BRITISH TAEKWONDO COUNCIL

Safeguarding – Protecting Children Policies and Procedures

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DISABILITY POLICY

Working with Local County Councils, The British Taekwondo Council has produced an accessibility policy and plan for all its member clubs to adhere to.

The accessibility plan is required for:

- Increasing access for disabled pupils to the Taekwondo Clubs
- Improving access to the club's environment
- Improving written information for disabled pupils

There are three main duties:

- Not to treat disabled pupils less favourably
- To make reasonable adjustments to avoid putting disabled pupils at a substantial disadvantage
- To prepare an accessibility strategy (Updated Training Programme)

We need to consider the requirements of current and future disabled students.

- The duty not to discriminate covers all aspects of Taekwondo activities.
- The duty to make reasonable adjustments refers to the full range of policies, procedures and practices of the club.

Legal Background

The Disability Discrimination Act – DDA, as amended by the SEN and Disability Act 2001, requires all clubs to plan to increase, over time, accessibility to taekwondo activities for disabled pupils. Instructors are required to prepare accessibility strategies covering the venues in their areas.

The BRITISH TAEKWONDO COUNCIL and the clubs are required to plan for:

- Increasing access for the disabled into Taekwondo activities
- Improving access to the clubs physical training environment (through taekwondo training)
- Improving written information and guidance for disabled students with regards to Taekwondo training

The SEN and Disability Act (2001) amended Part 4 of the Disability Discrimination Act (1995) by introducing new duties on LEAs and schools relating to disabled pupils and prospective pupils. From September 2002, it has been unlawful for schools and LEAs to discriminate against disabled pupils in their admissions and exclusions policies, education and associated services.

There are three main duties:

- Not to treat disabled students less favourably
- To make reasonable adjustments to avoid putting disabled students at a substantial disadvantage
- To prepare accessibility strategies and accessibility plans (clubs) for increasing, over time, the accessibility of clubs for disabled pupils to train in Taekwondo

Please note that these duties are all 'anticipatory'; The British Taekwondo Council needs to consider the requirements of current and future disabled students. This means that instructors are expected to make reasonable enquiries to find out whether children currently on roll, as well as those seeking admission, have a disability.

The duty not to discriminate covers all aspects of Taekwondo activity, including external activities, such as competitions. The duty to make reasonable adjustments refers to the full range of policies, procedures and practices of the club.

In deciding whether a step is reasonable, instructors may take into account the need to maintain;

- Training standards
- Available resources
- The practicalities of making a particular adjustment
- The health and safety of the disabled students and others and the interests of others

However, it is the view of both the DfES and the Disability Rights Commission that, where clubs have already developed inclusive cultures and practices, these legal duties should mean little extra work.

Definition of Disability

Students falling within the definition of disabled will have a wide range of needs and requirements including: mobility impairment, sensory impairment, learning disabilities, mental health conditions, epilepsy, AIDS asthma and progressive/degenerative conditions.

Taekwondo instructors must not automatically consider pupils with a disability to have special training needs.

Disability

The DDA definition states that ‘a person has a disability if he or she has a physical or metal impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’

Special Training Needs

Children have a special training need if they have a learning difficulty which calls for special provision to be made for those (Korean Terminology) Children have a learning difficulty if they:

- Have a significantly greater difficulty in physical activity than the majority of children of the same age
- Have a disability which prevents, or hinders, them from making use of physical movement of any kind generally performed for children of the same age during the lesson.

Clubs should always consider access issues when planning any work involving the alteration or improvement of their premises. Clubs should make every effort to improve access for disabled students to ensure the maximum benefit.

BRITISH TAEKWONDO COUNCIL

INCLUSION – A STATEMENT OF INTENT

INTRODUCTION

Inclusive practice and club improvement are linked. This is reflected in the recent changes in our inclusion policy.

The different parts of the plan will be supported by the development of policy and practice. The starting point for inclusion is the needs of the children and young people.

- The aim of Taekwondo training for children with additional needs – including those with STN, disabilities, or excluded from learning Taekwondo – are no different from those of all children and young people.
- Inclusion is not a state but a process that requires continued and planned development.
- Inclusive practice and school improvement are linked.

WHAT IS INCLUSIVE PHYSCIAL TRAINING?

Inclusive physical training uses proven methods of teaching from which all children can benefit; it assumes human differences are normal. Training must be adapted to the needs of the child, not the child fitted to the system.

Therefore, an Inclusive Training Programme that values diversity and meets a wide range of needs improves the achievements, health and fitness of all children and young people.

WHAT DOES THE BRITISH TAEKWONDO COUNCIL BELIEVE?

- Good clubs are inclusive schools.

- All children can learn successfully. The development of more inclusive clubs will help raise standards in fitness and health, by looking at how best to meet the needs of **all** children.

- Including children with additional needs in their local clubs is a major contributor to tackling discrimination. Inclusive Taekwondo training embraces the concept of equality of opportunity for all children.

- It is important to build upon the good practice in our special and full time clubs. This will maintain a range of specialist provision to ensure a choice for parents and children. This is very important for children with severe and complex needs.

- Change should be undertaken step by step, properly funded and guided by evidence of best practice.

WHAT DOES THE BRITISH TAEKWONDO COUNCIL WANT?

A strategic approach that ensures:-

- All BTC Associations work together to develop inclusive practice.
- Widespread acceptance on the part of club officials and instructors of the aims of inclusion.
- Clear links are made with other key plans from, health, social services and education.
- All pupils achieving the highest possible standards in learning Taekwondo.
- An approach that allows regular meetings with all concerned to test and check progress towards increasing inclusion.
- Clubs are given the resources they need so that they can make the best choices in meeting the physical needs of children by learning Taekwondo.

APPENDICES

This appendix sets out to offer some information on the more predominant SEN encountered in schools. It also offers links to some of the many possible websites where information is available on the areas listed in this appendix.

Typically, these websites offer details on the special need or medical condition, a section on frequently asked questions (FAQs) and some points of contact where further information and/or support can be accessed, possibly both nationally and locally. Neither the information nor the websites should be seen as exclusive. Rather, they provide one starting point for seeking additional help and advice. Similar websites exist for conditions not discussed here.

Clearly, those working with children and young people need to access appropriate advice from parents, medical staff, local authority (LA) staff etc on carrying out risk assessments and preparing personal healthcare plans when developing and implementing a suitable programme of physical activity. These risk assessments and healthcare plans should be regularly reviewed and amended as necessary.

The websites that offer a useful starting point are listed immediately below each.

Asthma

Asthma is a common ailment and currently over one million children take medication for the condition. The usual symptoms of asthma include:

- coughing
- wheezing
- shortness of breath and tightness in the chest.

Attacks can vary from very mild, which require little or no treatment, to those that are so severe, they require prompt medical support. Generally speaking, exercise is good for people with asthma although, for some, it can bring on the symptoms of asthma. Adults working with children with asthma should ensure that:

- levels of fitness are increased gradually
  the child's inhaler is always available when exercising.

Safe practice in physical education and school sport:

- where exercise triggers a child's asthma, they should use their inhaler before they warm up
- they should always warm up and cool down thoroughly
- the area is free of irritants that may trigger the child's asthma
- the child is allowed to stop exercising if symptoms occur and appropriate medical procedures are followed until the child feels well enough to take part.

Asthma UK
www.asthma.org.uk/

Attention Deficit Hyperactivity Disorder (ADHD)

Children with ADHD find it difficult to pay attention, concentrate and thus find remembering instructions difficult. It is sometimes treated with medication to help pupils focus and understand what is expected of them.

Adults working with children with ADHD should:

- ensure instructions are clear and easy to follow
- encourage pupils and reward their efforts and achievements
- remain consistent in their approach
- carefully risk assess physical activities, ensuring that potentially difficult situations can be well managed.

National Attention Deficit Disorder Information and Support Service
www.addiss.co.uk/

Autism/Autistic Spectrum Disorder (ASD)/Asperger's Syndrome

Pupils with autism have difficulties with social communication. They tend to be egocentric in conversation, not realising that they should listen to others as well as make their own points. They do not understand jokes or sarcasm and can interpret phrases literally. Thus, told to 'pull their socks up', they will see this as an instruction, rather than an encouragement to work harder. In addition, such pupils like settled routines and sudden changes to these can cause severe anxiety.

Those working with autistic pupils should:

- speak clearly and give pupils time to understand what is expected of them
- encourage and give prompts where necessary
- apply rules consistently
- prepare pupils as much as possible for the activity they will be doing, such as showing them photographs, sharing plans or seeing demonstrations.

The National Autistic Society
www.autism.org.uk

Cerebral Palsy

Cerebral palsy is a group of conditions that results from damage to, or failure in the development of, part of the brain. It can affect movement and posture. It can present with a range of difficulties, including perceptual, communication, movement and control, sensory impairment, and short attention span.

Adults working with children with cerebral palsy should:

- link with other professionals (eg physiotherapists) to develop an appropriate motor support
- programme, including the use of any specialist equipment
- encourage support from peers
- ensure the child understands what is expected of him/her, possibly through the use of demonstration
- praise the child and encourage independence.

Scope
www.scope.org.uk

Diabetes

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Having diabetes should not stop a child taking a full part in school activities. Indeed, keeping active is a part of a well-planned response to managing diabetes. Those working with children with diabetes should liaise with their parents and healthcare professionals to understand the individual needs of the children and how they may be addressed.

Adults working with children with diabetes should be aware:

- of the symptoms associated with the onset of hypoglycaemia
- that a child with diabetes may carry with them a bag containing a blood glucose testing kit, food, glucose tablets, drinks etc, which he/she should be allowed to use as and when necessary
- that training programmes should be built up gradually.

Diabetes UK
www.diabetes.org.uk

Down's Syndrome (Trisomy 21)

Down's syndrome is a congenital condition caused at conception. It arises from a failure in cell division of chromosome 21 (hence Trisomy 21), leading to 47, rather than 46, chromosomes developing. Among other characteristics, those with Down's syndrome can have reduced muscle tone, heart conditions, hearing and vision difficulties, respiratory difficulties and learning difficulties that can impact upon physical activity.

Note: all children with Down's syndrome are different and advice should be sought on the exact needs of each individual.

Children with Down's syndrome should not be barred from physical activity. However, they do have a small risk of suffering acute dislocation of the atlantoaxial joint. As a result, should a child with Down's syndrome develop pain behind the ear or elsewhere in the neck, abnormal head posture, deterioration of gait, manipulative skills or bowel and/or bladder control, specialist advice should be sought immediately. Further, some children with Down's syndrome may have a heart condition. Therefore, should a child complain of tiredness, he/she should be allowed to rest or sit out an activity and be monitored until he/she recovers.

In addition, adults working with children with Down's syndrome should:

- use demonstration, sign and gesture to support learning
- offer regular encouragement and praise for efforts
- speak directly to the pupil to reinforce instructions and ensure he/she understands the task
- liaise with other professionals in the development of a healthcare plan.

Down's Syndrome Association
www.downs-syndrome.org.uk

Dyspraxia

Dyspraxia is an impairment or immaturity in movement, often termed 'clumsy child syndrome'. The degree of difficulty experienced can vary greatly. Difficulties are often found with gross and fine motor skills. In addition, poor balance and difficulties in coordinating body parts can lead to poor performance in sport.

Adults working with pupils with dyspraxia should:

- liaise with physiotherapists and occupational therapists in the preparation of physical-activity programmes; it is worth noting that such programmes are also often of value to other pupils as well
- encourage effort
- encourage support from peers through the use of a 'buddy' system.

The Dyspraxia Foundation
www.dyspraxiafoundation.org.uk

Epilepsy

The effects of epilepsy vary from person to person. Indeed, it is possible that a child with epilepsy may never have a seizure at school. Thus, whether a child with epilepsy can take part in swimming, physical activities or educational visits should be based on that child's individual circumstances. Advice on this should appear in his/her individual healthcare plan and should be used to risk assess each activity, allowing the child either access to it or an alternative activity. In all cases, the pupil, his/her parents and, where necessary, healthcare professionals should be consulted in the formulation of the individual healthcare plan and associated risk assessment.

Adults working with children with epilepsy should:

- make themselves aware of the precise nature of each child's needs with regard to epilepsy
- make sure arrangements to support a pupil with epilepsy are in place (eg a 'buddy' who should be a strong swimmer or a poolside observer when swimming)
- avoid prolonged underwater swimming or flickering strobe-like lighting, as either may cause the onset of a seizure
- be aware of the appropriate first-aid response, should it be required
- be vigilant wherever such pupils work at a height in gymnastics.

Epilepsy Research UK
www.epilepsyresearch.org.uk

Epilepsy Action
www.epilepsy.org.uk

Hearing Impairment

There are two main types of hearing loss.

There is **conductive hearing loss**, which is a where sounds cannot pass through the outer or middle ear. This is often caused by a build-up of fluid, as in the case of glue ear. In most cases, conductive hearing loss is temporary. Such conditions can clear up or require surgery.

The second type of hearing loss is **sensorineural deafness**, which is caused by a problem in the inner ear or auditory nerve. This is likely to be permanent.

Adults working with hearing-impaired pupils should:

- get advice on the exact nature of the loss and how it affects the child
- act appropriately on the advice received
- give the pupil time to understand what is required of him/her
- ensure the pupil can see the teacher and activity clearly
- ensure they have eye contact with the pupil and his/her full attention before starting an activity or explanation
- use gesture to encourage pupils
- regularly check understanding
- be aware of the need for a visual alternative to an auditory signal to stop either due to danger or during a game situation.

National Deaf Children's Society
www.ndcs.org.uk

Royal National Institute for Deaf People
www.rnid.org.uk

Muscular Dystrophy

Muscular dystrophy relates to a group of conditions characterised by a breakdown of muscle fibres, leading to weak and wasted muscles. Symptoms can appear at any time from birth onwards. Muscular dystrophy exists on a continuum from severely disabling with a marked impact on life expectancy through to a mild disability. It is a progressive condition, though the pace of deterioration will vary from child to child.

Regular exercise is often a key part of the child's physical-management programme. This programme may need to be daily and include swimming or hydrotherapy.

Those offering physical activities to pupils with muscular dystrophy should:

- liaise with a physiotherapist and occupational therapist to gain information on how to support the pupil's physical-management programme
- offer encouragement and praise for efforts
- be aware of changes in the child's physical condition and report these to specialist support.

Muscular Dystrophy Campaign
www.muscular-dystrophy.org

Social, Emotional and Behavioural Difficulties (SEBD)

Pupils who display social, emotional and behavioural difficulties require physical-activity programmes that are carefully planned. While some will cope well with team games, others can become agitated if their team is 'losing' and this can lead to disruption. Such pupils also lack confidence and self-belief and, as a result, can refuse to take part in an activity they are unsure of. Thus, activities are best carried out in small groups with appropriate levels of adult support.

These supporting adults should:

- set clear and achievable targets for each activity
- encourage pupils to take part by praising small improvements in performance
- help create a team ethic where all pupils praise each others' efforts
- ensure pupils have the opportunity to cool down and settle at the end of a physical-activity session prior to moving on to their next lesson or activity.

Social, Emotional and Behavioural Difficulties Association
www.teachernet.gov.uk/teachingandlearning/socialandpastoral/sebs1/

Visual Impairment

Visual impairment exists along a continuum from those who have sufficient vision to manage most school tasks but may need some specialist support on occasion, through those who have severely restricted vision and may need support with mobility, good lighting and careful positioning to take part in activities, to those who are registered blind and will need specialist support. Such pupils' language usually develops normally and adults should discuss with them the nature of tasks set.

In addition, those working with visually impaired pupils should:

- encourage independence through such things as mobility training (ie ensuring pupils are aware of the layout of the facilities which they are to use)
- modify tasks to allow pupils access to a given task
- encourage peer support

Royal National Institute of Blind People
www.rnib.org.uk