



**Disability Awareness**  
**Looking at our own attitudes, values and knowledge**  
**of disability**

Training Package  
2<sup>nd</sup> Edition  
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## Competencies/Elements addressed in this training kit

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### National Competencies - Children's services

<b>CHCIC11A</b>	<b>Implement and promote inclusive policies and practices</b> <b>Element 5.</b> <i>Promote respect for diversity among children</i> <b>Underpinning Knowledge/Skills.</b> <i>Cultural practices, beliefs and expectations and impact on childcare delivery</i>
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## Content

Aims of workshop	5
Introduction	5
Group Exercise 1	6
Exploding the Myths	6
Defining the Terminology	9
Group Exercise 2	12
Case studies	13
Summary	14

### Overhead transparencies 1- 8

OHT 1	Aims of workshop	15
OHT 2	Explode the Myths	16
OHT 3	Explode the Myths	17
OHT 4	Language	18
OHT 5	Terminology	19
OHT 6	Group Exercise 2	20
OHT 7	Case Studies	21
OHT 8	Summary	22

### Handouts 1- 4

Handout 1	Aims & Exploding the Myths	23
Handout 2	Terminology	25
Handout 3	Summary	26
Handout 4	References/Recommended Reading	27



- Present competencies that are addressed in this training
- Present aims using OHT 1
  
- Use the introduction to set the scene for group Exercise 1.

## **Disability Awareness** **Looking at our own attitudes, values and knowledge of disability**

### **Aims**

- To gain an understanding of the short and long term impact of disability on families
- Acknowledge the needs of families with a child with a disability
- To be able to challenge stereotypes about children with a disability
- Demonstrate an understanding of the values, attitudes and language that may label children with a disability
- Be able to include children with a disability into every day routines and play in a childcare setting

### **Introduction**

Our values and attitudes are shaped by our past experiences. Historically, people with disabilities have been excluded from the general community. This has occurred through segregated education and living conditions such as special schools and large institutions. In the past, families were encouraged to keep their children in specialised settings rather than being a part of everyday life. This was mainly the belief that children with disabilities had special and different needs to everyone else. This has created additional difficulties with a result of:

- Lack of appropriate services
- Decrease of financial support
- Limited understanding of "what to do with them"



- This exercise can be done in a large group. Allow participants to express all concerns and presenter may need to provide own experiences to get discussion started.
- Having identified the concerns of the participants commence with addressing some of those concerns by exploding the myths, defining terminology and opening doors. Present this using OHT 2.

We now know that the best way to develop children's skills are through natural and every day experiences which will assist children to become independent and valued members of the community.

### Group Exercise 1

Think about a child with a disability in your care.

What concerns do you have about caring or interacting with this child.?

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### **Exploding the Myths, defining the terminology and opening the doors to a better understanding**

Before we can positively include a child with a disability we need to :

- Explode the myths
- Define the terminology
- Gain a clearer understanding of specific disabilities
- Reflect on the language we use

### **Disability - What are the Myths?**

***Myth one: Children with Downs Syndrome are more affectionate than other children"***

The truth is a child with Downs Syndrome is just the same as another child - sometimes happy, sometimes grumpy, sometime sad, sometimes excited. The extra chromosome does not affect a person's personality. A child with Downs Syndrome is seen as "cute" and is often treated as a cuddly little toy. As a result of being treated in this way the child continues to act this way.



- When presenting Myths gain feedback whether participants have thought this themselves or have heard others stating those myths.

***Myth Two : "Children with Autistic tendencies have an intellectual disability."***

This is not true. In fact approximately 30% of children who have autistic tendencies do not have an intellectual disability.

***Myth Three: Children with Cerebral Palsy have an intellectual disability"***

Again this is not true. Most children (approximately 80%) of children with Cerebral Palsy do not have an intellectual disability.

***Myth Four: Children with disabilities learn differently from other children"***

Children with disabilities ( physical, intellectual or sensory) learn in exactly the same way as all other children - picking some things up quickly and taking a bit longer with others. The only difference is that sometimes children with disabilities require some additional support such as physical aids etc.

***Myth Five: Children with intellectual disabilities will have a much younger mind than children of the same age"***

It is quite common for people to say things like " He's 5 but he has the mind of a two year old" or " She's 8 but developmentally she's about kinder level"

This is not true. Most people will act younger because they are treated like they are younger. Children with intellectual disabilities do not become stuck at a developmental level, they continue to learn and develop all their lives (just like all other children). Even though children may not have the same intellectual skills, they still have a wealth of life experiences, the same interests, physical skills motivations etc as any other child their age. It is not appropriate to use a certain age as an indication of a person's intellectual ability.



- It is not necessary to work through all the Myths. This will depend on the group and their experiences and knowledge.
- It may be an opportune time ask participants of any other myths they may have heard of.

***Myth Six: Children with disabilities prefer to be with other children with disabilities. They just feel different with normal kids"***

In fact, children with disabilities like to be with other children regardless of their disability. Children only feel different if they are told they are different and kept away from the rest of the community. The trick here is to keep children together and look for similarities rather than the differences.

***Myth Seven: Children with emotional/social disabilities are violent to others"***

This is not true. Children with social disabilities experience a whole range of emotions (just like any other child) which they express in similar ways to us. All children can occasionally be angry or happy or sad. Generally speaking children with social/emotional disabilities are not prone to violence towards others.

***Myth Eight: Children with disabilities are special. We need to treat them carefully and look after them.***

Children with disabilities are children first. It is not appropriate to refer to children with disabilities as being more special than other children however it should be acknowledged that some children with disabilities require extra support and services.

***Myth Nine: When interacting with children with disabilities it is best to ignore their disabilities and act as if it does not exist.***

A positive attitude towards people with disabilities does not mean ignoring the fact that their disability exists. Accept the fact that they have a disability and appreciate the qualities and abilities which come with it.



- Present the terminology as OHT 4. Allow for participants to add to the list.

***Myth Ten: When a child with a disability achieves something one should make a point of recognising their accomplishment"***

No more so than for any other child. It is inappropriate to place children with disabilities on a pedestal. The portrayal of children with disabilities as either superhuman, over achievers or victims denies them the right to live 'ordinary lives'

**Defining the Terminology**

There are a number of terms that need to be understood in discussing children with additional support needs. The use of such words is important to avoid inappropriate labelling and stereotype. Many of the words around disability often create a negative image of a person. What we tend to do is focus on the disability rather than the person. The language we use can in fact create either a powerful negative or positive image. We call this language 'loaded' because it carries lots of different messages.

Spastic		mental
	cripple	
Slow		spazzo
	retard	
Impaired		deaf and dumb
	special	
Handicapped		low functioning

What are your reactions to these words?



- Present definitions using OHT 5

## **Impairment**

Medical term for an anatomical loss or loss of bodily function. This may be a result of genetic or hereditary factors, illness, substance abuse or an accident.

## **Disability**

An inability to do something, a lack of a specific capacity. A disability results from an impairment. It can be measured and is related to the individual

## **Handicap**

A disadvantage experienced by individuals when environmental or social conditions prevent them from achieving their maximum potential. A disability may not be a handicap depending on the circumstances.

eg. Peter has a visual disability and therefore is handicapped because he is unable to move around independently. However, if he is provided with a guide dog and assistance in learning how to become mobile, then the handicap is reduced. The degree of handicap therefore depends on the environment the person is in. We are all in fact handicapped in some way by our social or physical environment.

## **Developmental Delay**

When a child does not develop a particular set of behaviours within the expected age range we say that the child has a developmental delay. However there may be a number of reasons.

The child may have a permanent disability e.g. hearing loss which can cause developmental delay in speech

The child may be experiencing emotional stress.  
The child may have an illness-long term illnesses in a young child restricts the child from practising her/his skills at the same rate as a healthy child.  
Poor quality care. A child may be regarded as neglected both physically and emotionally resulting in developmental delay.



- Summarise the terminology section using these following paragraphs.

Disability is a broad term. It can impact on a person in a wide variety of ways including physically, intellectually, socially and emotionally. The disability may affect one or more of these areas to differing degrees.

Regardless of the type of disability, it is important to remember that all children develop similar ways but at different rates. In defining the terminology it is important not to fall into the labelling trap.

All of us, whether we have a disability or not are the same. We all need support in some areas of our lives. It is important to look for the similarities in people rather than the differences.



- Present Group Exercise 2 using OHT 6 to identify some knowledge gaps and clarification of what Children's services staff need to know to include a child with a disability into a service .
- Present Briefly as an introduction for staff to understand parent perspective. Provide case studies and allow for discussion about participants thoughts on parents perspectives.

## Group Exercise 2

What do you know about the following:

Down Syndrome\_\_\_\_\_

Autism\_\_\_\_\_

Cerebral Palsy\_\_\_\_\_

Spina Bifida\_\_\_\_\_

Hearing Impairment\_\_\_\_\_

Intellectual Disability\_\_\_\_\_

Visual Impairment\_\_\_\_\_

Epilepsy\_\_\_\_\_

### Grief and Loss

When parents first realise that their child has a disability or is likely to require ongoing additional support their first reaction is often one of great loss.

This grief surrounds the realisation that their child will not be quite as they imagined. The parent goes through two grieving processes. One for the grief of losing the child that they thought they were going to have and two, the grief of the child that they do have . We need to be aware that not all parents will grieve in the same way or go through it at the same time.



- Present as OHT 7. Allow participants to express their thoughts on reading about what the parents had to say.

### **A case study.A - Deb**

Deb, a parent of a two year old with a disability talks about her feelings on hearing that her son Michael had a disability.

" I was devastated. I didn't know anyone with a disability and the doctor didn't give me any information. I had no-one to talk to and I kept thinking what will I tell my Mum."

### **Case Study B –Kelly**

Kelly, a parent with 10 week premature twins. The children were not expected to live. I was told that if Jenny survived she would be a quadriplegic. I didn't absorb what they told me. It was too technical so I looked it up myself and then got too much information. I had lots of self blame and then blaming my partner, we argued over silly things. I felt that the professionals should have done better. When we finally got the babies home I was bombarded with professionals at my door and on the phone. I needed help and I couldn't handle it at the beginning. I went manic in my treatment of the babies. I would massage Jenny nearly all day, every day. I stopped when she turned five because she started to walk.

### **Case study C –Dianne**

Dianne, parent of a 19 year old with a disability. I was relieved once he had been diagnosed as I knew something was wrong. It took so long to diagnosis. I felt anger in the fact that it should happen to us and I was confused because he did look normal. We blamed ourselves and in-laws would make comments such as" there isn't any disability in our side of the family". But that is so long ago – now it is all just part of life.



- Present summary using OHT 8.
- Provide an opportunity for participants to ask further questions and make comments.

## Summary

- Historically, people with disabilities have been excluded from the general community
- Childcare staff have concerns/issues in working with a child with a disability.
- Exploding the myths, defining the terminology assists in addressing the concerns/issues.
- All of us whether we have a disability or not sometimes need support in some areas of our lives
- It is important to have an understanding of parents perspectives
- Child care workers need to be aware of their own thoughts and feelings and how they work with a child with a disability
- It is important for the carer to express her/his anxieties and fears rather than hide them.
- Understanding our attitudes only then can we address the matter to positively bring about a successful inclusion of a child with a disability.

- To gain an understanding of the short and long term impact of disability on families
- Acknowledge the needs of families with a child with a disability
- To be able to challenge stereotypes about children with a disability
- Demonstrate an understanding of the values, attitudes and language that may label children with a disability
- Be able to include children with a disability into every day routines and play in a childcare setting



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**OHT 1 Aims**

Explode the myths

Define the terminology

Gain a clearer  
understanding of  
specific disabilities

Reflect on the  
language we use



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**OHT 2 Explode the Myths**

***Myth 1: Children with Downs Syndrome are more affectionate than others***

***Myth 2 : Children with Autistic tendencies have an intellectual disability,***

***Myth 3: Children with Cerebral Palsy have an intellectual disability***

***Myth 4: Children with disabilities learn differently from other children"***

***Myth 5: Children with intellectual disabilities will have a much younger mind than children of the same age***

***Myth 6: Children with disabilities prefer to be with other children with disabilities. They just feel different with normal kids***

***Myth 7: Children with emotional/social disabilities are violent to others***

***Myth 8: Children with disabilities are special. We need to treat them carefully and look after them.***

***Myth 9: When interacting with children with disabilities it is best to ignore their disabilities and act as if it does not exist.***

***Myth 10: When a child with a disability achieves something one should make a point of recognizing their accomplishment***



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### **OHT 3 Exploding the Myths**

The PSCQ is a project of Health & Community Workforce Council. Noah's Ark Resource Library & Advisory Service is a project of the PSCQ. The Australian Government, through the Minister for Families, Community Services and Indigenous Affairs (FaHCSIA), funds the Professional Support Coordinator initiative as part of the Inclusion and Professional Support Program. Noah's Ark Resource Library and Advisory Service.



## **Impairment**

Medical term for an anatomical loss or loss of bodily function. This may be a result of genetic or hereditary factors, illness, substance abuse or an accident.

## **Disability**

An inability to do something, a lack of a specific capacity. A disability results from an impairment. It can be measured and is related to the individual

## **Handicap**

A disadvantage experienced by individuals when environment or social conditions prevent them from achieving their maximum potential. A disability may not be a handicap depending on the circumstances.

eg. Peter has a visual disability and therefore is handicapped because he is unable to move around independently. However, if he is provided with a guide dog and assistance in learning how to become mobile, then the handicap is reduced. The degree of handicap therefore depends on the environment the person is in. We are all in fact handicapped in some way by our social or physical environment.

## **Developmental Delay**

When a child does not develop a particular set of behaviours within the expected age range we say that the child has a developmental delay. However there may be a number of reasons.

- The child may have a permanent disability e.g. hearing loss which can cause developmental delay in speech
- The child may be experiencing emotional stress.
- The child may have an illness. Long term illnesses in a young child restricts the child from practising her/his skills at the same rate as a healthy child.
- Poor quality care. A child may be regarded as neglected both physically and emotionally resulting developmental delay.



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## **OHT 5 Terminology**

## What do you know about the following:

**Down Syndrome**\_\_\_\_\_

**Autistic**\_\_\_\_\_

**Cerebral Palsy**\_\_\_\_\_

**Spina Bifida**\_\_\_\_\_

**Hearing Impairment**\_\_\_\_\_

**Intellectual Disability**\_\_\_\_\_

**Visual Impairment**\_\_\_\_\_

**Epilepsy**\_\_\_\_\_



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**OHT 6 Group Exercise 2**

### **Case study.A - Deb**

Deb, a parent of a two year old with a disability talks about her feelings on hearing that her son Michael had a disability.

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### **Case Study B - Kelly**

Kelly, a parent with 10 week premature twins. The children were not expected to live. Was told that if Jenny survived she would be a quadriplegic.

***"I didn't absorb what they told me. It was too technical so I looked it up myself and then got too much information. Lots of self blame and then blaming my partner. Argued over silly things. Felt that the professionals should have done better. When I finally got the babies home I was bombarded with professionals at my door and on the phone. I need help. I couldn't handle it at the beginning. I went manic in treatment. I would massage Jenny nearly all day and every day. I stopped when she turned five because she started to walk."***

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Dianne, parent of a 19 year old with a disability.

***"I was relieved once he had been diagnosed as I knew something was wrong. It took so long to diagnosis. I felt anger in the fact why it should happen to us and I was confused because he did look normal. We blamed ourselves and in-laws would make comments such as" there isn't any disability in our side of the family". But that is so long ago – now it is all just part of life. "***



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**OHT 7 Case Studies**

- **Historically, people with disabilities have been excluded from the general community**
- **Childcare staff have concerns/issues in working with a child with a disability.**
- **Exploding the myths, defining the terminology assists in addressing the concerns/issues.**
- **All of us whether we have a disability or not sometimes need support in some areas of our lives.**
- **It is important to have an understanding of parents perspectives**
- **Child care workers need to be aware of their own thoughts and feelings and how they work with a child with a disability**
- **It is important for the carer to express her/his anxieties and fears rather than hide them.**
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**OHT 8 Summary**

## Disability Awareness Looking at our own attitudes, values and knowledge of disability

### Aims

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- Demonstrate an understanding of the values, attitudes and language that may label children with a disability
- Be able to include children with a disability into every day routines and play in a childcare setting

### Exploding the Myths

#### ***Myth one: Children with Downs Syndrome are more affectionate than other"***

The truth is a child with Downs Syndrome is just the same as another child - sometimes happy, sometimes grumpy, sometime sad, sometimes excited. The extra chromosome does not affect a person's personality. A child with Downs Syndrome is seen as "cute" and is often treated as a cuddly little toy. As a result of being treated in this way the child continues to act this way.

#### ***Myth Two : "Children with Autistic tendencies have an intellectual disability."***

This is not true. In fact approximately 30% of children who have autistic tendencies do not have an intellectual disability.

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Again this is not true. Most children (approximately 80%) of children with Cerebral Palsy do not have an intellectual disability.



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### **Handout 1 Aims & Exploding the Myths**

***Myth Four: Children with disabilities learn differently from other children"***

Children with disabilities ( physical, intellectual or sensory) learn in exactly the same way as all other children - picking some things up quickly and taking a bit longer with others. The only difference is that sometimes children with disabilities require some additional support such as physical aids etc.

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The child may have an illness. Long term illnesses in a young child restricts the child from practising her/his skills at the same rate as a healthy child.

Poor quality care. A child may be regarded as neglected both physically and emotionally resulting developmental delay.

Disability is a broad term. It can impact on a person in a wide variety of ways including physically, intellectually, socially and emotionally. The disability may affect one or more of these areas to differing degrees. Regardless of the type of disability, it is important to remember that all children develop similar ways but different rates. In defining the terminology it is important not to fall into the labelling trap. All of us, whether we have a disability or not are the same. We all need support in some areas of our lives. It is important to look for the similarities in people rather than the differences.



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## **Handout 2 Terminology**

- Historically, people with disabilities have been excluded from the general community
- Childcare staff have concerns/issues in working with a child with a disability.
- Exploding the myths, defining the terminology assists in addressing the concerns/issues.
- All of us whether we have a disability or not sometimes need support in some areas of our lives
- It is important to have an understanding of parents perspectives
- Child care workers need to be aware of their own thoughts and feelings and how they work with a child with a disability
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**Handout 3 Summary**

Vikki Howard, Betty Williams, Patricia Port & Cheryl Pepper "Very young children with Special Needs" Merrill 1997

Lynn Fleming "Caring for a Child With a Disability in Family Day Care" A handbook for Careproviders 1992

Penny Low Deiner "Resources for teaching children with diverse abilities - Birth to Eight" Harcourt Brace Publishers 1993

Donald Meyer "Views from our shoes - growing up with a brother or sister with special needs" Woodbine House 1997

Jo Lange & Anna Donne "Building on Strengths - Children with Additional Support Needs" Family and Community Studies, Swinburne University of Technology Melbourne 1995



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#### Handout 4 References and recommended Reading