simple-remember the one sentence rule
- Give very specific praise-watch out for good behaviour and give praise immediately
- Always give advance notice of when things are going to change or something is about to happen
- Give two choices, avoiding the option of saying no. e.g. "Do you want to put your coat on now or when we get outside?" and most importantly make sure it is followed through.
- Find ways of distracting the young person when engaged in inappropriate actions
- Keep calm at all times – the girl will mirror your emotion
- Use a quiet time (away from others) technique for dealing with temper tantrums
- Set out the room with as few distractions as possible, removing anything that can be fiddled with
- Present text in large font with no clutter
- Avoid long sessions. Instead use a variety of activities alternating physical and sitting down activities
- During sitting and listening activities give the young person something to fiddle with e.g. a piece of blu tac / an elastic band/ stress ball
- Sit the young person close to you. Ideally put them between two calm young people and away from doors, windows and other potential distractions.
- Keep all tasks short and achievable
- Provide legitimate opportunities for the young person to move around e.g. giving out books, moving chairs, finding pencils
- Encourage the young person to verbalise what has to be done before starting
- Where possible give the girl special responsibilities so that others see her in a good light and so help to build a good self-esteem
- Be well prepared, as any gap in proceedings is a possible cause for disruption.

**Remember that the safety of all your girls is paramount.**

## Further Information:

### Books:

- Val Harpin, Management of ADHD in Children and Young People (2017)
- Mark Selikowitz, ADHD: The Facts (2009)

### Websites:

- Living with ADHD – [www.livingwithadhd.co.uk](http://www.livingwithadhd.co.uk)
- Young Minds – [www.youngminds.org.uk/for\\_parents/worried\\_about\\_your\\_child/adhd\\_children](http://www.youngminds.org.uk/for_parents/worried_about_your_child/adhd_children)

# ASPERGER SYNDROME

## Definition

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

## How it affects the young person:

### The young person:

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

## Practical Tips:

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

- Where possible provide structure, routine and predictability to your session.
- Present the programme visually, either as a list or with pictures or photos, as well as orally
- Where possible, prepare the young person in advance for any changes to the routine
- Be consistent in your approach
- After any group instruction address the girl by name, gain her attention and make sure she has heard and understood what she has to do
- When giving information or instructions break them down into small manageable chunks. Using visual cues may also be helpful
- Use games and group activities which involve turn-taking, sharing and waiting to help the young person to understand how to behave and relate to others in a group. Peers can be valuable role models
- In craft sessions provide individual/ peer support and demonstrate step by step.
- Be aware that she might explore the craft materials using her senses e.g. smelling or tasting paints etc
- Be aware if she has difficulties with scissors, pens, pencils etc. and structure the activity so that she can participate in it as independently as possible
- With cookery activities be hyper aware of dangers of tools, cookers and hot substances, as she may not have awareness of danger.
- Ensure she knows her way around the building and understands that she should not go outside on her own.
- When out and about (on outings or at camp) designate someone to "buddy" her to make sure she is safe
- Send home copies of any words, songs etc to be learned with CD of music if appropriate
- Make sure that extra copies of letters, notes, written information etc. are given to the parent as the originals may be lost before they get home.

## Further Information:

### Books:

- Tony Attwood, The complete guide to Asperger's syndrome (2008)
- Tony Attwood, Asperger's syndrome: A guide for parents and professionals (1998)
- Claire Sainsbury, Martian in the Playground; Understanding the schoolchild with Asperger's syndrome (2009)

### Websites:

- National Autistic Society (NAS) - [www.autism.org.uk](http://www.autism.org.uk) children

# ASTHMA

## Definition

Asthma is a common disease of the lungs (on average 1 in 10 children are affected) where the air tubes go into spasm and the passage of air is reduced. It may be that it is easier to breathe in than out and this causes the lungs to become inflated and they cannot be easily emptied. Whilst a "bronchospasm" is the main feature of asthma it also occurs in other conditions of the lungs and in allergic reactions. A bronchospasm may be so severe that it can endanger life as it reduces the supply of oxygen to tissues (the skin may appear blue). There may also be wheezing and coughing as the sufferer tries to breathe.

An asthma attack may last for a few minutes or several hours and all sufferers are taught to recognise the symptoms and treat them accordingly. Asthma is treated with two main types of medicine known as preventers and relievers and these are normally delivered through an inhaler. Relievers are normally blue or white and they must be available to the child at all times. The relievers work to relieve the symptoms by relaxing the muscles straightaway so that the airways open and breathing becomes easier. The preventers calm the inflamed airways and help to reduce the risk of an attack. Their effect builds up over time and they need to be taken every day.

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

## How it affects the young person:

### The young person:

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

## Practical Tips:

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

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

### The basic rules are:

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

## Further Information:

### Websites:

- Asthma UK - [www.asthma.org.uk](http://www.asthma.org.uk)

# AUTISM

## Definition

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

## How it affects the young person:

### Language and Communication:

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

### Social Interaction:

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

### Thinking, Imagination and Behaviour:

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

## Practical Tips:

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

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

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

## Further Information:

### Books:

- Val Cumine, Autism in the Early Years (2009)
- Lorna Wing, The Autistic Spectrum: A guide for parents and professionals (2003)

### Websites:

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

# DOWN'S SYNDROME

## Definition

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

## How it affects the young person:

### The young person:

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

## Practical Tips:

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

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

## Further Information:

### Books:

- Mark Selikowitz, Down Syndrome: The Facts (2008)

### Websites:

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

# DYSLEXIA

## Definition

Dyslexia is a specific learning difficulty that primarily affects the ability to learn to read and spell. It may also affect spoken language and aspects of mathematics. It is a neurological difficulty for which, at present, there is no known cure. It is a difficulty independent of intelligence and is often hereditary. Some 10% of the UK population are affected.

It affects people across the whole spectrum of abilities. Diagnosis is not often made before the age of 7yrs, it is usually later, but earlier detection is becoming more frequent. Many young people with dyslexia will have learnt how to mask the symptoms and so get by without people noticing but their low self esteem will mean they are very sensitive and easily upset by what seem to us trivial matters.

## How it affects the young person:

### The young person:

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

## Practical Tips:

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

- If you're using handouts, distribute these at the start of the session
- Care should be taken when creating handouts to ensure info is accessible. Here's some tips:
  - Use pastel shades of paper (cream is a good alternative to white)
  - Matt paper reduces glare
  - Avoid black text on a white background and light text on a dark background
  - Use text of font size 12 or above
  - Use fonts which are clear, rounded and have a space between letters like Century Gothic, Comic Sans, Arial, Verdana, Tahoma
  - Use double spacing
  - Avoid underlining and italics as this can make words run together
  - Colour-code text – for example, block info in one colour and questions in another
- Don't make sessions too long and ensure regular breaks
- Break down information into manageable chunks, maybe broken up with more interactive exercises
- Avoid the use of too many written tasks; cross words and word searches cause great stress to these young people
- Work in pairs if reading or written tasks are involved
- Allow plenty of time for all activities to be completed as they will be frustrated by half completed tasks
- Find out their special strength be it art, dance, debating and adapt programmes to include these
- Keep instructions short and simple
- Use their name before asking a question to alert them to the need to stop and listen to you
- Use lots of praise and don't over correct mistakes in wordy tasks
- Avoid directional confusion by pointing when giving instructions in dance/games activities
- Be mindful that if you're showing words on a screen that the font is reasonably large. Printing out the PPT in advance may also help them follow along.

## Further Information:

### Websites:

- British Dyslexia Association - [www.bdadyslexia.org.uk](http://www.bdadyslexia.org.uk)
- Dyslexia Scotland – [www.dyslexiascotland.org.uk/our-leaflets](http://www.dyslexiascotland.org.uk/our-leaflets) - Contains a number of free, downloadable publications with top tips for engaging young people with dyslexia.

# DYSPRAXIA

## Definition

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

## How it affects the young person:

### The young person:

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

## Practical Tips:

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

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

## Further Information:

### Websites:

- Dyspraxia Foundation - [www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)
- Dyspraxia Foundation Youth – [www.dfyouth.org.uk](http://www.dfyouth.org.uk)

# HEARING IMPAIRMENT

## Definition

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

## How it affects the young person:

### The young person:

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

## Practical Tips:

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

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

## Further Information:

### Websites:

- Action for Hearing Loss (formerly RNID) - [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)
- National Deaf Children's Society - [www.ndcs.org.uk](http://www.ndcs.org.uk)
- British Deaf Association - [bda.org.uk](http://bda.org.uk)
- Sense - [www.sense.org.uk](http://www.sense.org.uk)

# MENTAL HEALTH

## Definition

Lots of people talk about 'mental health', but what does it actually mean? Our mental health includes our emotional, psychological, and social well-being. For example, how we think, feel, and act. It is an important aspect of our health and well-being because it helps to determine how we handle stress, relate to other people, and choices that we make. Poor mental health is growing amongst children and young people and according to The Mental Health Foundation statistics show that mental health problems now affect about 1 in 10 children and young people in 2017.

The emotional well-being of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with life. Common mental health issues include Generalised Anxiety Disorder, depression and panic attacks. Mental illness can be caused by a number of factors – chemical imbalance in brain, situational stress – it is important to recognise that each young person is unique. There is still a stigma around mental health and many young people and adults are reluctant to talk about it.

## How it affects the young person:

### The young person:

A young person can be affected by mental illness in many ways, it is important to look out for not only obvious signs but subtler signs too. The following points demonstrate how this could possibly manifest itself in a GB setting:

- Changes in behaviour- a lively individual who becomes withdrawn or a balanced individual who becomes easily angry
- Change in physical appearance- lack of sleep or changes in a person's appetite (both weight gain and weight loss)
- Little or no energy- a young person may participate less in activities due to low energy or lack of motivation
- Self-harm- some young people use self-harm such as scratching or cutting their own skin as a way to cope with poor mental health
- Negativity- young people with poor mental health often feel worthless or hopeless and will be negative about activities or their GB badge work
- Low self-esteem- poor mental health can reduce a person's self-confidence. A young person may become more shy or more anxious
- Withdrawn- a young person may become more withdrawn and as a result may socially isolate themselves from situations.

## Practical Tips:

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

As a leader you can have a positive impact on a young person with poor mental health.

- Cultivate a positive environment in GB which ensures that every child and young person in your GB space feels welcomed, understood, valued and safe
- Reduce stigma by addressing mental health as part of your badge work. You could tailor activities and programme around improving mental health, well-being and self-care
- Be conscious around exam time as young people will have added pressures. If they miss GB, let them know that you missed them (without making them feel guilty). Around exam time, schedule fun activities which will help them relax and connect with one another
- Be vigilant – be aware of the emotional wellbeing of young people in your GB group. Caring adults can make an important difference in the lives of young people
- If you are aware from registration forms that a young person does have a mental illness, liaise with her or her family to understand how GB can be a supportive environment for her
- Young people can self harm in a variety of ways but often use sharp objects. If you are on a residential, please count all scissors after a craft activity and ensure they are locked away
- If you have a concern about a young person, notify your child protection leader and team leader.
- If you are seriously worried that a girl is in trouble, or likely to be a danger to themselves or others, it is important to get appropriate expert help from the health services as soon as possible.

## Further Information:

### Websites:

- Mind - [www.mind.org.uk](http://www.mind.org.uk) - is a mental health charity that provides advice and support to empower anyone experiencing a mental health problem.
- Time To Change - [www.time-to-change.org.uk](http://www.time-to-change.org.uk) - is a growing movement of people changing how we all think and act about mental health problems.
- Young Minds - [www.youngminds.org.uk](http://www.youngminds.org.uk) - is a UK charity committed to improving the emotional wellbeing and mental health of children and young people specifically
- Think Twice – [www.thinktwiceinfo.org](http://www.thinktwiceinfo.org) - aims to increase awareness and decrease stigma so that people are able to be open about their mental health from a Christian perspective
- Premier's Mind and Soul - [www.mindandsoul.info](http://www.mindandsoul.info) - In many churches and health-care settings Christianity and mental health are kept deliberately separate. Mind and Soul aim to change this.
- The Lily-Jo Project - [www.thelilyjoproject.com](http://www.thelilyjoproject.com) - is an online mental health resource for young people designed to 'help you to help yourself and others'.

# SPINA BIFIDA

## Definition

The term 'spina bifida' means cleft spine. It is a birth defect which occurs when the spine does not close properly during the first months of pregnancy. There are three main types of Spina Bifida. Spina Bifida Occulta is the most common form. Many people have it but might never know as it can go undetected for years. Meningocele is a form of Spina Bifida where some of the protective covering around the spine pushes through the opening in the vertebrae. This form of Spina Bifida can often be repaired with little damage to the nerves. Finally, there is Myelomeningocele which is the most severe form of Spina Bifida. With Myelomeningocele part of the spinal cord itself protrudes through the back, sometimes exposing nerves or tissue.

A large percentage (80%-90%) of those born with this form of Spina Bifida also have hydrocephalus (water on the brain). This can be corrected with a shunt which is surgically placed to relieve the excess pressure. Hydrocephalus can occur without Spina Bifida but the two conditions often occur together. Spina Bifida is not a disease and unless medical science discovers a way to repair the nerve damage it won't get better. However, those with Spina Bifida can, and do, live long fulfilled and happy lives

## How it affects the young person:

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

### The young person:

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

### If Hydrocephalus is also present the young person:

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

## Practical Tips:

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

- Discuss with parents/carers the amount of help/support that will be required
- If needed have an extra helper or support worker to support the young person
- If appropriate, assign someone to help manage the young person's toileting needs
- Wherever possible help the young person to be as independent as possible e.g. using scissors, cutlery, pencils, tools
- Carefully consider which rooms are to be used for which activity, ensuring wheelchair access where necessary and moving from upstairs to down or from a small room to a bigger one as required
- Extra drinks may be needed during hot weather to keep the kidneys functioning well
- Try to find ways in which the young person can join in physical activities as exercise is very important to aid circulation
- Remember that because of poor eye hand coordination ball skills might be difficult
- Encourage the young person to try new things
- Try to ensure that tables are at the right height and accessible for the young person especially if they are in a wheelchair
- If appropriate see also the sheet on developmental delay

And finally if a young person with hydrocephalus develops a severe headache, drowsiness or vomiting this may indicate that a shunt is not working properly and medical attention should be sought immediately.

## Further Information:

### Websites:

- Association for Spina Bifida and Hydrocephalus – [www.spinabifidaassociation.org](http://www.spinabifidaassociation.org)
- SHINE (Spina bifida, Hydrocephalus, Information, Networking, Equality) – [www.shinecharity.org.uk](http://www.shinecharity.org.uk)

# TOURETTE SYNDROME

## Definition

Tourette Syndrome (TS) is a medical condition affecting around one in a hundred children. It usually starts between the ages of 6 and 9, gets to its peak in the mid-teens and tends to improve into adulthood. The main symptoms are motor and vocal tics. Tics are jerky movements or sudden noises that a person makes unintentionally. Most people who have tics describe a build up of tension before the tic (like an itch in your nose before you sneeze), which makes the tic difficult to resist. Usually, straight after the movement or noise, the person would feel better for a short time and then often the tension would build up again. This means that people with TS often feel tense or restless, especially if they are trying not to tic.

## How it affects the young person:

### The young person:

- may often feel stressed, tired or anxious
- will demonstrate tics or involuntary movements e.g. blinking, twitching, utterances, head butting, twirling
- may have obsessive-compulsive symptoms, attention problems, hyperactivity, impulsiveness, aggressive behaviour, movement co-ordination difficulties, educational problems and sleep disturbances
- may often function well in the regular classroom
- may find that their frequent tics can greatly interfere with academic performance or social adjustment
- may appear not to have heard what has been said to them
- may not finish what they start, hate doing things that require concentration, and are easily distracted
- may be restless and fidgety and do not stay in their seat when they should
- may do stupid or dangerous things without thought for the consequences,
- often cannot wait patiently and will often interrupt conversations
- may have swearing tics (or coprolalia). Swearing tics are very different from normal swearing in that they tend to happen out of context with what the person is saying or feeling
- may frequently be embarrassed with what they are doing and try to cover up (sometimes by coughing or disguising the word or gesture with a more acceptable one)
- may have echolalia, which is the involuntary echoing of verbal utterances made by another person or sound in the environment
- may also have specific problems with organising work, memory and copying
- may have a tendency for verbal abilities to be better developed than abilities which rely on manipulation of visual information.

## Practical Tips:

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

- Young people may require one to one support or smaller or special classes
- If appropriate, pair the young people with supportive and understanding 'buddies'
- Wherever possible avoid stressful situations eg try not to do things with timed restrictions
- Although all these symptoms relate to the underlying brain disorder, interventions may be extremely simple—for example, allowing the young person to have a short "tic break" in a long session
- Explanation and reassurance may be all that is needed for children who have mild tics
- Children with TS may be teased and bullied by others so be alert to ensure this does not happen
- Understanding the problem is essential, so ensure that all leaders and other young people understand why the young person acts as they do
- Ensure that you do not reprimand the child for something over which they have no control
- Try to keep sessions relaxed as tics may improve when the person is relaxed or absorbed in an activity
- Try not to ask a child with TS not to do something – it will instantly become the very thing that they have to do and become a compulsion
- Moderate and severe tics are more likely to be treated with medication, check with parents to see if the young person needs/takes medication.

## Further Information:

### Websites:

- Tourette Action – [www.tourettes-action.org.uk](http://www.tourettes-action.org.uk)

# ENGAGING YOUNG PEOPLE WITH FAITH

By Katherine Dickson, The Big House Ireland

*For you formed my inward parts;  
you knitted me together in my mother's womb.  
I praise you, for I am fearfully and wonderfully made.  
Wonderful are your works;  
my soul knows it very well.  
My frame was not hidden from you,  
when I was being made in secret,  
intricately woven in the depths of the earth.  
Your eyes saw my unformed substance;  
in your book were written, every one of them,  
the days that were formed for me,  
when as yet there was none of them.*

## Psalm 139:13-16

As ambassadors of Christ in Girls' Brigade, each of us have been called to share God's Great Big Love with all members of our GB family.

Pause and take a moment to think about each girl in your GB company/group. Reflect and give thanks to God for the various personalities, interests, giftings and abilities which He has given to each of your girls. For their humour, intelligence, creativity, and each unique trait which simply makes them individuals.

In all of our youth groups, we as leaders are given the privilege to work alongside young people all of whom have been fearfully and wonderfully made by our Heavenly Father.

As GB leaders, God equips and empowers us to minister and pastorally care for each of our GB girls. To care for them in the same way that Jesus does. When we read about Jesus' time on earth in The New Testament we discover that He spent lots of time with people who were sick, reached out to those who were excluded and befriended those who were looked down upon by others. Jesus cared for them and showed

them compassion, and in the same way His love does not have boundaries or exclusions today. This serves as an incredible reminder that each of us are precious and deeply loved by God, no matter who we are, where we are from, or whatever difficulty or disability we may be facing in life.

During Jesus' time on earth His ministry was to all, including those with additional needs. This is apparent in Matthew Ch.8 when He reached out to the man with leprosy and in John Ch.9 when he meets a man who is blind. Jesus provided comfort and showed kindness and consideration. God welcomes all into relationship with Him.

Christ's ministry is to all, and each of us are called to mirror this same love to others.

It is vital that our youth organisations are safe places where young people with additional needs have the opportunity to meet Jesus. To know and hear about His love, grace and hope.

The following resources are just some of the things which you could use to ensure all your young people have the opportunity to engage with faith exploration during your GB night:

## 1. Worship

To encourage the young people with additional needs to engage with worship more effectively, consider the following ideas:

### Musical Instruments:

Instruments such as tambourines, drums and bells can be used by everyone and are great fun to incorporate into a piece of music. Clapping, stomping and snapping can also be used, and are just as enjoyable. Perhaps take it in turns to conduct your very own GB Orchestra.

### Action Songs:

YouTube is full of Christian artists who have set actions to their lyrics. This is great fun and everyone can get involved sitting or standing up.

Below are just a few lively worship tunes to get you started. Why not have a go at inventing your own actions?

- Hillsong Kids – Tell the World that Jesus Lives: <https://www.youtube.com/watch?v=Y2wSqfGull>  
» (Actions) <https://www.youtube.com/watch?v=Es4-7S1hsps>
- Hillsong Kids – One Way Jesus: <https://www.youtube.com/watch?v=sHx7NDjMddo>  
» (Actions) - [https://www.youtube.com/watch?v=bB7Myp\\_vAbE](https://www.youtube.com/watch?v=bB7Myp_vAbE)
- Vineyard Kids – Great Big God: <https://www.youtube.com/watch?v=fzeAdrt27E&list=PLWZ1DyHS3hO5PVANzSdKMOYZqI6JzU20L>
- Vineyard Kids – You're Everywhere: <https://www.youtube.com/watch?v=mW284vF15t0>

**Please be aware of volume levels when incorporating music into your group.**

## 2. Prayer

Prayer rooms are fantastic, relaxed and informal spaces where young people can come and communicate with God and explore faith. They are places where they can stay for as long or as little time as they like, and are especially designed to engage people through various creative, auditory and visual stimuli.

Below are a few ideas to help all your young people connect with God through prayer. They can be used all together in one large prayer space, or used separately during one of your sessions.

Sparkly lights, soft music and flowery incense can also be used to activate all the different senses.

### Here's some ideas for creative prayer activities:

- **Getting messy:** Instead of just speaking your prayers, why not ask your young people to write down or draw their prayers to God. These could be prayers of thanking God for various people in their lives, or praying for people that they know who are sick. Chalk, paints or felt tips are

great ways to get creative in our prayers to our creator. Each prayer could be displayed on a notice board or washing line, and the group could chat later on in the year about the prayers which God has answered.

- **World Zone:** Use a map of the world and encourage young people to pray for all their fellow GB girls around the globe. Perhaps they could mark their prayers on post its and place them on the country which they have just prayed for.
- **5 things - Handprints:** Using paint/ or drawing around hands – encourage your young people to make a print and write down on each finger something they would like to pray to God for. These could include family members, teachers, GB Leaders, or a particular event which is coming up.

**For more ideas on creative prayer activities visit - <https://www.24-7prayer.com>**

## 3. Bible Stories

The Bible is where we discover more about the characteristics of God, and how each of us has been lovingly designed to be in relationship with Him.

It holds a wealth of stories about friendship, relationships, courage, and real genuine love. In a world of darkness it can bring light, at times of sorrow it can bring joy, and at times of despair it can bring hope.

Alongside using large print text, there are many other ways in which we can make God's work more accessible to our groups. There are also many creative ways that we can bring the Bible to all our young people, ensuring that its true message of hope is understood by the entire group.

### **Use visual and audio stimuli**

Everyone learns differently, therefore it is best if material is presented in a number of different formats – TV, film and YouTube all have clips of re-enactments of various Bible stories.

- The Bible Series: Jesus walks on water <https://www.youtube.com/watch?v=5KdFpW6WT6s>
- The Beginners Bible: The Good Samaritan -<https://www.youtube.com/watch?v=VdaOyhfVDb4>

### **Use Drama**

If young people are comfortable, getting children and young people involved in telling the story is a great way to learn.

- Max Lucado's 'You are Special' tells a tale about The Wimmicks and helps children and adults realise they shouldn't automatically accept other people's negative comments, but to understand that they have been made in an amazing and unique way. The PDF version can be accessed at [http://www.aikentdc.org/You\\_Are\\_Special.pdf](http://www.aikentdc.org/You_Are_Special.pdf)
- Bible passages such as 'The Lost Sheep' are also lots of fun to recreate. Simply take a shepherd and 10 sheep and act out the story as the narrator reads it.

## 4. Clear Communication

Being able to communicate is one of the most important skills we need in life. Almost everything we do involves communication; everyday tasks such as learning at school, asking for food and drink, sorting out problems, making friends and having fun. These all rely on our ability to communicate with each other.

Young people communicate in a variety of ways and many young people with additional needs may communicate using British Sign Language or Makaton.

Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

- To learn how to say hello in Makaton, please visit [www.makaton.org/Assets/Store/FreeResources/HelloSong.pdf](http://www.makaton.org/Assets/Store/FreeResources/HelloSong.pdf)
- For more information on how to access a makaton class, please visit [www.makaton.org](http://www.makaton.org)

These are just a few of the things which you can use to ensure inclusivity in your group. Every young person is different and the best way to reach out is to chat with their parents or carers to explore the best and most relevant way to care for them. It is encouraging to remember that God's love transcends any communication or physical barriers and has the power to touch individual lives, including our young people with intellectual and physical disability.

We have a Great Big Love to share with all young people, and God has given us the amazing privilege to help all young people encounter the transformational love of Christ. When we read the parable of The Great Banquet (Luke Ch.14:12-24) we see that Christ's invitation is to everyone, and He calls us to hand out more invitations.

Our God is an all inclusive God and we need to ensure our work with young people is equally as inclusive and accessible.



The Big House - [www.thebighouse.org.uk](http://www.thebighouse.org.uk) - exists to help young people to know God's love as they encounter Jesus and are cared for by the church, especially when they dealing with difficult issues or circumstances. To do this they provide counselling, camps & weekends, and training for leaders.

# INCLUSIVE GAMES

**Here's some ideas for new games and activities that everyone, regardless of ability, can participate in:**

## **Boccia**

Boccia (pronounced 'botcha') is similar to bowls and many other ball tossing games. It is totally inclusive and can be played by anyone regardless of age, ability or disability. It is a game of skill and subtlety so physical strength is not important.

For more info on how to play: Search Google or <http://www.sportsuk.org.uk/olympic-lessons/wp-content/uploads/2012/02/PE-Lesson-Plans-KS1.pdf>

## **Goalball – The Game**

Goalball is a 3-a-side team game developed for blind and partially sighted but sighted players can also play. The object of the game is to score a goal by throwing the ball along the floor so that it crosses the goal line of the opposing team.

For more info on how to play: Search Google or [https://www.yourschoolgames.com/uploads/file/InterFormat\\_GoalBall-web.pdf](https://www.yourschoolgames.com/uploads/file/InterFormat_GoalBall-web.pdf)

## **Zone Hockey – The Game**

Zone Hockey is an indoor court game based on Unihoc that provides opportunities for non-disabled and disabled players inclusively.

For more info on how to play: Search Google or [https://www4.ntu.ac.uk/adapted\\_sports/adapted\\_games/zone\\_hockey/index.html](https://www4.ntu.ac.uk/adapted_sports/adapted_games/zone_hockey/index.html)

## **Other resources**

**Disability Sport NI** has produced very helpful games resource sheets covering all of the above ideas and more. They are not downloadable but Disability Sport NI can send you a copy in the post. Contact email: [email@dsni.co.uk](mailto:email@dsni.co.uk)

**SCOPE** has also produced a helpful online resource bank which contains ideas for games which can be played by all children on a normal GB night. View it here: <https://www.scope.org.uk/support/families/play/games>.

**Website: [www.gbworldwide.org/where/europe/](http://www.gbworldwide.org/where/europe/)**

**Facebook: [www.facebook.com/GBinEurope](http://www.facebook.com/GBinEurope)**

**Twitter: [@GBinEurope](https://twitter.com/GBinEurope)**