

Including & Safeguarding People with Disability in Orienteering

Introduction

Orienteering has a great deal to offer people with disabilities. Evidence shows how people with different forms of disability can gain self-esteem and life skills through orienteering – on top of the benefits in fitness, physical and mental, and the social interaction with other people involved in the activities.

Many people with disabilities can join in orienteering with little need for the activities or events to be modified, although we should recognise that people with some forms of disability will benefit from thought being given to how activities can be modified to enhance their experience of orienteering.

Clubs and volunteers organising activities and events need to find a balance between meeting the needs of the larger numbers of participants without disabilities whilst trying, where it is feasible, to meet the particular needs of participants with disabilities.

In regard to children, British Orienteering recognise that “children with disability are children first; they need the opportunity to experience orienteering in a safe environment, in the same way as children without disabilities”.

To help achieve this children and their families may need additional information, help and support. Clubs, coaches, teachers and volunteers, may require advice and training to ensure they act inclusively and in a safe way towards children and young people with disabilities.

The most valuable contribution by orienteering is to recognise the value of the sport to children with disabilities and we should demonstrate the will and desire to ensure children can become fully integrated members of the orienteering family.

British Orienteering encourages clubs to provide appropriate opportunities to all those who wish to participate in orienteering in whatever capacity they choose, whether it be as a participant, coach, official or volunteer. This applies to people with disabilities as well as those without.

Some disciplines of the sport of orienteering, such as TrailO, have specific IOF rules and classifications of disability to enable people to compete against others with a similar disability. Competitive orienteering for people with disabilities is recognised both nationally and internationally through events such as the British TrailO Championships and the IOF TrailO Championships.

What does this mean for clubs?

A club which is inclusive of people with disabilities is one which has ‘Planned proactively the inclusion of people with disabilities in all aspects of club life and has taken practical steps to increase inclusion’.

This means a club which has:

- Adopted a positive attitude towards the inclusion of people with disabilities;
- Planned how people with disabilities can best participate in all aspects of the club’s activities for example participating in orienteering, coaching and club administration; and,
- Pro-actively implemented an action plan.

Clubs need to consider the following to ensure they are tackling the inclusion of people with disabilities in orienteering in a balance and thoughtful way.

Consider the options

Experience indicates that many people with disabilities can participate in orienteering and little or no adaptations are required. However, it may be beneficial to adapt some aspects of orienteering (rules, terrain, access etc) to ensure there is opportunity for people with disabilities to participate, particularly those with higher levels of impairment.

Clubs should consult with British Orienteering about the options for including different people with disabilities in orienteering activities. Participation options available in orienteering include:

- **Mainstream Participation:** Participants with disabilities training and competing in a mainstream club (e.g. a deaf orienteer or an upper limb amputee taking part in local activities and events organised by a club).
- **Integrated Participation:** Disabled and non-disabled people participating in orienteering with some adaptations to rules, or equipment, or choice of terrain (e.g. a blind person being accompanied by a 'buddy' in local events).
- **Disability Specific participation:** Disabled performers competing in a competition solely for that particular disability group (e.g. TrailO).

Communicate with people with disabilities

The club should work with disabled people and if appropriate their family/carers to understand disabled peoples' needs and identify barriers to participation. Once this has been achieved the club should work toward eliminating or overcoming barriers where possible so that disabled people have opportunity to be integrated into mainstream orienteering where possible. The disabled people and if appropriate their parent or carer will have information they can share with the club on how the club could work towards meeting their needs to allow them to access orienteering activities. Some disabilities progress with the age of the person and may need the club to review the situation. It is important that clubs work continuously with disabled people to ensure they reduce any increased risk of harm to the person whilst engaged in orienteering.

Plan

Although most sporting clubs say they are open to everyone in the community, the reality is that very few people with disabilities are actually members of sports clubs. Recent research in England found that only 12% of young people with disabilities are members of sports clubs compared to 46% of all young people (Sport England: Young People with a Disability Survey 2000).

It is our experience that in order to attract people with disabilities, orienteering clubs will need to pro-actively plan the inclusion of people with disabilities in their programmes. Ideally, this should be done as part of the club's development plan.

Make activities accessible

Orienteering for everyone with or without a disability needs to be accessible. For children orienteering also needs to provide the opportunity, irrespective of disability, to participate fully in a manner that accepts them as "a child first" with the disability second. To accomplish this clubs, coaches, teachers and event volunteers may need to modify the rules and areas used to meet the requirements of some disabilities.

Clubs may, increasingly, be able to fully integrate a disabled person into club activities and events. This will in part depend on the disability concerned.

The Disability Discrimination Act 2005 states that it is the duty of organisations and authorities to ensure that no provision, criterion or practice it carries out places a disabled person at a substantial disadvantage, in comparison with a person who is not disabled. This means that clubs, coaches and event volunteers have a duty to provide access and an environment conducive to people with disabilities if it is feasible to do so.

Promote and inform

Clubs should encourage more people with disabilities to participate in their activities by consulting with local disability groups, and by specifically targeting people with disabilities when promoting the club's programmes and activities. Local disability groups, special schools and adult centres will usually help with this by distributing information on behalf of your club.

All club promotional literature should also make it clear that people with disabilities are welcome at the club. It is a good idea to use positive images of people with disabilities participating in orienteering.

Train coaches and key volunteers

Although most coaches and volunteers have the skills to include people with disabilities in their sessions, they often lack the knowledge or confidence to work with people with disabilities. To help overcome this knowledge and confidence gap, clubs should encourage key personnel from their club to attend appropriate Disability Awareness Training.

Sports Coach UK runs a range of suitable courses. Further information on how to book a course is available from Sports Coach UK.

Medical Information

The club will need to maintain medical forms for people with disabilities who take part in club activities. It is particularly important the form is completed as early and fully as possible when a person with disabilities joins the club.

Remember some disabilities such as asthma may require minimal or no specific action by the club or coach. However, the knowledge of that disability will allow the club or coach to have an awareness of what action to take in an emergency i.e. a severe asthma attack brought on during an activity.

Most clubs will ask their coach to gather and maintain this information and consequently this topic is dealt with in more detail in the next section.

Assessing Needs

From the information received on the medical form, and through discussion with the people with disabilities and, if appropriate, their parents or carer, the club can identify how to best meet the person's needs to enable them to access the sport in full. Again, most clubs, will delegate such responsibilities to one of their coaches.

Consider how the club is run and managed

In order to identify members with disabilities and any particular needs they may have, the British Orienteering standard membership form (web version and paper version) include some questions on 'disability'. By using this form British Orienteering and clubs can capture relevant information and plan their programmes accordingly.

It is also good practice to use larger font sizes on paper forms (often font size 14) to aid anyone who is partially sighted, as well as providing the forms in alternative formats on request (e.g. large print etc). A simple solution may be to provide A3 copies of blown up A4 posters etc if requested.

What does this mean for coaches and teachers?

Inevitably coaches play a significant part in welcoming people with disability to the activity sessions that they run – and in motivating them to return.

In many cases coaches may feel that additional training will be beneficial and enable them to deliver a better service to people with disability. Talk to your club and see if they will support you in gaining training.

Modifying your coaching

Will there be a need to modify the way in which you coach? In many ways no but there will be ways in which you can make sure you provide coaching that is of a high quality.

When coaching any participant, coaches should constantly review, adapt and change their programmes to cater for the ever changing needs of participants within a group. Having a disabled person presents the same needs. Initially you may be challenged in your coaching ability to analyse your participant. Running and navigational techniques may vary from your other participants; methods of communication may differ, you may need a period of trial and error - what works, what doesn't work. If you do have questions, talk to the participant, their carer and talk to other coaches.

Remember many people with disabilities will have the ability to participate fully in coaching skills and drills with little or no adaptations. However, for some people with more limited functional ability or for those with limited experience of basic movement skills, it is important to adapt your skills sessions, drills and playing sessions to fully include them. Remember, if you are not sure what a person's ability level is, ask them what they can/cannot do and adapt your drills/sessions accordingly.

Generally speaking, this can be achieved by either modifying the rules used during training and/or competition or by adapting the equipment normally used in orienteering. A list of general coaching tips is provided below but coaches can also consult British Orienteering and other clubs/members about coaching advice specific to orienteering.

Communicate with people with disability

The 'lead' coach should work with the disabled person and if appropriate their family/carers to understand the disabled person's individual needs and identify barriers to participation. Once this has been achieved the coach should work toward eliminating or overcoming barriers where possible so that the disabled person has an opportunity to be integrated into mainstream orienteering where possible. The person and if appropriate their parent or carer will have information they can share with the coach on how best to meet the person's needs to allow them to access orienteering activities. Additionally some childhood disabilities progress with the age of the child and need constant reassessing medically. It is important that the coach work continuously with the person and parent or carer, if the person is a child, to ensure they are kept aware of relevant changes to reduce any increased risk of harm to the person whilst engaged in orienteering.

Some people may have multiple disabilities. If so the coach should look at the needs of the person in a holistic manner and consider how to meet all the needs, not just in one area of disability.

Disabled Performers Medical information

As a coach you will need to have a medical form completed by the person with disability or if the person is a child, by their parent, carer. This medical information should include information regarding the disability. This is also an opportunity to include any other individual needs or difficulties.

Participants and their parents and carers should be encouraged to complete this section honestly – disability or other health needs does not necessarily prevent someone participating in orienteering activities, indeed orienteering is committed to making activities accessible to everyone and will take positive steps to ensure every effort is made to meet those needs. In addition participants will be assured that with full information coaches will be better able to ensure that the participant will be able to meet their full potential and not compromise their health thereby increasing the time they are able to enjoy participating in activities.

Remember some disabilities such as asthma may require minimal or no specific action by coaches. However the knowledge of that disability will allow coaches to have an awareness of what action to take in an emergency i.e. a severe asthma attack brought on by an injury or incident.

Where, following discussions with the participant, club and parents/carers it is decided that mainstream orienteering would not be appropriate or not sufficiently meet the needs of a person and where that decision is free of any discrimination, then the coach should make every effort to signpost the young person to another activity or sport that may be able to support such a participant.

It is important that the coach has a medical form completed for all children who take part in their activities. It is particularly important the form is completed as fully as possible when a child has some disability or special need and should be completed by the parent or carer and, if applicable, the child and include information regarding the child's disability/medication etc. Disability in this context must include behavioural conditions. The standard medical form will provide the information required if completed appropriately but additional discussion with parent or carer and child is advisable in many cases.

Remember some disabilities such as asthma may require minimal or no specific action by the coach. However, the knowledge of that disability will allow the coach to have an awareness of what action to take in an emergency i.e. a severe asthma attack brought on during an activity.

Assessing Needs

From the information received on the medical form, and through discussion with the young person and their parents or carer, the coach can identify how to best meet the child's needs to enable them to access orienteering activities.

Below are some points to consider in completing an assessment of need:

1. Does the club provide adequate accessibility to club activities and events for the young person?
2. When attending activities or events delivered by other clubs does the organising club provide adequate accessibility to club activities and events for the young person?
3. Have transport arrangements been considered in response to participant's disabilities?
4. Does the coach have the necessary information about the young person to establish effective communication strategies based on their level of understanding and preferred communication style?
5. Do the coaches (and club) have the required training?
6. Does the child or young person need additional help from a "support person" to access orienteering activities?
7. What aids are required and can they be provided? Do the parents have aids that can be used?
8. Does the young person need personal care and if so who will provide it? Bear in mind the requirements of safeguarding children to meet this need.
9. Medication – see above.
10. What advice can the parent/carer give to avoid/deal with possible problems in behaviour?
11. How will the coach (and club) ensure the young person with a disability is safeguarded from harm or injury while taking part in orienteering activities?
12. Is an agreement with parents on the child attending activities or events required?
13. What action should be taken if a medical emergency occurred relating to the disability?

Note: this is not an exhaustive list.

It has to be recognised that some medical conditions can be hard to manage at an activity or event if they place other members at risk. For example some disabilities, can lead the person with disability to breach what is normal accepted behaviour. For example, a young person with Tourette's Syndrome may be seen to present through their behaviour in a manner that does not benefit social norms. It is important that the coach proactively discusses these issues with parents and gains advice from British Orienteering and statutory agencies to help identify, for the child and parent, if there is a provision for such young people that is safe for all its members including the young person concerned.

Modifying Rules

- Make the activity easier or harder by altering some of the rules.
- Adjust the size of the area used for the activity.
- Vary the ease with which the control points can be located – make sure the points are large enough for participants with disabilities to see and find.
- Create different activities for participants of different abilities.
- Alter the ways to compete; for instance using 'score' type orienteering can be beneficial.
- Allow the participants to do the activity in teams or with support.
- If participants have mobility challenges make sure activities are accessible.
- Vary the distance that needs to be covered.
- Allow the practice of skills from a static position before introducing movement.
- Allow participants to take part in different ways (e.g. seated on the floor, handling the start or finish).
- Give participants time to do the activity.

Adapting Equipment

- To aid partially sighted people use bright colours on the map and control descriptors.
- Consider placing noise makers on controls for those participants with sight difficulties.
- Vary the scale of maps used to make it easier for those with partial sight.
- To assist retrieval by people with mobility difficulties use control points at a height they can reach.
- For those with very limited grip, consider how the map can be held and the e-card if used.

Communication Tips

Good communication skills are vital in any coaching situation. When coaches are working with participants with a disability they should consider the following points.

Communicating with People with Physical Disabilities

In general, coaches should communicate with people with physical disabilities in the same way as they would with anyone else. However, you may find the following practical communication tips useful:

- Speak in a manner appropriate to the age of the participant. Be careful not to patronise adults by being simplistic or over familiar.
- When speaking to wheelchair users, do so at their eye level by crouching or by sitting on a chair. This makes communication easier and is regarded as being polite by wheelchair users.
- When adapting skills or techniques, discuss them with the participant – the individual person with the disability will know how his/her body moves best.

Communicating with People with Learning Disabilities

- Speak in a manner appropriate to the age of the participant with a learning disability.
- Always ask the participant for specific information. Only speak to their carer/parent if they are unable to supply the information themselves.
- When giving instructions, use simple straightforward words and language and avoid jargon. If possible, use symbols and colours instead.
- Break skills/drills down into easily learned steps and repeat them often and in a variety of ways.
- Avoid drills that rely heavily on numeracy skills.
- Always demonstrate skills/drills.
- Be patient and give participants time to learn skills.

Communicating with Blind or Partially Sighted People

- Remember most blind/partially sighted people have some degree of sight so the use of equipment/maps with good colour contrast will help most participants.
- Use the person's name to gain attention and make sure the participant knows when you are finished and when you are moving away from them.
- It is important that participants hear your instructions clearly. To achieve this always face the person and speak directly to them.
- Before beginning your coaching sessions always familiarise the participant with the environment. This includes explaining the layout of the area, the number and location of other participants and the location of potential hazards (equipment etc).
- Give clear, accurate descriptions of each task/drill and always ask the participant if they understand your instructions.
- If possible, supply written information in suitable formats. For example, large print, tape, CD or Braille. Ask individual participants what format they find most suitable.

Communicating with people who are Deaf or Hard of Hearing

Remember there are varying degrees of deafness. Some people have no hearing (deaf) but most have some level of hearing (hard of hearing).

Ideally, deaf people require an interpreter to ensure effective communication. However, if this is not possible you can still communicate with deaf participants. For example, many deaf people can communicate by reading lips, by using a hearing aid, by making gestures and signs or by writing information down.

The following tips will be useful when talking to most deaf or hard of hearing people:

- Make sure you have the listener's attention before you start speaking.
- Position yourself in front of the participant and maintain eye contact. Remember not to turn your face away from the person.
- Speak clearly but not too slowly and don't exaggerate your lip movements.
- Don't shout. It's uncomfortable for a hearing aid user and it looks aggressive.
- If someone doesn't understand what you've said, don't just keep repeating it. Try saying it in a different way and check they understand what you said.
- Where possible, use visual aids to explain technical points.
- Where possible, use demonstrations to explain skills/drills.

Use of language

It is important to understand that some words and phrases commonly used to describe people with disabilities may increasingly cause offence. The Office for Disability Issues was established to help the Government deliver on the commitment made in the Report, 'Improving the Life Chances of Disabled People'. The Report says that by 2025, disabled people should have the same opportunities and choices as non-disabled people and be respected and included as equal members of society. They have a website www.officefordisability.gov.uk with lots of advice and guidance including the use of the following language:

- Wherever possible, avoid medical labels, which say little about people as individuals and tend to reinforce stereotypes of disabled people as 'patients' or unwell; put people first, not their disability (e.g. 'a person with epilepsy' or 'a person with cerebral palsy').
- The word 'disabled' is a description not a group of people; use 'disabled people' not 'the disabled' as the collective term.
- Use language and words which emphasise abilities not limitations; for example, say 'wheelchair user' rather than 'wheelchair bound', remember that a wheelchair can be seen as freedom by its user.
- Don't use emotional or sensational language to describe people with disabilities e.g. 'unfortunate', 'pitiful', 'afflicted', 'crippled', 'suffers from' etc.; the vast majority of people with disabilities have the ability to lead full and active lifestyles and to contribute fully to society.

- Phrases like 'suffers from' cause discomfort or pity and suggest constant pain and a sense of hopelessness. While this may be a reality for some people, an impairment does not necessarily cause pain or require constant medical attention. People who experience chronic pain and other difficulties can nevertheless experience pleasure and do not necessarily regard themselves as tragic.

Most disabled people are comfortable with the words used to describe daily living. People who use wheelchairs 'go for walks'. People with visual impairments may be very pleased - or not - 'to see you'. An impairment may just mean that some things are done in a different way. It does not usually mean that the words used to describe the activity must be different. However, some common phrases may associate impairments with negative things and are best avoided: 'deaf to our pleas' or 'blind drunk'.

When talking about disabled people think about the words you use. Below is a list of general words about disability to use or avoid. The words on the left are passive, victim words. The words on the right respect disabled people as active individuals with control over their own lives.

Avoid	Use
(the) handicapped, (the) disabled	disabled (people)
afflicted by, suffers from, victim of	has [name of condition or impairment]
confined to a wheelchair, wheelchair-bound	wheelchair user
mentally handicapped, mentally defective, retarded, subnormal	has a learning difficulty or impairment with learning difficulties/impairments
cripple, invalid	disabled person
Spastic	person with cerebral palsy
able-bodied	non-disabled
mental patient, insane, mad	person with a mental health condition/issue
deaf and dumb; deaf mute	deaf, user of British sign language
the blind	people with visual impairments; blind people; blind and partially sighted people
An epileptic, diabetic, depressive, etc	person with epilepsy or someone who has epilepsy
dwarf; midget	someone with restricted growth or short stature
fits, spells, attacks	Seizures

Checking your behaviour

- Treat people with disabilities as adults: make appropriate contact with disabled people according to the situation. Do not be over familiar and only call a person by their first name if you are doing the same to others present.
- Talk directly to people with disabilities: do not assume anyone accompanying this person is a 'carer'. Relax and talk directly to the disabled person.
- Don't be embarrassed about using everyday expressions such as 'see you later' or 'going for a walk' in the company of disabled people. Most disabled people also use these phrases.
- Do offer assistance to people with disabilities, but only if they appear to need help and always wait until your offer of help is accepted. Do not assume you know the best way of helping – ask the person and listen.

- Don't be over-protective; people with disabilities are not fragile – do not underestimate their capabilities. If you're not sure ask the person concerned.

Finding a balance

Club volunteers may sometimes find themselves in the difficult situation of balancing the needs on an individual with the needs of other young people and volunteers at the club. For example Tourette's is a syndrome that causes the person to often use inappropriate and verbally abusive words in an uncontrollable and unintentional manner. It is known that a number of top sportspersons have this disability and allowances have to be made by others who are involved with them in sport. In the case of children and young people, the club has to consider the vulnerability of that individual as well as those who hear and observe this behaviour, and consider how they can accommodate children and young people living with this disability whilst at the same time safeguard all its young club members. The key to this is honest communication and discussion with all parties and where necessary education and awareness raising among the young people, their parents and carers and the wider club staff. A flexible and creative approach may also be necessary; at all times the coach must maintain the social model of disability uppermost in their mind, this will help the coach to look at wider barriers – be they physical, social, educational or attitudinal!

Making Orienteering Safe for Children with Disabilities

The British Orienteering child safeguarding policy, O-Safe, ensures those involved in organising orienteering activities and events meet the needs of all children and keep children from harm irrespective of whether or not they have a disability.

To understand and meet the safeguarding needs of children with disabilities in your club you need to have a knowledge and understanding of disability which follows later in this document.

Clubs need to recognise the rights of the individual young person and treat them with the respect they accord to all child members. They are not "children with problems" but children who have a disability and who may have particular or specific needs that are required to be met to enable them to participate fully in the club's activities.

Orienteering should be inclusive and young people with a disability have the legal right to be fully included in clubs and their activities. The positive nature of the involvement of disabled children in orienteering and club life for the child concerned and for those who are able bodied is recognised.

To facilitate full integration of disabled children into club life the club will need to take reasonable steps to ensure this happens by working in partnership with the disabled children, their parent or carer and in some cases the Statutory Agencies.

Working Together (2010) states: *"The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect"*.

British Orienteering is committed to supporting clubs to meet the duty of care to safeguard all children involved in the sport.

O-Safe the British Orienteering Safeguarding Policy states:

- British Orienteering is committed to ensuring that all children who take part in orienteering have a safe, positive and fun experience, whatever their level of involvement.
- The welfare of all children is paramount.
- All children taking part in orienteering activities, regardless of age, gender, race, religious beliefs, sexual orientation, ability or disability, have the right to enjoy orienteering in an environment safe from abuse of any kind.

To meet the duty of care to safeguard children orienteering clubs should recognise that both historical and recent research which demonstrates that disabled children can be at greater risk of abuse and that the presence of multiple impairments appears to increase the risk of both abuse and neglect.

Disabled children may be especially vulnerable to abuse for a number of reasons:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- They have an impaired capacity to resist or avoid abuse;
- They may have speech, language and communication needs, which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused;
- They are especially vulnerable to bullying and intimidation.

Working Together 2010 further states that *“Safeguards for disabled children are essentially the same as for non-disabled children”*.

Welfare Officers, coaches and club volunteers must have an awareness of the need to safeguard all children and specifically recognise additional risks to disabled children. Addressing these particular needs will benefit all members of clubs and create a more responsive safeguarding environment for all.

Club and their Welfare Officers should be aware that:

- Studies show that disabled children and young people experience higher levels of all types of abuse than non-disabled children.
- **Bullying** and **emotional abuse** can take place because children with disabilities may look and act differently or require “aids” to help them function. They can be a target for all types of bullying, by young people and adults. Sometimes the “abuser” does not realise the hurt being caused by inappropriate comments but sometimes they do and the bully is picking on the person least able or likely to complain.
- Disabled children and young people may be subject to **physical assaults** of a minor or major nature. They may be less able to remove themselves from a situation, an adult may become frustrated by their lack of response, or it can be as a result of physical bullying.
- **Sexual Abuse** of those in society who are unable to either stop or understand acts that are taking place are unfortunately not rare. Good safeguarding practice within the club, especially in terms of the need for a young person to be assisted in personal care, either during orienteering activity or when changing, can help prevent the possibility of such abuse arising.

A disabled young person may be left in an inappropriate situation or not be seen to receive appropriate care. Club officers and members must always report concerns if a parent or carer is viewed as failing to give proper care and attention to meet the needs of a disabled child.

Disabled children can be excluded by inappropriate acts of an individual and the club itself. British Orienteering is an inclusive organisation and expect clubs to do all they can to be inclusive to all children. The Equal Opportunities Policy can be found on the British Orienteering website.

Children and young people with disabilities may find it more difficult to disclose abuse and to be heard when trying to tell others about concerns.

It is important to ensure that all appropriate staff and volunteers undertake the “Safeguarding Children in Sport” course, which highlights these needs and can assist in raising awareness and identifying risk of harm.

The Welfare Officer and other responsible adults in the club have a duty to assist in safeguarding disabled children. The guidance in Working Together 2010 states:

“Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help them. Measures should include:

- *Making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;*
- *Making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;*
- *An explicit commitment to and understanding of disabled children’s safety and welfare among providers of services used by disabled children;*
- *Close contact with families, and a culture of openness on the part of services;*
- *Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment; anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home; and*
- *Guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack capacity will be governed by the Mental Health Capacity Act once they reach the age of 16.”*

Additionally British Orienteering suggests clubs:

- Ensure that there is sufficient information about the child (including their preferred methods of communication, level of understanding, behaviour, access requirements and equipment needs) from the outset to inform planning an explicit commitment to, and understanding of all children’s safety and welfare among providers of services used by children with disability; and
- Consult fully and regularly with young people with disabilities.

Definition of Disability

The Disability Discrimination Act (DDA) 2004 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Disability is recognised by legislation and includes:

1. Physical disability (e.g. limitations to dexterity or mobility);
2. Sensory impairment (e.g. visual, hearing);
3. Mental health difficulties;
4. Chronic illness (e.g. asthma, epilepsy, diabetes);
5. Medical conditions, which may cause pain or other symptoms, which affect your studies (e.g. side effects of treatment, poor attention span, poor concentration), Aspergers Syndrome/Autism Spectrum Disorder;
6. Specific learning difficulties (e.g. dyslexia, dyspraxia); and
7. Any other condition which has a significant effect on your ability to study.

It must be recognised that some of the above definitions will overlap and some children will have more than one disability.

Physical Disability including Sensory Impairment

The guidance Document "Inclusion of participants with Disabilities" gives an outline of physical disabilities that can affect children and adults. This document can be found on the disability pages at www.britishorienteering.org.uk.

Chronic illness

Among the more common chronic illnesses are asthma, allergies, diabetes, sickle cell anaemia or thalassaemia.

Being diagnosed with a chronic medical condition presents many challenges for both the child and their families. For parents and children having access to information, treatment options and related resources such as sport, can make a significant difference in their quality of life.

Health issues such as severe asthma, diabetes and epilepsy, are likely to require the young person to have regular medication. The Club Welfare Officer and coaches must be aware of what medication is prescribed as well as what action to take if the child becomes unwell. Clubs must ensure that, while supporting the child and parent or carer, they do not overstep what is appropriate for the club to undertake in terms of care. Knowledge of what to do and how to cope in an emergency is always important but it may be considered necessary that, in order to safeguard the child, a parent or other responsible adult should always be in attendance. For those illnesses where reaction time is vital, a plan should be developed with the child and parent/carer to deal with emergencies so that a clear line of action and responsibility can be followed.

It may be appropriate, with the expressed permission of the individual concerned and or their parent/carer to share some information in order to raise awareness and challenge myths and fears among their peers or club volunteers.

For example a young person with diabetes may be required to inject insulin and they may prefer to make this explicit to their peers rather than risk being caught injecting insulin with the risk of misguided assumptions about drug abuse! Safe arrangements should be made for storage of medication if the parent/carer is not present throughout activities.

Autistic Spectrum Disorders (ASD)

There are a group of lifelong developmental disabilities, affecting how a person relates to or communicates with other children and adults. Children with Autistic Spectrum Disorders experience difficulties known as “the triad of impairment – social interaction, social communication and imagination”. The National Autism Society recognises that “the prevalent rate of ASD of 1 in 110 indicates that all services (with children) should expect to come into contact with young people on the spectrum”.

In orienteering we need to recognise that ASD can cause problems not only for the individual concerned but for both other participants and coaches that are involved with them. It has to be remembered that this is not an issue of “poor behaviour” but a behaviour pattern that is part of ASD.

All clubs will need to look at what they can and can't provide to meet an individual child's needs and complete a risk assessment with a decision on whether that risk is acceptable and manageable, and allows the club to safeguard the needs of both the individual concerned and other participants to whom the club has a duty of care.

Attention Deficit Hyperactivity Disorder (ADHD) and Tourette's Syndrome Attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD) refer to a range of behaviours associated with poor attention span including impulsiveness, restlessness and hyperactivity, as well as inattentiveness, and may make it more difficult for children to learn or obey instructions and also cause misunderstandings when socializing.

Tourette's Syndrome is often linked to or part of the symptoms of ADHD.

Tourette's may cause children to use inappropriate and verbally abusive words in an uncontrolled and unintentional manner.

Clubs will need to liaise with parents/carers and possibly professionals who help the person outside the club to draw up a plan to support the participant within the club. The plan will need to be agreed by all concerned, eg coaches, parents and the child.

Specific Learning Disabilities and Behavioural Disorders

The Children Act 2004 defines Learning Disability (LD) as: 'a state of arrested or incomplete development of mind which induces significant impairment of intelligence and social functioning'.

Learning Disabilities include "such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia".

A learning disability is a lifelong condition that is usually present from birth, but may be the result of a trauma. Some specific learning disabilities are also recognisable by a young person's physical appearance, for example Downs Syndrome.

It should be remembered that most children who are assessed as having a learning disability have only a mild brain function limitation but they will require more help than most to learn new skills. Children with a mild learning disability often find it particularly hard to understand new and complex information, and to develop new skills. They may also have difficulties in retaining information and messages should be simple and repeated. If the coach is not aware of a child's limitation it can lead to a belief the child is being disruptive or just plain naughty in sessions through a failure to grasp what is asked of them. It is therefore crucial that information on all medical forms must include an appropriate section to disclose learning as well as physical disabilities.

Children that have a moderate to severe learning disability will routinely need day-to-day support in their everyday lives. The Charity Learning Disabilities UK, calculate that between 0.45% and 0.6% of children in the UK (that is, between 55,000 and 75,000 children) have moderate to severe learning difficulties. These children will be identifiable in terms of need as their specific requirements will be more obvious and profound.

It is important to remember that there is a high degree of inter-relationship and overlapping among the areas of learning. Therefore, children with learning disabilities may exhibit a combination of characteristics. These problems may mildly, moderately, or severely impair the learning process.

Behavioural Disorders

There are many terms used to describe emotional, behavioural or mental disorders. Currently, children diagnosed with such disorders are categorised as having a serious emotional disturbance, which can be characterised by:

- An inability to learn;
- An inability to build or maintain satisfactory interpersonal relationships;
- Inappropriate types of behaviour or responses under normal circumstances;
- Unhappiness or depression; and
- A tendency to develop physical symptoms or fears associated with personal or school problems.

The possible causes of emotional disturbance may be in part due to heredity, brain disorder, diet, stress, and family functioning but research has not shown any of these factors to be the direct cause of behaviour problems.

Some of the characteristics and behaviours seen in children who have emotional disturbances include:

- Hyperactivity;
- Aggression/self-injurious behaviour;
- Withdrawal;
- Immaturity; and
- Learning difficulties.

Children with the most serious emotional disturbances may exhibit distorted thinking, excessive anxiety, bizarre motor acts and mood swings and are sometimes identified as children who have a severe psychosis or schizophrenia. When children have serious emotional disturbances, these behaviours can continue over long periods of time. Their behaviour thus signals that they are not coping with their environment or peers.

O-Safe gives guidance on indicators of abuse and those working with children should be fully aware of these indicators. Also bear in mind that children may act out their concerns through attention seeking behaviour because they cannot verbalise those concerns for many reasons including the restriction of a disability. Working Together 2010 states that organisations that work with disabled children should give children with disabilities the opportunity to disclose concerns and abuse by “making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard”.

In sport behavioural concerns can and are being identified and referred appropriately i.e. self-harming, anorexia. Likewise coaches and other adults in the club may identify a change in behaviour, problems in forming and sustaining relationships, which can identify the child has an emotional problem, which may occur inside or outside club life. It cannot be stressed too strongly that a young person who has behavioural problems of this nature that are based on problems external to orienteering can gain enormously from their continuation in the sport in a safe and appropriate manner – provided their needs can be properly safeguarded.

Clubs have to consider the needs of all their members and a young person whose bizarre, violent or severe behaviour may not be suitable to be managed in the club, due to the needs of that young person and the others to whom the club has a duty of care.

Useful Publications and Website Contacts

Action for Blind People: www.actionforblindpeople.org.uk

Amputees: www.bromley.gov.uk

Attention Hyperactivity Deficit Disorder: www.adhd.org.uk

British Blind Sport: www.britishblindsport.org.uk

British Wheelchair Sports Foundation (BWSF): www.britishwheelchairsports.org/

Child Protection in Sport Unit: www.thecpsu.org.uk

CP Sport England & Wales: www.cpsport.org

Diabetes UK: www.diabetes.org.uk

Disability Discrimination Act (DDA) 2004: www.opsi.gov.uk/acts/2005

Disability Sport Events: www.disabilitysport.org.uk

Dwarf Athletic Association: www.daauk.org

English Federation of Disability Sport: www.efds.co.uk

Learning Disabilities UK: www.Learningsisabilitiesuk.org.uk

Mencap: www.mencap.org

National Autism Society: www.nas.org.uk

Special Olympics Great Britain: www.sogb.org.uk

The British Dyslexia Association: www.bdadyslexia.org.uk

Tourette's Syndrome (UK) Association: www.tsa.org.uk

UK Deaf Sport: www.ukdeafsport.org.uk

UK Sports Association for People with Learning Disability: www.uksportsassociation.org

Working together to Safeguard Children (2010)
Department of Health Home Office Department for Education and Employment
www.everychildmatters.gov.uk/workingtogether