



Form 8 - Including Disabled Children

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

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

Points to consider when including a disabled child in your group:

- work in partnership with the child's parents / carers and any professionals involved to establish ways in which the child can be included
- make sure inclusion is possible before bringing the child into the group
- make reasonable adjustments
- be interested in the child and build rapport
- if the child has a communication impairment, acquiring some key skills in the child's communication method will be useful
- specific training may be useful or required eg. autism or epilepsy
- Risk Assessments may be necessary to ensure the safety of some disabled children
- higher staff ratios may be required if the child has additional needs or behaviour problems
- intimate care issues: When introducing a disabled child into an activity, it is important to establish whether he / she has intimate care needs and who should provide or assist with this if it is necessary. It is important to remember that not every child with a disability has intimate care needs. Intimate care is, to some extent, individually defined and varies according to personal experience, cultural expectations and gender. It may be described as help with anything of a personal or private nature that the individual is unable to do him/herself.



Intimate care

Generally, Church workers involved in parish activities in the Diocese of Broome are not expected to be involved in provision of intimate care, which should be undertaken by suitably qualified people.

Decisions on who provides intimate care for a child should be discussed and agreed by everyone concerned: the child's views should be ascertained; parents should be consulted and their consent sought; a rotation of carers agreed of the same sex as the child; the age, stage of development and ethnicity of the child will need to be considered.

Most importantly, who will carry out intimate care and how it should be done should be agreed in advance. Guidelines to be borne in mind in providing intimate care include: the sensitive nature of such tasks; the need to treat every child with dignity and respect; ensure an appropriate degree of privacy; involve the child to the extent possible in his/her own care; try to ensure consistency in who provides care.

On occasion, a need may arise for Church workers to assist. Where health and safety issues arise, eg when changing a child, dealing with waste or blood, an apron and gloves should be worn. Physical contact should take place within a culture of limited touch and in response to the needs of the child, be of limited duration and be appropriate to the age and stage of development of the child. It should be open to scrutiny and every effort made to ensure that contact is not intrusive. If a child appears distressed or unhappy, this should be discussed with parents and the Parish Safeguarding Officer.

Any concerns or allegations should be reported following the process outlined in Form 4 - Parish Safeguarding Children Policy and Procedures.

Any queries regarding this information can be directed to:

Aidan Mitchell

Safeguarding Officer - Diocese of Broome

T: 0408 018 682

E: Safeguarding@broomedioocese.org

A: PO Box 76 Broome WA 6725