

Myth Busting

Busting the myths of inclusion



Introduction

This Playwork Inclusion Project (PIP) briefing looks at myths based on the inclusion of disabled children in play settings and services – this was the theme of the PIP regional seminars held in Spring 2010. In this briefing we outline some of the myths that were raised by the attendees at the seminars, and summarise some of the underlying principles of inclusion and the key recommendations that emerged from discussions.

As individuals we are all very different and have been brought up in varying ways. As a result of this, our thoughts and attitudes about disabled people affect the way we behave, and barriers we create or remove. KIDS supports the social model of disability, which once understood, automatically busts many basic myths about inclusion.



The Social Model of Disability

KIDS supports, and our work is informed by, the social model of disability. KIDS uses the definition adopted by the Council for Disabled Children in their Inclusion Policy:

‘The social model of disability defines disability as arising from the interaction between someone with an impairment and the barriers that exist in the environment: the attitudes of others and the policies, practises and procedures of organisations. Changing attitudes and removing or minimising barriers is key to creating a more just society with equality of opportunity for disabled people’

The social model of disability provides a clear framework from which to develop a rights based approach to working with disabled children and their families. It states that disabled people are excluded by the barriers created by environments and society and NOT by their impairments.

The social model contrasts with the medical model of disability which tends to see disabled children as ‘having something wrong with them’ which prevents them from being included. Most policy relating to play and childcare has historically been based on this model and this has blocked a creative approach to removing the barriers that cause segregation and exclusion. Consider the difference between the following approaches:

The Medical Model

- He can't join in at the after-school club because he's deaf and he won't understand what anyone is saying.
- She can't go swimming with her friends because she uses a wheelchair and can't get into the leisure centre.

The Social Model

- He can't join in at the after school club because there is nobody there who can sign.
- She can't go swimming with her friends because the leisure centre doesn't have a ramp.

With the social model, instead of trying to make a child fit into an existing setting with its existing practice, policies and procedures – which effectively excludes that child - the onus is on the setting and its responsibility to adapt and change in ways that will encourage the inclusion and participation of all children.

Myth 1 : Disabled children are special

We should recognise that all children have unique genes and their own individual likes and dislikes. Children have different levels of ability and live in unique environments. Disabled children are no different to this – they too are unique.

Disabled children should not be thought of as separate or somehow different from their non-disabled peers. They should have the same rights and opportunities that all children have.

If we treat disabled children as different or "special" then we are not helping with inclusive practice. Instead, we are isolating or separating disabled children and may entrench the perception and myth that disabled children and young people are "special people who need special help and special services", which can encourage a patronising attitude and discourage the more empowering attitude that every child is an individual.

Myth 2: Some publications say "children with disabilities", some people use the term "disabled children", this is confusing

The term considered to be current best practice from the Disabled People's Movement is in fact the term "disabled children".

Terminology changes from time to time as knowledge and understanding evolves, and "children with disabilities" was previously the preferred term. Many services labelled themselves and their job titles with this terminology, believing that the child comes first and 'their disability' follows, hence the phrase. However, the Disabled People's Movement have since continued the debate on terminology and now prefer the term "disabled child" ("disabled person"), as recognition of how someone is disabled by the society in which they live. In this instance, the child or person does not come "with disabilities", because in the right environment, with the right attitudes from those around them, and maybe with the right support, they are not actually disabled (this is not to say that they do not still have conditions and impairments). This is a strong example of how the social model of disability affects thinking and practice.

It takes a long time to change the words people use, especially when their department or job title may suddenly be in question. People believe "children with disabilities" is the correct term because they understand why it should work (child first, disability second), and when someone questions their title they can feel threatened. That's not to mention all the documents and policies using this language, including at a government and legal level!

However it is important that settings and services agree and adopt consistent terminology based on the shared values and ethos of the setting. Remember that it is much more important to make your practice inclusive and demonstrate that you value and welcome every child rather than become so hung up on the language you use that it affects your confidence and ability to support disabled children.

KIDS has produced a guide to language “Choosing our words – the power of language” as a first step towards promoting awareness.

Myth 3: It costs more money to include disabled children

This makes an assumption about disabled children’s requirements and that all disabled children require additional support or resources (e.g. a common misconception is that all disabled children need one-to-one support workers). In fact many of the barriers that affect disabled children from being included in services, are often policies, procedures, practice and attitudes, which do not cost much (if any) money to change.

Inclusion is “Everybody’s Business”. A one to one support worker may be required in a bridging role to support the child, their family and the setting in initial sessions, but ultimately a “special” member of staff should be avoided. Children should feel confident with any member of the staff team, and vice versa. By taking the time to get to know a disabled child and their family as you would any other child, rather than making them the responsibility of a one to one worker, you are in fact removing several barriers for the child and costing less money!

Automatically providing a support worker for a disabled child may impact negatively on the setting as a whole as there is an implication that there is no joint responsibility for an inclusive

approach or a proper understanding of each child’s requirements.

It is undeniable that sometimes funds will be required for some assistance, equipment or resources, but Local Authorities and organisations should allocate this in the most appropriate and effective way that supports inclusive practice and children’s independence rather than only providing funding for specific support staff for specific children.

Myth 4: Accessible play spaces mean inclusive play spaces

The Disability Discrimination Act (1995) required that reasonable adjustments should be made to physical spaces and services so that disabled people are not discriminated from accessing them. Physical access is of course important, but disabled children want more than just being able to get into a play space! They want to have fun playing, make choices, feel welcomed and make friends with peers of their own choice.

Sometimes, when specialist pieces of equipment are installed in play spaces, this equipment may not always support inclusion, perhaps due to where it is located and/or its focus on solitary play. Play spaces should promote social interaction between all children rather than segregate groups based on a false belief that disabled children are ‘different’ and need ‘different’ or ‘special’ equipment. Instead it is much more important to have flexible equipment and spaces that can be used in different ways by different children.

When thinking about disabled children and their use of play spaces there can also be a tendency to focus on wheelchair users and overlook children with other impairments. It must be remembered that the majority of disabled children are not wheelchair users, and so we need to provide play spaces that are accessible and inclusive for all disabled children, not just for wheelchair users.

KIDS’ publication “Inclusion by Design” demonstrates how to create inclusive play and childcare environments by working closely with disabled children and their families.



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Myth 5: Disabled children need to be cared for and don't need to take risks

The document “Managing Risk In Play Provision” (Play England and DCSF, 2009) is very clear in stating all children need time and space to experience challenges and risks in play. Disabled children often have fewer opportunities to take risk, both in the home environment where parents are naturally very protective and worried for their children’s safety and outside the home where organisations’ health and safety policies and procedures can emphasis the risks and not allow the child to benefit from being able to take part in the same experiences as other children.

All children have different requirements and during their childhood will need to be cared for. It is important however, that all children have opportunities for risk taking and experience challenges, whether physical or emotional. By taking sensible and positive risks, children learn about the world and their own abilities and skills. From understanding the value of risky play, practitioners can then make a judgement on when to step back and when a child may require support.

Within play settings, risk assessments can prevent disabled children from taking part in certain activities, as activities can be regarded as too risky. Instead however, KIDS support



the use of risk benefit assessments, which should be undertaken to ascertain the benefits as well as the risks to children of taking part in specific activities rather than a complete focus on the negatives. It is also worth recognising that there may be times when health and safety or other policies can exclude some children from taking part in play.

One of the Playwork Principles states “Playworkers choose an intervention style that enables children and young people to extend their play. All playworker intervention must balance risk with the developmental benefit and well being of children.”

Myth 6: Disability is a devastating personal tragedy

The lives of disabled people are not tragic. Often disabled people find that they are disabled by the attitudes they encounter and the environment in which they live and work. Disabled people may have an impairment or condition, but this does not define who they are. All of society should respect and value the contribution that disabled people can make to the community.

A person’s impairment is often amplified by the way society responds to the person. As in the social model, with the right environment and attitudes, the effects of an impairment can be minimised so as to not be disabling.

We should recognise that some people may feel like this, but for most people, they are who they are and want to live ordinary lives without pity.

Myth 7: Parents of disabled children are always experts on their child

Parents of disabled children do have the experience and history, but they can sometimes find it hard to keep facing the barriers put in front of them and their child. They may have been promised inclusion before and been let down. As a truly inclusive setting you can listen to their experience and

support them towards positive aspirations for their child as they really start to be included.

Parents of disabled children know their child, but they do not know how their child will react in each and every different setting and situation or how they will react to each and every individual



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they will meet. They are an invaluable source of information about their child's likes and dislikes and about their child's individual requirements.

Parents may want to protect their children from harm and some parents may hold disabled children back from trying new things and taking risks and challenges. Parents need to have confidence that the setting and the staff within it can provide a safe and happy experience for their child. Open, honest and frequent communication and exchange of information between the setting and the parents will help both sides become experts about the child.

Myth 8: If children can't speak we won't know what they want to do

If a child has an identified communication requirement they may already use a communication method other than speech, such as pictures, symbols or PECS. It is important that the setting supports this fully, and staff will need to learn as the child and family learns. Other children at the setting will usually be very interested in learning too!

Although some children may not use verbal communication or another formal method such as those above, they will communicate by their facial expressions, noises, body movements etc.

Having staff that are consistent and have prior knowledge of the child's likes and dislikes are crucial in understanding each child's preferred methods of communication and what they are communicating. It can also be helpful to do a home visit and speak to other services that the child attends so that consistent communication approaches are adopted.

Myth 9: Disabled children need to be occupied fully with exciting play opportunities at all times while at a play setting

All play services need to offer inclusive play experiences and choices relating to children's interests but there is an importance about allowing children time to relax. Some children choose and like to observe others rather than be fully occupied and this should be respected.

This may be an opportunity to try out new activities.

Myth 10: Disabled children and young people are not able to play football or take part in athletics

We should not assume that all disabled children and young people have physical impairments and therefore will not be able to participate in sports.

Regardless of whether a child does have a physical impairment or not, all games can be differentiated and changed so that all children can play. In order for this to happen coaches should be suitably trained and use creative solutions to overcome access difficulties.

By using the Paralympics as role model, we can show disabled children and young people how they can participate and achieve in sports. It may be that you just need to adapt resources and rules.

Disability Equality Training will give playworkers an awareness of why this should happen. KIDS offers this as part of a range of training courses that can aid your workforce in delivering exciting active play and leisure opportunities.



Myth 11: Our setting is inclusive but we don't have any disabled children in this area

It would seem that perhaps we are not always aware of our community, as it is estimated that 7% of the child population is disabled. Therefore it is unlikely that no disabled children live in a certain area. With good intentions we often assume and think that we are doing everything we can to include all children but this may not always be the case.

We should evaluate and assess the inclusive practice in our setting (All of Us framework) to highlight any possible barriers that may be preventing disabled children from accessing the setting.

Some settings have found that having an 'Open Door' policy for disabled children is not enough – a more proactive approach is often needed eg some settings have altered their leaflets and posters, held specific welcoming events, open days, spoken to their local disabled children's team and other professionals who the family come into contact with.

Here is a handy list of definitions of types of provisions – where do you really fit?

Segregated Provision

- The setting aside of disabled people based on a professional's view of an individual's impairments and lack of ability to 'fit in'. Non disabled professionals have control

Separate provision

- Groups of disabled people who choose to meet and develop their own agenda, similar to other minority groups

Integrated provision

- The intermixing of people previously segregated by impairment alone. Non-disabled people tend to take the lead regarding when, where, how and who

Inclusive Provision

- Provision that is open and accessible to all, and takes positive action in removing disabling barriers, so that disabled and non disabled people can participate

Alison John & Associates

Myth 12 :Equal opportunities means treating everyone the same

No - every child should have equal access to play experiences and opportunities. Each child is individual and will have specific requirements that need to be met for this to happen - therefore children need to be treated individually.

Myth 13: Not all children can be included in play services

There is no reason why all children cannot be included in play services. The biggest barriers to inclusion are people's attitudes! All children can be included in play services, but currently not all play services include all children.

Myth 14: Non disabled children won't cope with being with disabled children

Children from a young age understand diversity if it is explained openly to them. Staff should model behaviour and communication and support children to recognise and celebrate differences.

Conclusion

KIDS' vision is a world in which all disabled children and young people realise their aspirations and their right to an inclusive community which supports them and their families.

KIDS Playwork Inclusion Project has been working with national, regional and local organisations, local authorities, staff teams, settings and individual people for the last 10 years towards this vision.

There are many people offering inclusive play opportunities open to all children and young people, and many who aim every day to be inclusive in their practice.

Inclusion is a journey, we do not see it as a final product but instead as a work in progress. We have all started on this journey at some point. We may have had pre-conceived ideas of disability and inclusion from our upbringing, our experiences and the society around us.

These myths came from the people PIP has been working with – but so did the myth-busters. It does not matter where you are coming from but where you are going to, often admitting that you would like to change and overcoming the first fear and embarrassment is the hardest step.

By considering the myths and the myth busts, we should be encouraged to think about the service we are offering, the aims we have each day and what steps we should take to work towards inclusion together. That way you can continue to bust myths for the next 10 years and beyond.

If you would like a copy of this briefing in large print or an alternative format, please contact the PIP Team.

Useful resources:

The Council for Disabled Children Inclusion Policy
www.ncb.org.uk/dotpdf/open_2/cdc_inclusion_policy_2008.pdf

Choosing Our Words – the power of language
www.kids.org.uk/files/103669/FileName/ChoosingourWordspdf.pdf

Everybody's Business – a practical resource for including disabled children in play, childcare and leisure settings (Rachel Scott, KIDS 2011)
www.kids.org.uk/information/100428/100834/books

Disability Discrimination Act 1995 / Equality Act 2010
www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

Inclusion by Design – a guide to creating accessible play and childcare environments (Clare Goodridge, KIDS 2008)
www.kids.org.uk/information/100428/100623/100834/books

Playwork Principles (**Playwork Principles Scrutiny Group, Cardiff 2005**)
www.skillsactive.com/playwork/principles

KIDS Playwork Inclusion Project briefing on Communication
www.kids.org.uk/briefings

KIDS range of inclusive training courses and consultancies
www.kids.org.uk/training

The Buskers Guide to Inclusion (Philip Douch, Common Threads 2005)
www.commonthreads.org.uk/buskersguides.htm



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