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Support Guide – Developing a plan for inclusion: additional needs

National Federation of Young Farmers' Clubs

Fun, Learning
and Achievement

Contents

Fun, Learning and Achievement

Understanding Additional Needs

NFYFC endeavours to ensure that all members can access the opportunities that we offer.

This means sometimes making adjustments to tailor activities appropriate to individual needs, and always taking a person-centred approach for members.

This information pack is designed to help club officers and volunteers work towards becoming a more inclusive organisation. The guide will help to give you an awareness of a range of additional needs that some of your members may be require support with within the club environment, in social gatherings or out and about. By gaining awareness you will then be able to support your members on a more individual basis and create a more inclusive environment for everyone to enjoy.

This support guide will help you to:

- Understand the many additional needs, often known as Special Educational Needs (SEN) that some members may have
- Understand the support available to young people with additional needs
- Have the tools to enable you to include young people with additional needs into club activities.

Current Statutory Process in relation to Disability and Additional Needs

To obtain an assessment of any concerns that a family may have about their child can be difficult. Not only is the process itself challenging but dealing with the family's emotional journey can be equally, if not more, overwhelming.

Whilst there are some things that are set by central government and legal statute, other things are left to the discretion and commissioning process of individual authorities, so establishing the procedures in your local area will also be appropriate to explore, as these will vary from county to county.

Given the age range that YFCs work with, there may also be a cross over between child and adult services and the access criteria may also change from one authority to another. Your County office and NFYFC can support you with accessing support and information.

Version Control Table

Version	History of Amendments	Approval Date	Date of next scheduled review
1.00	Initial Approved Version published	2018	2021
2.00	Updated to include Activity inclusion model and STEP. Letter of support updated.	25-7-21	25-7-2024
2.01	Updated to include medical conditions	Draft 9-5-22	9/5/2025

Understanding the differences between a disability, a learning disability, a learning difficulty, a specific learning difficulty, a medical condition and a mental health Issue

A Disability

The official definition of disability is “a physical or mental condition that limits a person's movements, senses, or activities”. In today’s world this would be considered to be a very narrow view of what disability is. The assessment to confirm a diagnosis usually takes place within the Health sector and can be accessed via a family’s GP, health visitor or school nurse.

Disability can take many forms. It can be

- **Physical**, such as mobility issues
- **Sensory**, such as being visually or hearing impaired
- **Intellectual/learning** or neurological, such as Autistic Spectrum Disorders, ADHD or chromosome based such as Down Syndrome.

People with progressive conditions can also be classed as disabled. A progressive condition is one that gets worse over time. However, you automatically meet the disability definition under the Equality Act 2010 from diagnosis of HIV infection, cancer or multiple sclerosis.

Intellectual or Learning Disability

A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. There are different types of learning disability, which can be mild, moderate or severe. In all cases a learning disability is lifelong.

It can be difficult to diagnose a mild learning disability as the individual will often mix well with others and will be able to cope with most everyday tasks. However, they may need support in other areas of their life such as filling out forms.

People with a severe learning disability or profound and multiple learning disability (PMLD), will need more care and support with areas such as mobility, personal care and communication. People with a moderate learning disability may also need support in these areas, but not definitely.

The level of someone’s learning disability can be assessed by either a clinical or/and educational psychologist.

A Learning Difficulty

Young people with a learning difficulty(ies) underachieve academically for a wide range of reasons including factors such as a sensory processing disorders, behavioural, psychological or emotional issues, English as a second language, high absenteeism, violence in the family home or poor teaching. They may also be a young carer or a Looked After Child. Often, with the right support and intervention from a wide variety of people these difficulties can be diminished and they can start to achieve at an age-appropriate level.

Specific Learning Difficulty

A specific learning difficulty (SpLD) has no bearing on the level of your intellectual ability. It is something that has an impact on the brain's ability to process certain information and is something that is a lifelong condition. People with a SpLD will often need to be taught in a different way and need different strategies to deal with normal day-to-day life. An example of a SpLD would be Dyslexia.

SpLD can be assessed by an educational psychologist or a specialised teacher or assessor.

A Medical Condition

A medical condition can take many forms but some conditions need ongoing management, such as diabetes or epilepsy, and can result in crises in which first aid needs to be administered or emergency help sought. The diagnosis of conditions is made by the health sector and a management plan may be in place.

A Mental Health Issue

A mental health issue will challenge many people over the course of their lives. It is seen as a condition which causes a serious disorder in a person's behaviour or thinking such as depression, bi-polar or self-harming. Significant concerns would need to be assessed by a mental health practitioner, psychologist or psychiatrist.

A young person could have all of the above. For example they may have a low intellectual ability, be dyslexic, hearing impaired, depressed and living in a violent household. In contrast, they may have an Autistic Spectrum Disorder and no other diagnosis. But whatever the issues are, they all need to be taken seriously, evaluated and responded to, to enable them to access and participate in YFC activities.

Some young people will come to YFC with a diagnosis already confirmed, but not all of them will. Some may also develop certain challenges during their time with you. Therefore, it is important to be observant and know the systems that are available to both you and the family.

Education Health Care Plans

Within this huge spectrum of special needs, some young people will not only have a diagnosis but also an Education Health Care Plan (EHCP). This requires an additional assessment, which involves a process of gathering information from the relevant people or agencies, including the views, interests and aspirations of the parents and the young person. Such plans are only issued if it is felt that their needs cannot be met within the Local Offer of individual placements.

It is a legal document which, once written by the Local Authority, will include:

- the views, interests and aspirations of the young person and their parent/carer
- an outline of the young person's special educational needs
- outcomes covering education, health and social care
- the special educational provision needed to support the young person
- the name and type of current education setting
- personal budget information if applicable.

All the needs that are identified in the plan have to be legally met by varying providers, and if this doesn't happen the family have the right to question why.

This plan is in place until that young person is 25 years old, and is reviewed annually to ensure the approaches being used are still relevant to their needs.

Many families have to fight to obtain an EHCP for their child. Personal Budgets allocated by this process are normally held by the education provider and will be used to ensure all support strategies are met. This may be to pay for a learning support assistant, IT equipment or access to regular speech therapy. An EHCP is very bespoke to each young person's needs.

Whilst clubs will not necessarily be involved directly in the EHCP is it important to be aware that some children will have a plan in place.

Family Support

Some young people will have a whole team of professionals around them, from health, education, social care and other agencies, whilst others will have no-one. These support teams, if in place, can be a valuable source of information for you to ensure you are meeting the young person's needs. It is, however, very important to obtain the family's permission before you make contact with them.

Some young people over 18 may also be able to apply for a personal budget in their own right from social care. They would need to have an assessment through social care to establish if they are eligible. This is often used to purchase care to enable them to be more independent. Some authorities also have pots of money for younger children to use to purchase activities.

Some families can also claim Disability Living Allowance for their children to help with costs such as special diets, extra support in the home or equipment. Once they turn 18 this changes to Personal Independence Payments (PIP). Low Income families can also access The Family Fund for help with holidays and equipment and even to pay for driving lessons for parents.

As well as Health, Social Care and Education many families and Young people will be accessing local and national third sector organisations such as charities and social enterprises for many aspects of their care and leisure. They can also be a huge resource for training and advice both for them and for you.

It is important to remember that for any parent, the greatest concerns will be their child's wellbeing and their future. Everyone in that young person's life can help by encouraging their strengths and getting the right support to help them overcome the things they find difficult.

Working in partnership with all involved and building relationships with them, will pay huge dividends both for the young person and for the staff.

Developing a plan for inclusion

When a new member joins with additional needs, a Support Plan should be completed which considers the following points:

- The young person's abilities, goals, interests, expectations and health status (if medicated) are considered when developing the plan.
- The plan must be developed in consultation with all those working with the young person including the parents, family, friends, support workers and if appropriate, health professionals.
- The parent's expectations for their child must be identified and used when developing the plan. The parent's experience and practices are a valuable resource as they know their child best.
- A time to review the plan must be set (SMART targets), quarterly to begin with and then annually to ensure the members, young person, club and parents are happy.
- Raise awareness and understanding by ensuring other officers have information to support the member to participate
- Research current good practice in relation to the young person's needs and determine training needs of the officers if you feel you need to know more within your club.

Implementing strategies in your YFC to meet the young person's additional needs

1. Ensure the officers know the level of support established in the support plan, together with the strategies and approaches needed. When these are adjusted following review meetings ensure changes are also communicated to the team.
2. Encourage members and officers to adopt inclusive attitudes and practices to support the young person.
3. Ensure support is provided to others in order to implement strategies including discussions during activity planning and evaluations with officers.
4. Specific programme initiatives must be developed to meet the young person's needs in order to help other members understand, accept and be more inclusive.
5. Record and evaluate when strategies are used
6. Implement useful strategies designed by other agencies, e.g. school

Consultation with others if any issues arise

- Information about progress must be monitored and shared amongst the young person's parents, the club officers and, where required, any support staff working with the young person.
- Issues of concern must be identified and then discussed with all relevant people.
- Information exchange with parents about the child's needs and participation must be established and maintained.
- Parental permission must be sought and gained, prior to consultation with others regarding the young person.

Monitor and review strategies

1. Members, and any strategies put in place to support them, must be closely monitored and information presented at the review. However the regular feedback to parents/professionals and the format it needs to take, must be decided at the planning stage e.g. at the end of each club night when the young person is collected.
2. Any changes in the young person's ability to participate must be responded to as necessary.
3. Seek support from other professionals, county office or NFYFC.
4. Research and access training as required.

YFC Support Plan

Please fill in this form as accurately as possible to enable us to meet your child’s requirements. This form will be reviewed annually, however if any of these circumstances change, please inform us.

Young person’s name

Date of birth

Address

Parent/carer name

Parent/carer email

Parent/carer mobile number

Medical Requirements:
(This must include any regular or emergency medication, allergies or details of medical interventions etc)

Access Requirements:
(This may include physical access, supported transport, accessible parking or toilets, no strobe lighting, specific seating etc)

Communication Requirements:
(These may include: sign interpretation, communication boards, symbols, Braille, simple language,
non-assumption based language both verbal and written etc.

Personal Care Requirements:
(These may include support with going to the toilet, eating, dressing, drinking, etc.)

Feeling Included Requirements:
(These may include having another young person identified to provide support, ensuring activities are accessible, having opportunities to opt out of a certain session, not being put on the spot, the session not being too noisy, being aware of the number of young people in the group, specific things you/your child likes or doesn't like, etc.)

Any other relevant information that would be useful

Signed by child/young person ____________________

Signed by parent/carer ____________________

Signed by Club Officer/Leader ____________________

Date ____________________

Example letter to accompany the support plan

[Club Contact Details]

[Date]

Dear [Name of Parent/Guardian]

Young Farmers' Clubs (YFC) aims to be an inclusive organisation where all young people aged 10-28 are welcome to join. When they join YFC, all young people are asked to complete membership paperwork to allow the club to follow the safeguarding procedures of the organisation, protect their wellbeing and respect the requests of their parents/guardians. This paperwork is reviewed and if no further information is required, your child is issued a membership card which enables them to enjoy the benefits of the organisation. Young Farmers' club officers and leaders will assess their individual needs so that they can support them to participate in all activities in the club programme.

Young Farmers' Club officers and leaders are volunteer roles that people within the local community are elected into. These volunteers give up their own time in order to support this voluntary youth provision for young people. Our volunteers are given training in running their Young Farmer's Club, but may not have the training required to support the needs of young people with specific additional support requirements. In such cases, the club may need to request additional support from the family of the young person or external services that can provide a sessional worker to support the young person to participate.

In addition to the membership application form, we would like to obtain some supplementary information from you to help the officers and leaders support your child's participation effectively in [XXX] Young Farmers' Club. We would be grateful if you would complete the attached form, which will provide more specific information regarding your child's needs to help the club officers/leaders to consider how they may be able to accommodate them within the club. Once you have completed the form please contact the club to arrange an informal meeting to work through the details with the officers/leaders.

Thank you for supporting us with assessing your child's participation needs for [XXX] Young Farmers' Club.

Yours sincerely

What to do if you have any concerns regarding integration of a member with an additional need

- Check whether there is any information in the member's file that may address your concerns.

- If a support plan is in place it may be appropriate to call an early review to ensure all is being done to respond to everyone's needs.

- If appropriate, speak to the member about how they are getting on at the club, and if they are finding anything challenging or overwhelming. As with all young people, building a relationship with them will always make more personal conversations easier.

- Call and have an informal discussion with parents. Explain you have noticed that their child seems anxious/overwhelmed/withdrawn/not joining in/not following instructions etc. and you are calling to see if their child has expressed anything at home that they may be finding difficult or if they have noticed anything themselves? Has anything at home changed that may have caused this or do they have any concerns themselves? Has School expressed similar concerns?

- If the child already has a diagnosis of an additional need, parents will probably be used to this sort of conversation from people caring for their child, but if that isn't the case, it is worth bearing in mind that you may be the first person to draw this to their attention and it may come as a shock. Parents respond in different ways. Some will be in denial, some will be very defensive whilst others will welcome your concern and be very open to the conversation. Coming from a place of concern and wanting the young person to get the most out of coming along to YFC is the best approach to take. Don't make judgements or 'diagnose' them. Just share your observations and seek support from the parents to identify solutions and strategies to accommodate the member.

- It may be appropriate to go through the assessment grid for particular activities or sessions. Sometimes there are easy things we can then change or make go away depending on the issue. Please refer to Appendix A.

- Depending on what the issues are and the age of the member there may be a need for further assessment of need from a relevant professional. If they are still in any form of education, ideally you should signpost them to the special needs team within that placement or the Parent Support Special Needs team within their local County Council. If they are not in education, or if it is an anxiety or self-harm concern then their GP is a good place for them to start. If it is serious enough for you to feel there is a safeguarding concern then follow YFC safeguarding procedures.

- Appendix D contains information on common additional needs a member may have and some suggestions as to what can be done to help and links to other organisations where advice can be sought. Adaptions need to be tailored to the individual and done in consultation with the member, their parents and professionals, this is not a one size fits all.

- If you have any concerns as to whether the young person is sufficiently safe taking part in club activities then please arrange a meeting with the parent/carer to discuss your concerns as soon as possible. Rather than focusing only on the problems, try to identify solutions or relevant support mechanisms, processes or family or professionals that may assist with support to address them.

- At all times your primary focus is the safety of everyone, not just the young person you may have concerns about. Keeping open lines of communication with the family, with YFC officers and taking time to build a relationship with the young person is vital, as is keeping issues confidential. It is always better to pick up the phone and ask than to keep going on your own hoping for the best.

Appendix A: Assessment Grid – Example

The assessment grid can be used for individual situations or activities once the support plan has been completed. It is a good way to facilitate a more in-depth discussion prior to completing a formal risk assessment, which in some circumstances may not be needed.

The process enables club officers to feel more confident in helping a young person with additional needs manage situations such as attending events and activities as well as attending standard Club meetings. The assessment grid aims to build up knowledge of the young person and their needs for future events. It also takes into consideration the need to have a back-up plan which, if someone is feeling nervous about doing something, can be reassuring to know there is a plan B.

Example

A young person is a wheelchair user and you are going to the theatre. She doesn't need support in going to the toilet but does need to know where it is. She finds queuing difficult and can get in a muddle with her money. On this occasion, she is also worried that she doesn't know any of the other young people that are going on the trip.

From this we can deduce that the main issues are:

1. Location of the toilets
2. Queuing
3. Money management
4. Knowing the others who are going

Assessment Grid Example

What is causing issue or anxiety?	**Can it go away or change?**	**What is the change?**	**If it cannot change or go away what is the management strategy?**	**What is the backup plan?**
Where are the toilets?	*Yes*	*Call ahead to the theatre, find out where the disabled toilet is, ask for a photograph to be taken and sent over and give the young person the week before you go.*	*There is no need for a further strategy.*	*If the young person loses the information, the back-up plan is that the club officer going with the group also carries a copy of the information.* *If the toilet is out of order, find out if there is more than one disabled toilet and if so, having images and information about all of them means you are prepared for as many eventualities as you can be!*
Queuing	*Yes - Identify where there might be queues and find out what it is about queuing they don't like.*	*Collect tickets in advance to avoid queuing.*	*If this hadn't been possible, you would need to try and solve this by talking through options with the young person and if necessary calling the theatre. Perhaps you could get there earlier, or ask if there are any access arrangements that could be made to enable you to by-pass the queue.*	*Add to the information sheet that in case the theatre had forgotten the arrangement, you would arranging for them to sit in the coffee area whilst you found a member of staff to resolve the problem. This may be very reassuring for them, but you need to check with them first that this is enough for you to feel ok.*
Money management	*Yes*	*Reassure the young person that someone will be with them to support them in this area - this should also be added to the information sheet.*		*The back-up could be that in case money was lost their 'buddy' would hold some spare cash if needed, or that this information will also be shared with someone else so that two people are aware.*
Knowing the others who are going		*Make sure the young person is aware of who is going, in particular their friends – record on the information sheet.*		*Make sure that the young person knows the club officers/ leaders who are responsible for the trip and that they will be there to support the young person as necessary.*

Appendix B: Activity Inclusion Model (AIM)

Evidence indicates that children and young people with disabilities participate to a much lesser extent in sport and other activities. With inclusion good practice, all children and young people can participate fully in YFC programmes.

This can be achieved by confidence and competence of activity leaders being prepared to consider the needs of individuals and modify where appropriate when necessary.

Inclusive activity is where all education, development and delivery naturally and seamlessly include disabled people. What constitutes ‘inclusion’ will vary depending on a number of considerations (not just in relation to disabled people), including the needs and requirements of the individual (preferred learning styles linked to communication, technical adaptation related to functional ability), their aspirations (are they interesting in competing?), their commitment, and their skills.

Inclusive activity offers all children and young people with a disability the opportunity to realise their full potential by providing open, modified, parallel and discrete/specific options to meet their individual needs , abilities and environments.

The inclusion model below describes the participant centred approach that can be applied to activities within a YFC setting:

Open
Activity, training or competition where everyone can take part based on what everyone can do and does not include any concession, modification or change.

Open activities are those where the whole group take part together. They are simple, naturally inclusive activities that the entire group can do with few modifications. For example warm up and cool down activities or if you need to draw the members back together. Another example would be a young person in a wheelchair fully included in a game of rounders.

Modified
Activity, training or competition with appropriate adaptations to rules, equipment or setting to facilitate the inclusion of children and young people with a disability.

Modified activities are those where everyone can do the same activity in different ways with adaptations made using STEP* to support the inclusion of some members. The changes can be applied to support young people who are still acquiring skills and developing abilities or those whose skills need to be challenged further.

For example a visually impaired participant playing rounders with a larger, brightly coloured ball.

Parallel
Activity, training or competition organised in ability groups. Everyone takes part in a variation of the same activity, where differentiation is used to fully include all children and young people.

Parallel activities are when participants are grouped according to ability. This is in order to provide different entry points into the same activity. Each young person takes part at a level appropriate to their ability. It should be remembered that the young person with a disability can have the greatest ability.

For example an ambulant young person with cerebral palsy who is unable to run taking part in a relay race where their team walks their race over a much shorter distance alongside other groups who run over a longer distance.

Discrete/Specific
Activity, training or competition that is unique, meaningful and developmental that meet the needs of the individual.

In certain situations it may be impossible for young disabled people to take part in an activity alongside their non-disabled peers. Instead, they be able to take part at the club in an activity such as a disability-specific sport. This can be used as a short-term means of developing skills and confidence with a view to inclusion in other activities.

For example, a young person who is deaf taking part in an activity where everyone has to use miming or signs to communicate with each other. A meaningful alternative to carpet bowls for members with mobility difficulties would be an activity such as boccia.

For further information about what the different types of activity look like click this link.

*STEP – See Appendix C

Applying AIM
An important aspect of the of the AIM model is that its application is not restricted to assisting the inclusion of people who have special educational needs or a disability, but it can be used to provide opportunities at appropriate levels to all members. For example, the Parallel approach can be used to group young people where there is a range of competencies across the whole group. In an obstacle course, for example, the members can be arranged into skill levels. One group can work on

going around objects; a second group, low barriers to climb over or under can be introduced; the third group can negotiate climbing or jumping over much higher or more challenging objects. As skills or mobility improves, members can move to the more challenging options, or at each object the level of difficulty can be increased by the requirement to negotiate them in a certain way.

The AIM model can be applied in different ways. For example, the model could be the basis of an entire session, as follows:

- Open warm-up in which everyone participates at their own level
- Modifications can be used to ensure the inclusion of one or more people
- Parallel ability groups can be employed to enable people to participate in a version of an overall theme most appropriate to their abilities
- If necessary, one or more people can practise specific activities which may be different to the group to enable more successful re-integration into an activity
- A disability sport activity such as boccia can be introduced to provide a unique challenge and platform for participation of disabled and non-disabled young people together
- An open cool-down for everyone can conclude the session.

There are four factors which influence inclusion for each member and as a result how you use the Activity Inclusion Model. These are ability, activity, impairment and the environment. The greater the impact of ability, activity, impairment or the environment, the greater the likelihood that modified, parallel or specific activity will be required.

Disability sport – adapted physical activity

This is ‘reverse integration’ where non-disabled people are included in disability sports together with disabled peers. For example, using Paralympic sports/events as a basis for an inclusive game.

Reverse integration sessions improve attitudes towards disability activities and raise the self-esteem of disabled members who may have proficiency in these activities.

Appendix C: STEP model

The STEP model is a simple system for making changes to activities so that everyone can be included and take part together. It can be used to help organise thinking around activity adaptation and modification in support of the AIM model or as a stand-alone tool.

Changes in the way the activity is delivered can be made in one or more of the STEP areas (Space, Task, Equipment, People). This simple system helps organisers to adapt the game or activity for different abilities and ages.

<u>STEP examples</u>

Space

- increase or decrease the size of the activity area; vary the distance to be covered to suit different abilities or mobility levels
- use zoning in team sport, e.g. where members are matched by ability and therefore have more opportunity to participate.

Task

- ensure that everyone has equal opportunity to participate, e.g. break down complex activities into smaller component parts if this helps members to more easily develop skills
- ensure there is adequate opportunity for members to practise skills or components individually or with a partner before including in a small-sided team game or activity.

Equipment

- increase or decrease the size of the equipment to suit the ability or age range of the members, or depending on the kind of activity
- provide options that enable people to participate in different ways, e.g. using a wheelchair to move; the use of bell or rattle balls can assist the inclusion of some players in throwing and catching games.

People

- match members of similar ability in group activities
- balance team numbers according to the overall ability of the group, i.e. it may be preferable to have teams of unequal numbers to facilitate inclusion of some members and maximise participation of others.

Appendix D – Common Additional Needs

Allergies

An allergy happens when the body's immune system, which normally fights infections, reacts to a food as an invader. The immune system responds by releasing chemicals such as histamine into the body, triggering an allergic reaction. Lots of people have food allergies. The most common food allergies are:

- peanuts and other nuts
- seafood (fish and/or shellfish)
- milk products
- eggs
- soy
- wheat

Allergic reactions can cause

- itchiness, rash, or hives
- runny or stuffy nose, sneezing
- itchy, watery eyes
- abdominal pain, nausea, vomiting, or diarrhoea
- coughing, wheezing, difficulty breathing
- swelling
- throat tightness and hoarseness
- light-headedness, dizziness, fainting

Even if previous reactions have been mild, someone with a food allergy is always at risk of a serious reaction called anaphylaxis. This can be life-threatening and needs immediate medical care. In some people, even touching or inhaling a food they are allergic to can cause anaphylaxis.

People who have food allergies may need to:

- carry an epinephrine auto-injector (commonly referred to as an Epi-pen) for emergencies
- wear a medical alert bracelet
- have special seating arrangements for meals to avoid exposure to allergens
- have alternative snacks or foods for lunches, snack times, or parties

What You Can Do

- The best strategy is to help people with allergies is to avoid the foods and drinks that they are allergic to.
- Be sure to read the ingredients on food labels. For home-made food brought into clubs and at events, make sure to check if they contain any ingredients the member is allergic to.
- Members at risk from food allergies must have a plan for handling emergencies.
- Make sure you, other volunteers, the member and parents, all know where the epinephrine auto-injector is stored and how your member will get it quickly if needed.

Further Information

Allergy UK https://www.allergyuk.org/
Anaphylaxis Campaign https://www.anaphylaxis.org.uk/
NHS https://www.nhs.uk/conditions/allergies/

Anxiety

Anxiety disorders are among the most common mental health problems of childhood and adolescence.

Anxiety disorders cause people to feel excessively frightened, distressed, or uneasy during situations in which most people would not feel that way. Left untreated, anxiety disorders can impair members' ability to work or study and may affect their personal relationships. In the most severe cases, anxiety disorders can make going to clubs incredibly difficult.

People with an anxiety disorder may:

- have trouble concentrating
- feel self-conscious and avoid certain situations
- have physical symptoms, such as a racing heart, fast breathing, tense muscles, sweaty palms, a queasy stomach, and trembling hands or legs
- take medication to help reduce anxiety

What You Can Do

People with anxiety disorders may have difficulty completing tasks. You can help ease anxiety levels by:

- talking with parents or guardians to learn about strategies that work at home
- promoting relaxation techniques and allowing for breaks throughout the session
- allowing them a safe space and ability to go speak to someone if needed
- easing anxiety by pairing with a peer

Further Information

NHS https://www.nhs.uk/mental-health/conditions/anxiety/

Asthma

Asthma is a lung disease that makes it hard to breathe. Airways get irritated and swollen and may fill with mucus. Muscles around the airways may tighten, causing narrowing. When asthma symptoms happen (called asthma flare-ups), people may need to make urgent visits to doctors' offices or the emergency room. During a flare-up, someone might have:

- wheezing
- coughing
- tightness of the chest
- shortness of breath

People with asthma may:
- need to take oral or inhaled medicine
- feel jittery, anxious, or hyper after using their inhalers (also called bronchodilators)
- need to be excused from activities when they have flare-ups.

What You Can Do

Keep in mind that students with asthma can participate in sports and other activities. People who have exercise-induced asthma (EIA) may need to use their inhalers before participating in physical activities. They might have to take other precautions to avoid flare-ups — check with the member's parents.

Make sure any member with asthma has written instructions from their doctor (called an asthma action plan), which tells them how to prevent and manage flare-ups. You should know your member's asthma triggers and let them use their medicine when needed. If a member's symptoms get worse after taking medicine, call 999.

Further Information

Asthma UK https://www.asthma.org.uk/
British Lung Foundation https://www.blf.org.uk/
NHS https://www.nhs.uk/conditions/asthma/

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD causes people to be more inattentive, hyperactive, and impulsive than is normal for their age. ADHD can affect a person's behaviour, learning, emotions, and relationships.

What You Can Do

- Talk with parents and ask for their help.
- If necessary, design behavioural programmes to address specific problems with the parents/carers.
- Reduce distractions.
- Give clear, brief instructions.
- Break down larger tasks into smaller, more manageable pieces.
- Stay on the lookout for positive behaviours to praise, such as staying seated, not calling out, taking turns, etc.
- Pair the person with a buddy for tasks, if they wish.
- Be sensitive to self-esteem issues. Provide feedback to the person in private and avoid asking the person to perform difficult tasks in front of lots of people.
- Allow the person to have brief, regularly scheduled exercise breaks.
- Find opportunities for the person to be active.

Further Information

The ADHD Foundation https://www.adhdfoundation.org.uk/
ADHD UK https://adhduk.co.uk
NHS https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/

Autism/Asperger’s

Autism is one of the most common developmental disabilities. People with autism, also called **autism spectrum disorder (ASD)**, have differences in the way their brains develop and process information. As a result, they face significant communication, social, and behavior challenges.

Symptoms can be severe and interfere with everyday tasks, or they can be mild and cause only a few problems. Experts call this range of symptoms a "spectrum." **Asperger syndrome** and **pervasive developmental disorders (PDD)** are conditions that fall within the autism spectrum.

People with autism may:

- get easily frustrated and act out in certain situations
- be sensitive to bright lights, loud noises, or busy places
- need to go to take medications
- miss meetings or events for doctor visits and therapies
- have trouble speaking or not speak at all
- seem insensitive or unemotional
- need extra time for tasks
- take things very literally and wish to see through every task given to the end

What You Can Do

Many people with autism can thrive in a structured environment, so establish a routine and keep it as consistent as possible. Adhering to schedules and allowing ample time for transitions can help.

Instructional support is often needed. People with autism will cope better with pictures and demonstrations. Limit long verbal instructions and provide visual cues and written instructions, when possible. Also limit distractions and use positive rewards for positive behaviors.

Many people with autism have strong passions and deep interests. Getting to know your member’s likes and dislikes can help you to understand what motivates them. People with autism can participate in most activities that other people do, so provide encouragement to participate when appropriate.

It is very important that we are all aware that no two people with additional needs are the same, display the same needs or respond to the same thing. Get to know your members and if you don’t feel comfortable dealing with any situation then please ask for help from your committees or the person’s family members.

Further Information

National Autistic Society https://www.autism.org.uk/
Autism Speaks https://www.autismspeaks.org/
Asperger’s Syndrome Foundation http://aspergerfoundation.org.uk/

Diabetes

Diabetes affects how the body uses glucose. Glucose comes from the foods we eat and is the main source of energy for the body's cells. Glucose levels in the blood are controlled by a hormone called insulin. Insulin is made by the pancreas and helps glucose enter the cells.

There are two types of diabetes:

- **Type 1:** the pancreas doesn't make enough insulin. People who have type 1 diabetes must take insulin as part of their treatment. Insulin is the only medicine that can control their blood sugar levels.
- **Type 2:** the pancreas makes insulin, but the body cannot respond to it properly (this is called insulin resistance). Most people who develop type 2 diabetes are overweight, since extra body fat causes insulin resistance. Most people with type 2 diabetes do not need to take insulin but may take a pill to help control blood sugar.

Having too much (hyper) or too little sugar (hypo) in the blood makes a person very unwell, even unconscious. Blood sugars can be checked with a blood glucose monitoring system. People with diabetes must check their blood sugar levels regularly throughout the day. Diabetes can be managed through medicine, diet, and exercise.

People with diabetes may:

- need to monitor blood sugar levels several times a day
- need to take insulin or wear an insulin pump
- need to drink from a water bottle and use the bathroom frequently
- need to eat lunch and snacks at a certain time, and eat snacks throughout the day
- have symptoms of high or low blood sugar. Low blood sugar symptoms include hunger, shakiness, dizziness, headache, irritability, and confusion. High blood sugar symptoms include thirst, frequent urination, nausea or vomiting, rapid breathing, fruity breath, and confusion.

What You Can Do

People with diabetes can take part in YFC activities or exercise and play sports at the same level as anyone else. Regular exercise is an important part of diabetes management. You may want to remind members to check their blood sugar levels before, during, and after exercise and to keep a snack handy.

Make sure your members with diabetes have diabetes management plans and be prepared to respond in the event of an emergency in accordance with the plan.

Further Information

Diabetes UK https://www.diabetes.org.uk/
Diabetes.co.uk https://www.diabetes.co.uk/
NHS https://www.nhs.uk/conditions/diabetes/

Epilepsy

Epilepsy is a disease in which the brain's electro-chemical signals misfire. This temporarily disrupts communications among nerve cells, leading to seizures. Seizures can vary in severity, frequency, duration, and appearance.

Seizures can be scary — people may lose consciousness, jerk or thrash violently, or appear to have difficulty breathing. Seizures may leave people temporarily confused or unaware of their surroundings. Some seizures are so brief and minor that only careful observation can detect them — a person may simply blink or stare into space for a moment before resuming normal activity.

Most people with epilepsy can be successfully treated with medication. Certain things can sometimes trigger seizures in people with epilepsy, including:

- flashing or bright lights
- lack of sleep
- stress
- illness or fevers
- too much stimulation (from computer screens or video games, for example)

What You Can Do

Most people with epilepsy can participate in sports and other YFC activities, with appropriate supervision and precautions.

Make sure your members with epilepsy have care plans – makes sure you are prepared to respond in the event of an emergency in accordance with the plan.

Most seizures are not life threatening, but if one lasts longer than five minutes or your member seems to have trouble breathing or this is their first seizure, call 999 immediately.

After seizures, most people are exhausted, disoriented, confused, or even combative and agitated. Your member may need to lie down or go home. Make sure they have someone to accompany and look after them if they leave your meeting or event after a seizure.

Further Information

Epilepsy Action https://www.epilepsy.org.uk/
Epilepsy Society https://epilepsysociety.org.uk/
NHS https://www.nhs.uk/conditions/epilepsy

Hearing Impairments

Some people are born with hearing impairments, while others lose their hearing through injuries, infections, or even loud noises.

Hearing-impaired members may use hearing aids that fit inside or behind the ear. Cochlear implants are surgically implanted devices that bypass the damaged inner ear and send signals directly to the auditory nerve.

Members with hearing impairments may:

- wear hearing aids, have cochlear implants, or use FM systems, which include a microphone/transmitter worn by the leader and a receiver worn by the member
- understand speech by watching the speaker's mouth movements, facial expressions, and gestures, within context. This skill is called speech-reading or lip-reading.
- use BSL (British Sign Language) or other sign languages
- need an interpreter to facilitate communication
- need instructions repeated

What You Can Do

- Encourage your hearing-impaired members to participate in activities. Most hearing-impaired members can lip-read to some extent, but try to determine how well they are able to do this.
- To help your hearing-impaired members lip-read, make sure to face them when you talk, talk slowly and clearly, and don't yell. As long as they have their amplifiers on, you can speak in a normal tone.
- Try to minimize background noises.
- Use lots of pictures, graphics, and text labels.
- Try not to turn your back and speak while writing on a board. Remember: Many hearing-impaired members are visual learners.

Further Information

British Sign Language https://www.british-sign.co.uk/ They offer some great online courses
National Deaf Children's Society https://www.ndcs.org.uk/
Royal National Institute for Dear People https://rnid.org.uk/

Visual Impairments

Visual impairment is a term used to describe any kind of non-correctable vision loss, whether it's complete blindness or partial vision loss. Common refractive errors such as near-sightedness and far-sightedness can be corrected with glasses or contact lenses. But when one or more parts of the eye or brain that are needed to process images become diseased or damaged, severe or total loss of vision can occur. In these cases, vision can't be fully restored with medical treatment, surgery, or corrective lenses.

Causes of visual impairments among people include:

- amblyopia or "lazy eye"
- strabismus (misaligned or crossed eyes)
- birth defects
- eye or brain injuries

Members with visual impairments may:

- need seating accommodations to help them see you or displays etc.
- need to wear glasses, use magnifiers, or use extra lighting
- require large printed handout materials or audio books for reading
- need voice-activated computers or other assistive technology
- need someone to assist in taking notes
- need extra time to get to places

Signs of a possible vision problem in a member who hasn't been diagnosed with a visual impairment include:

- constant eye rubbing or chronic eye redness
- extreme light sensitivity
- squinting, closing one eye, or misaligned eyes
- poor focusing or trouble following objects
- inability to see objects at a distance
- inability to read a whiteboard or blackboard, etc., or trouble reading

What You Can Do

- Members with visual impairments should be encouraged to participate in all activities.
- Make sure spaces are easy to move around in and free of obstacles.
- Members with visual impairments may feel self-conscious about their condition.

Further Information

Royal National Institute for the Blind https://www.rnib.org.uk/
NHS https://www.nhs.uk/conditions/vision-loss/

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