

CHILDREN WITH DISABILITY IN CHURCH



FACT SHEET FOR SUNDAY SCHOOL TEACHERS AND YOUTH LEADERS

1 General reminders

- A child is a child first, who just happens to have a disability. The disability is only a small part of who the child is.
- Do not generalise or label a child and never assume that you know what a child needs – always consult with the child and/or his/her parents.
- It is important to discuss a child's disability openly with the rest of the children, but always get the permission of the child and his/her parents before doing so. Ignoring the topic might lead to misconceptions and rumours and will hamper relationships and friendships between the children. Once children understand the disability of another, they often adjust quickly and can unconditionally accept the child into their group. However, if a child is only mildly affected by a physical disability that is not very obvious, discuss the impact of the disability on the child with the parents, and ask the child whether he/she wants you to share any information in this regard.
- Children learn through example – if you model unconditional acceptance and respect towards children with disabilities, it will teach the other children so much more than just words.
- Use the correct terminology when referring to a child with a disability. It is a child with an autism spectrum disorder, not an autistic child, and do not use words such as "retarded" or "handicapped". Also, do not refer to children without a disability as the "normal" children.
- Teaching aids are important for all children to understand the message of the Gospel, but creative teaching aids that involve more than one of the senses, can assist in making the classroom experience much more valuable and enjoyable for the child with a disability.

2 Specific Disorders or conditions

Please note that this is not a comprehensive list of disabilities. These guidelines are a summary of the most distinct characteristics of a given group of disorders, and it is advisable that you consult other resources for more comprehensive information. However, never generalise and always consult with the parents to clarify the specific needs of an individual child.

The child him/herself can also be consulted. Children, even those with a severe disability, can usually communicate from an early age. This is an ideal opportunity to act as role-model (to other adults and to children) with regards to respecting the opinion of the child with a disability.

2.1 Attention Deficit Hyperactivity Disorder (ADHD)

This is a disorder characterised by a short attention span, with or without hyperactivity. I may be accompanied by impulsivity.

- Teaching aids that are interactive, bright and stimulating can go a long way in keeping the attention of a child with ADHD.
- Try to keep external distractions to a minimum where possible, i.e. closing the door if there is a lot of movement outside, or arranging seating in such a way that the children can look away from major distractions.
- Do not assume that a moving, fidgeting child is not listening – these children may not have a learning disability, they just learn better while moving. Involve them in plays and/or mime activities where they are able to move while helping to carry across the information of the lesson.

2.2 Autism Spectrum Disorder (ASD)

This is a developmental disorder characterised by varying symptoms unique to each child. It could affect the way the child communicates and interacts with other people.

- Because children with ASD can get distraught very quickly, they often become the victims of bullying – be on the lookout for this and intervene immediately.
- A child with an ASD may get upset when his/her routine is disrupted. Ensure that the child will be able to sit on the same chair in the same spot each time. If possible, keep the routine in class more or less the same and warn the child and parents beforehand if you are planning major changes.
- Be aware that a child with an ASD might want to play with one specific toy or display repetitive movements. This should be explained to the rest of the class in an empathetic manner.
- Children with an ASD may not make eye contact – do not expect it from them.
- These children might not be able to tolerate loud noises and/or bright or flickering lights. Consult with the parents to determine ways to manage this in class.
- Social interaction and physical contact may be experienced as threatening by some children with an ASD. Find out from the parents what their child can tolerate. Explain these boundaries to the other children in an inclusive way.
- If possible, locate a quiet area where the child can escape to when needed, and give him/her permission to do so when feeling overwhelmed. Look out for clues that he/she is finding it difficult to cope, such as covering his/her ears or trying to hide in a dark or quiet space.
- As with all children, give very clear and specific instructions about activities and expectations. Do not assume that a child knows what to do or how to behave in a new situation.
- Considering that Sunday School, or any other faith based activity is voluntary (and we want to keep it a happy place which they WANT to attend) we need to keep rules and instructions to a minimum. If we as teachers think in terms of such as 'guidelines'; 'encouragements', helping children to understand; they will want to do things, rather than another thing they HAVE to do.

2.3 Down Syndrome

This is a chromosomal disorder that may result in the delay of physical and cognitive development, but the extent thereof is unique to each individual child.

- Do not assume that a child with Down syndrome has a learning disability. Slow language development often masks a great memory, creativity and exceptional skills. A number of adults with Down syndrome lead independent, productive lives, with some having completed tertiary education. Consult with the parents to determine the abilities and needs of a specific child.
- A child with Down syndrome may form meaningful relationships with his/her peers, but may lack certain social skills. Be on the lookout for any misunderstandings amongst the children and encourage appropriate behaviour by all involved.
- Ensure that the location of the classroom is secure and that children cannot wander off.
- Sometimes, a child with Down syndrome may experience visual and/or hearing impairments – ensure that you clarify this with the parents.
- A child with Down syndrome might need help with some activities, as he/she may have impaired fine-motor skills and low muscle-tone.
- A buddy system can work very well – giving another child(ren) the honour to help. There are testimonies of others queuing for a turn to help or be the buddy. It depends a lot on HOW it's done. Remember, if the teacher does it all it means less time for whole class and THAT may become a point of resentment.

2.4 Hearing Impairment

There are different kinds of hearing impairments that can range from mild to severe (where the child is completely deaf).

- Consult with the parents on the best way to communicate with the child to ensure that you are able to meet his/her individual needs in class. Some children use sign-language, others use lip-reading, and yet others use a combination of both.
- Some children who have difficulty hearing might not be able to follow a command if the class is very noisy.
- If you have the luxury of knowing ahead of time that a child who is Deaf and dependent on sign language is going to attend, have a preparatory lesson with the others on different ways of communicating. Practice a few gestures that they probably already know. Make a game of it and see how much the group CAN communicate without words (e.g. wave hello/goodbye; thumbs up; facial expressions; pointing; shrug for 'don't know'; rubbing tummy for 'hungry' and other non-verbal and well-known gestures) – this is a very good start and as the teacher you will be amazed at how much children CAN communicate with a Deaf child if they are AWARE ... when the Deaf child comes, and is able, ask them to teach the class one or two signs each time the class gets together (not too many at once).
- Explain to the other children in class the different kinds of hearing impairments, and teach them not to generalise. Just because they are told at home to speak loudly to granny, does not mean that their friend will be able to hear if they shout at him/her.
- If a child is using a hearing aid, explain to the children how it works and show them pictures or samples of hearing aids so that they can get familiar with it. Once the mystery of the hearing aid is gone, it is easier for the other children to relate to the child with a hearing impairment. Where appropriate, first ask the child in question whether this is acceptable to him/her – the child may be sensitive about the hearing aid.
- Remember that children with a hearing impairment have to rely more on their other senses. Focus on interesting and stimulating visual and tactile aids to bring across your message.
- It might be helpful to arrange the chairs in a circle so that the child with a hearing impairment is able to see the faces of the other children. Look directly at the child when

speaking so that he/she can see your facial expressions and lips, and use clear language and full sentences. Teach the other children to do the same.

2.5 Physical Disabilities such as Cerebral Palsy, Spinal Cord Injuries and Amputations

Cerebral palsy is a disability that affects the nervous system, which results in decreased muscle co-ordination, as well as muscle weakness and/or spasticity. Cognitive abilities are **not** necessarily affected.

Spinal cord injuries are the result of birth defects/trauma to the spinal cord, resulting in paralysis of either the lower body, lower and upper body, or combinations thereof.

There are different reasons for having an amputated limb, such as traumatic events or illness. A person may also have been born with an under-developed limb.

- If a child uses a wheelchair, ensure that the facilities where the children meet can accommodate a wheelchair. Refer to the information on the RampUp website on "Accessible churches and worship services". Involving the rest of the class in determining whether your facilities are wheelchair friendly, could be an important learning experience for all.
- If a child uses a device such as a wheelchair, walker or crutches, it might be beneficial to familiarise the other children with such a device. Try to get another wheelchair that the children can ride in. If the child can do without his/her crutches or walker for a while, you could ask permission from the parents/child to let the other children touch and use the device. (It may however be traumatic for the child, as such devices are often seen as an extension of their own limbs.) If permission is granted, supervise the children at all times to ensure that they handle the devices with care. If you have the permission of the parents and child with a prosthesis, you could let the other children touch the prosthetic limb and possibly even allow the child to show the other children how to take it off and put it on. This may not be possible on the first day that the child visits, as the child using such a device may feel threatened by all the unusual attention.
- However, once the mystery of a prosthesis or assistive device is gone, it is easier for the other children to relate to the child with a disability.
- Children with cerebral palsy often find it difficult to express themselves or they are unable to speak at all. However, never assume that a child who cannot speak, cannot understand what is being said to him/her. Children with cerebral palsy often understand and learn on the same level as other children of the same age. More importantly: all children can communicate, even if they cannot speak. Ascertaining from the parents how the child indicates whether he/she likes or agrees with something or not, is a good start. This means that when children take turns to answer questions, this child can also take his/her turn. This assumes that the teacher asks the question in a way that can be answered by an agreement/disagreement response.
- It is very important to give a child with a physical impairment enough time to respond: if he/she does not answer immediately don't repeat or rephrase the question: maintain eye contact and wait to show the child that their response is important and that you are willing to wait for it.
- Because the muscles in the mouth of a child with cerebral palsy may also be affected, some children might have difficulty swallowing, resulting in excessive drooling. Explain the reason for this in an empathetic manner to the other children and keep paper towels handy.

2.6 Visual Impairment

Visual impairment can range from mild to severe (where a child is completely blind).

- Do not assume that the child is helpless. Consult with the parents, or directly with the child in the case of an older child, on the best way to interact.
- Concentrate on being more vocal and describe what is happening in the class. Visual aids are important teaching tools and it is important to use it for the seeing children in the class. However, ensure that the pictures are described to the child with a visual impairment, either by yourself, but preferably by another child in the class. This will be to the benefit of all the children.
- Experiment with audible and tactile aids to bring across your message.
- Plan activities in which all children can participate. It could be a great learning experience to involve all the children in exploring ways to include the child with visual impairment in their games.
- Teach the children to speak to the child with visual impairment when approaching and not to touch him/her without warning. Get into the habit of always saying the child's name as you approach him/her – another good habit that will benefit all if generally practiced.
- Orientate the child with visual impairment with regards to the other people and objects in the class, by verbal explanation. Consult with the parents on the best way to do this.