

Additional needs slides

Cognition and Learning

People with **learning difficulties** tend to take longer to learn and may need support to learn new skills. It is permanent and is often classified as mild, moderate, severe or profound. It may range from someone who is able to communicate easily and look after themselves but may take longer to learn skills and understanding complex information through to those who aren't able to communicate at all.

Some of these learning difficulties can be more specific and some are given their own names. One of the most recognisable is **dyslexia** which primarily affects reading, writing and spelling. People with dyslexia may be slow to process information and instructions, have poor short-term memory so can be disorganised and can forget words i.e. burning police instead of fire brigade.

Another similar one is **dyscalculia** which affects ability to recognise numbers and complete maths and number based tasks.

Meanwhile **dyspraxia**, sometimes called Development Coordination Disorder, affects coordination. It can be hard to control gross and fine motor controls meaning big movements like walking straight and small movements like writing or speaking can be tricky. They might bump into things or find games with a ball hard.

The final one on this list is **Down's syndrome** which is genetic and caused by an extra chromosome. As chromosomes help control our appearance, people with Down's syndrome will have some common physical features. There may be some degree of learning difficulty and because of the shape of the nose and mouth they may find it hard to wear glasses, pronounce sounds and their hearing can be blocked by colds. It is very individual so find out what they can do and don't call someone a "Down's person".

Communication and Interaction

Let's start with one of the broadest needs that fall into this area, that of **autism**. It is lifelong and affects how a person communicates with and relates to other people and how they experience the world around them. People often talk about autism being a spectrum and it affects people in different ways both positive and negative. Generally speaking people prefer the phrase "autistic person" rather than "person with autism" and depending on when they were diagnosed, a young person may refer to themselves as having **Asperger syndrome** and the abbreviations ASD or ASC are sometimes used. Autistic people may communicate and interact with others differently, prefer routine and repetitive behaviours, have an intense focus on interests and may seek or avoid sensory input. Autistic girls may display different characteristics to boys for reasons we aren't quite sure of; we think girls may be better at hiding and masking their differences, even if they are not aware of it. Whatever the reasons, it is the case that more boys are diagnosed with autism than girls.

A related and newly developing diagnosis is that of **Pathological Demand Avoidance** or PDA. Often sitting within the autistic spectrum, someone with PDA will often try and avoid every day activities, demands and expectations to an extreme extent. They may want to be in control, seeing themselves as equal to their adults. There can also be sudden mood swings from difficulties to regulate emotions and have poor self-esteem to the point they may destroy their work if something goes wrong or even if it is praised.

It's not just autism though that goes in this category. Another broad category is those with **Speech, Language and Communication needs**. This basically describes a difficulty across any form of communication and can include having a stammer, voice problems or difficulties producing or understanding language. It may be linked to something else and can be hard to spot but the impact can be great.

Partly coming into this category is **Tourette syndrome** which is a neurological disorder affecting the nervous system and often shows as repetitive involuntary movements or vocalisations called tics. It can either be simple, involving one muscle group like eye blinking, or complex involving several groups like saying words randomly or touching. They can be worse due to excitement or anxiety but despite what you'll hear comedians joke about tics that make people swear is very rare.

One final need to mention here is a **need for visual support** which overlaps with what we've mentioned already and can apply to others as well. This can be something like a visual timetable, visual prompts for instructions or behaviours or a social story outlining what is going to happen. Some young people may use these at home or school so may want one for Scouts to outline what is going to happen or what may happen in new situations such as on camp or when moving on.

Sensory and Physical needs

An obvious one to start with, **allergies** is a body's reaction to a foreign substance such as food, medicines, pollen among many others. If someone has a reaction to gluten, it can be called **coeliac disease**. You should be made aware about young people with allergies and they may carry an epi pen. This is covered in First Aid courses often.

Asthma is the most common chronic condition of childhood so you're likely to come across this one. It affects the airways and people with asthma can have episodes of coughing, wheezing and having a tight chest and being short of breath. They will usually have an inhaler and come in preventer and reliever varieties, the latter usually blue. It's also usually covered in First Aid.

Cerebral palsy causes difficulty with movement ranging from barely noticeable to severe and is caused by the brain developing differently during birth or early childhood. It will vary but can cause stiff muscles, balance problems and poor posture control.

Diabetes is when the body is not producing enough of the chemical insulin needed to break down food. It comes in two types, called Type 1 and Type 2. Type 1 is when the body's immune system attacks and destroys the cells that make insulin and is normally controlled through insulin injections. Type 2 is where the body is not producing enough insulin, is much more common and can be controlled through diet changes and medication.

Someone with **Epilepsy** is more likely to have seizures or fits which is caused by excess electrical activity in the brain. It is often controlled by medication but the main thing we would need to know is what to do if they have a seizure, mainly protecting them from injury, putting them in the recovery position, timing how long it takes and to reassure them as it happens.

Hearing loss can of course come from different sources and affect others in different ways. A child may have **glue ear** which changes during the year and affects how they can hear sounds and therefore how they speak and communicate. Hearing aids are one way that can help but never forget tubes become blocked and batteries need replacing so they're not infallible.

So **incontinence** is the inability to control bladder and or the bowels and can come from illness or through things like bedwetting at night. It can affect a number of ages and isn't the young person's fault. There are also medical conditions like inflammatory bowel disease that can result in people with IBD finding it hard to control their bowels. Depending on the cause, medications are sometimes used otherwise having spares is the big consideration.

Juvenile arthritis is a chronic condition that causes pain, stiffness and swelling of the joints. There are lots of varieties and what people can do will change between people and even day to day. It can be tiring and can be worse in the morning so early starts at camp can be hard.

Migraines is often misunderstood and can be much more than just a headache and when people get a migraine attack it can severely affect what they can do at the time and can be affected by light.

Now a phrase like **mobility impairment** is very broad but essentially means anything that affects the movement of the body. This will again vary and includes people who are wheelchair users, those who have a broken limb and so are temporarily using crutches through to conditions like **spina bifida and hydrocephalus** where the nerves or spinal cord is exposed and possibly damaged resulting in loss of sensation or paralysis or **muscular dystrophy** where the nerves and muscles degrade that results in mobility becoming worse over time.

So delving into the sensory for a second lets look at **sensory processing disorder** or SPD. People with SPD are much more or less sensitive to what they hear, see, smell, taste or touch. It might be part of another condition but they might seek out senses if they are under-stimulated or avoid them if they are over-stimulated. An example could be a young person who is sensitive to noises showing challenging behaviour when it is loud or someone spinning around to seek movement.

Briefly returning to mess, a **stoma** is when human waste (pee or poo) has to go out through a hole in the abdomen into a bag rather than through the conventional exits. These bags obviously need emptying which is where the core of the adjustments are needed. Some young people will be old enough to manage it but if you have someone younger, say a Beaver Scout, they may need support of help if their bag slips or needs emptying.

Finally let's look at **visual impairment** which is usually defined as any sort of vision loss that can't be corrected with glasses or contact lenses. There are lots of modifications depending on what the form of vision impairment takes from braille text, a guide dog or magnification aids. Even if you have someone who wears glasses just bear in mind glasses can break which can leave you stuck if you're not prepared.

Social, Emotional and Mental Health

Anxiety is common when we feel worried, tense or afraid and it can happen to anyone. However, when it impacts on our day-to-day activities significantly then it might be classed as an anxiety disorder and seen as a mental health problem. Someone with an anxiety disorder may display some behaviours to help them cope with the anxiety. We can help by learning about the strategies used at home or school, talking and creating the supportive environment we mentioned earlier. Linked are **panic attacks** when you get physical symptoms linked to high anxiety.

The same strategies can be applied to **depressive disorders** when the feelings of being sad, miserable or in generally low mood don't subside in due course. It can be caused by experiences and other environmental factors as well as if someone has a physical health condition which is wearing to manage. Some people have medication to help them or might have external help.

Having mental health problems like depression or anxiety can lead to other things as well such as **eating disorders**. The main two are **anorexia**, where people keep their weight low by dieting, vomiting, exercising a lot or using laxatives, and **bulimia** where they will often binge by eating a large amount of food and then removing it by vomiting. Either way it is important we support someone who has an eating disorder through some of the ways mentioned already.

Hyperactivity is when someone is overly active and feels like they're always on the move. The best known example of this is **Attention Deficit Hyperactivity Disorder** or ADHD although is sometimes called Attention Deficit Disorder or ADD. There is not definite cause but there are some things we know cause it. Someone with ADHD may find it difficult to stay focused and control their behaviour but again it varies by person and lots do go on to find it positive to their work and later lives with the right strategies and adjustments in place.

One thing that also falls into this area is a **looked after child** where a child has been in the care of the local authority for as little as 24 hours. They could be fostered or living in a residential home or a school and could be in that situation for a variety of reasons. They might have additional needs and so live somewhere that can cater to their needs. They might not have a responsible adult, such as if they are an asylum seeker, or the local authority might have needed to intervene to keep them safe. Whatever the circumstance, it will be hard on the young person and their mental health. Support will be needed and there is guidance to help with this.

Oppositional Defiant Disorder or ODD affects a child's behaviour and involves them defying their parents or refusing to follow rules and can often be angry or irritable. It can be like a tantrum but we more extreme and last longer than you would expect.

Another one you've probably heard of is **Obsessive Compulsive Disorder** or OCD. People with OCD often experience obsessions, which are unwelcome thoughts, images, worries or doubts that appear and cause anxiety, and often respond through compulsions to reduce the anxiety caused by the obsession. For example, someone could have an obsession about getting an infection so they have a compulsion to sanitise their hands which satisfies them until their obsession returns a short while later. In addition to the anxiety, it can impact on day-to-day life, relationships and make them feel ashamed or lonely. The supportive environment can help here.

Phobias are a fear of something and all of us have a phobia to something like spiders or heights or the dark. However, it can become a mental health problem when the fear is out of proportion to the danger, the fear lasts longer than you would expect or has a significant impact on day-to-day life. So being scared of spiders is one thing, but being scared to go to certain places in case there is a spider there would be a problem.

The last mental health issue we'll look at is **Post Traumatic Stress Disorder** or PTSD when anxiety develops after experiencing a traumatic event. There are different severities of it but listening can help as well as knowing their triggers to avoid them or to be prepared if they cause a flashback.

Other Individual characteristics to consider

Consider the literacy skills of who we are talking to and if someone speaks **English as an Additional Language** sometimes shortened in schools as EAL. If you're speaking to someone who speaks English as an additional language or even a Beaver Scout and you use an idiom or something that doesn't make sense when you think about it then it can be confusing.

We may have young people who are part of the **LGBT+** community. The plus is important as there are lots of people welcomed and the full name has different letters to accommodate them but the main four that everyone uses is LGBT for Lesbian, Gay, Bisexual and Transsexual people. Our Scouts may need support in understanding their sexual orientation or gender identity and we may need to support the other Scouts in understanding this and support the young person as they may face bullying or even discrimination in the wider world because of who they are.

Similarly **gender** is something we need to consider, such as sleeping and changing arrangements for residential through to supportive environments and tackling the stigma around period poverty.

We may need to think about how we are including people from different **faiths and beliefs** including none in our events by offering the full range of promises in the section or considering if we need to allow time for prayer or if someone follows a special diet.

We need to think about if we are including young people from a variety of **social and economic backgrounds** or having ways to support people from lower income background to source uniform or to go on residential and camps. This focus has existed as early as the 1907 experimental camp when boys from lots of backgrounds were invited to camp.

Finally I'll mention **vegetarian and veganism** where our Scouts choose for ethical or health reasons to not eat meat products or any product that involves using animal products respectively. In these cases we should respect their beliefs like we would other religions.