

Youth With Special Needs

Leaders Handbook *“Making 4-H More Accessible”*

2003-2004 State Ambassador
Service Project

UNIVERSITY OF CALIFORNIA



CITIZENSHIP

LEADERSHIP

LIFE SKILLS

4-H
Youth
DEVELOPMENT
PROGRAM

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*Youth With Special Needs
Leaders' Handbook
Making 4-H More Accessible*

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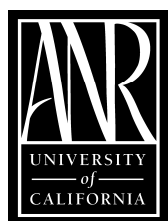
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Introduction

The best guide for working with children who have disabilities is to use good common sense. It's obvious that a child in a wheelchair may have problems fulfilling a hiking requirement, but it might not be so obvious when a child has a learning disability. Each child is different, and no single plan is right for every member. It will take patience, but the rewards will be more than worth the time - for you and the members of your group.

During the later part of the 20th century, several laws were passed by the United States Congress to help persons with disabilities. One major law is the Rehabilitation Act of 1973. This law prohibits unfair treatment of people with disabilities in government-funded programs. This means that 4-H must be accessible to all children with disabilities. In 1990 the Americans with Disabilities Act was passed which states that all public and commercial places cannot discriminate against people with disabilities and accommodations must be made.

Positive attitude is the key. It begins with the volunteer leader and will spread throughout the members. It is important to remember that everyone counts and each individual is a valued member of the group. Adaptation is expected and care should be taken to meet and recognize everyone's goals. "That's the way we've always done it" will not always be an option. Rather, "Let's see how we can do this to make it work" is the attitude we need now.

As 4-H members, volunteers, and staff, we must work to increase our understanding of the disabled. This handbook is intended to heighten ability awareness and promote inclusion within the 4-H Youth Development Program.



"I am only one, but still I am one. I cannot do everything, but still I can do something; and because I cannot do everything I will not refuse to do the something that I can do."

~Helen Keller

Helen Keller was the first blind and deaf person to affectively communicate in the world of the seeing and hearing.

Defining Disabilities

A disability is ...

- A limitation of a person's ability to perform certain life skills.
- Not something you can catch.
- A condition that may require adapting an activity to the person's ability.
- Not a reason to expect a person to be helpless.
- A reason to have clear, concise rules for behavior.
- Not an excuse for accepting repeated, inappropriate behavior.
- An opportunity to value individuals for their abilities.
- Not an opportunity to pity a person and avoid social contact.

Defining Disabled

People who have a physical or mental impairment that interferes with the ability to lead a full and productive life are considered disabled. If impairment starts to interfere with a person's expectations, job performance, or relationships in society, it becomes a disability. Several common disabilities can be the result of a disease. Certain nerve diseases may result in blindness, deafness, and lack of coordination. A wide range of disabilities, including spinal damage and loss of limbs, are caused by accidents.

People with disabilities face special problems. These problems often affect personal and community lives. Limited ability to perform ordinary daily activities is a major problem. For example, a blind individual may have problems navigating new areas. Psychological problems may be experienced because the disability makes them feel different than most other people. Yet, some disabled people consider their disability a challenge to overcome.

Social relationships can often be difficult for disabled individuals. Those who don't have disabilities often feel uncomfortable in the presence of the disabled because they don't want to be reminded that disabilities exist. Learning to put others at ease is one of the most important skills that disabled individuals need to learn.

Lack of knowledge by most individuals builds many obstacles for people with disabilities. How much a disabled person can achieve is often not realized by the majority of the community. This can result in much exclusion of the disabled from many community activities.

Terminology

Take time to learn and teach other 4-H'ers the correct terminology for the child's disability. Sometimes common terms are insensitive and rude. Consider having the disabled child teach others about his or her impairment. However, only use this technique if the child is comfortable doing so.

Categories of Disabilities

- **Physical Disability:** A part of parts of one's body that are weakened slightly or completely by nature, injury, disease, or accident.
- **Mental Disability:** Below normal intellectual functioning. The condition of behaving younger than one is, a slowness when learning things.
- **Developmental Disability:** Learning disabilities and emotional impairments.
- **Learning Disability:** A noticeable difference between intelligence and academic achievement and/or spoken language.
- **Hearing Disability:** A lessened ability to receive sound by the ear.
- **Visual Impairment:** The inability to see. A legally blind person can't see at 20 feet what a person with perfect vision can see at 200 feet.
- **Emotional Disability:** Inability or unwillingness to adjust to the problems and stress of daily life. People may react aggressively to or withdraw from situations rather than attempt to adjust to them.

Common Disabilities

- **ADD/ADHD:** Attention deficit disorder. Neurological disorder that affects attention and focus.
- **Autism:** A developmental disability that is characterized by staring at space, no response to sounds, no interest in others, and the inability to recognize common dangers.
- **Cerebral Palsy:** A group of disorders resulting from brain damage. Symptoms include awkward walking; lack of muscle control; inability to see, speak, or learn as others do.
- **Down Syndrome:** Characterized by slow physical and intellectual development. Frequent health disorders such as heart and respiratory defects, vision, hearing, and speech problems.
- **Multiple Sclerosis:** Chronic progressive disease of the neurological system that affects daily activities such as tying shoes.
- **Muscular Dystrophy:** General designation for a group of chronic diseases, mainly progressive muscle degeneration.
- **Seizure Disorders:** Characterized by sudden seizures involving muscle convulsions and partial or total loss of consciousness.

Positive Terminology

It is appropriate to use....

- “Disabled people” or “people with disabilities” NOT “the disabled.”
- “People who are blind” or “blind people” NOT “the blind.”
- “People with learning disabilities” NOT “the mentally handicapped.”
- “A deaf person without speech” NOT “deaf and dumb.”
- “Down’s Syndrome” NOT “Mongol boy.”
- “Cerebral Palsy” NOT “spastic.”
- “Disabled persons” NOT “the sick.”
- “Disabled persons” NOT “the handicapped.”
- “Disabled persons” NOT “the retarded.”
- “Disabled persons” NOT “the crippled.”
- “Accessible toilets” NOT “disabled toilets.”

Trends change as does language, but disabled people themselves commonly use the above terminology. This may not apply in all situations depending on the personal preference of the disabled person.

Approximately 4.3 million school-aged children in the United States have disabilities.

Becoming Educated

Most people are forced to live with their disability. In order to overcome the obstacles that a disability creates, the individual must possess an appetite for independence. Without this desire, the help of others has little value and the degree of the disability remains high.

It is important to educate yourself about the child's disability. Begin with the parents, and seek guidance on how best to work with their child. Help may also be sought from the child's special education teacher, doctor, or physical therapist.

Parent Conference

Before beginning any project, the community leader of the club should meet with the member's parents. This should take place in a relaxed atmosphere, preferably in the member's home. Accept the child as a person and demonstrate the same level of respect that you expect to receive. This will be much easier if you know the member, the parents, the background, and the likes and dislikes. Any behavior of the 4-H'er that presents difficulties is energy that can be redirected into more constructive areas.

The following are topics that should be discussed:

General Characteristics:

- Become familiar with the child's strengths and weaknesses.
- Identify specific problems that might arise.
- Inform the parent if their presence will be necessary.

Physical Disabilities:

- Discuss physical attributes thoroughly.
- Ensure that medical history portion of the 4-H enrollment is complete and accurate. Keep it readily available.
- Inform all parties involved of the situation which may affect the member's participation in any event.

Mental Capabilities:

- Leaders should be advised of the child's capabilities.
- Inform the leader of the child's present grade and developmental level, as well as the reading and listening abilities.

Medication:

- Obtain written permission of the parent or guardian on administration of any medication.
- Be aware of any possible adverse drug interaction and possible side effects.

Discipline:

- Ask about any behavioral disorder.
- Discuss club rules.
- Determine proper forms of discipline to maintain appropriate behavior.
- Explain the club's standard disciplinary procedures to parents.
- Provide written rules to parents and youth.

Dietary and Eating Problems:

- Special diets or restrictions and chewing or swallowing problems should be identified.
- If a special diet is necessary, parents should provide food.

Living Skills:

- Be aware of the member's ability to handle personal needs or any special help that may be needed.

Transportation:

- Transportation to or from meetings is the parent's responsibility.
- Carpooling must be organized by the parent.

Emergency Procedures:

- Inform leaders of child's primary care physician and contact information.
- Be fully informed of procedures in case of an emergency or episode.
- Emergency contact information should be readily available at all times.

Communication is key. Keep everyone informed.

Mainstreaming

In the 4-H program, “mainstreaming” means to involve youth with special needs in the same clubs, events, and programs as youth without special needs. 4-H educational programs are provided to all youth in a non-segregated and inclusive manner. All participants are provided with the same opportunity to develop life skills as they complete (or compete with) projects and participate in events together. This results in a rewarding experience for all, such as:

- Members with disabilities develop self-reliance and self-confidence as they interact with other youth.
- 4-H members without disabilities learn that youth with special needs are not so different and have strengths and weaknesses, as well as unique abilities.
- 4-H leaders and volunteers learn skills for working with special needs youth and become more comfortable with people who they may see as different.

As mainstreaming in schools have become more common, today’s youth often have a greater awareness, understanding, and comfort zone as they interact with their special needs peers than in the past.

Modify and Involve

Modify the project or activity to match the ability of the child. A child in a wheelchair, for example, could participate in a gardening project using a raised garden bed or container gardening. Modifying program requirements may also be necessary. In an animal project, for example, youth with disabilities may be able to receive assistance from a fellow 4-Her to take care of an animal. Look at the objectives of the project and help the child set obtainable goals. Setting goals and project adapting should include the member as much as possible. All modifications must be designed to meet the child’s ability while challenging the child to consistently improve his or her own personal best.

Adaptive Programming

Adaptations are made according to:

1. Functioning skill levels of the person. Not all activities need to be adapted; assess the situation.
2. Consider age. Gear activities appropriately towards the ages of participants.
3. Make sure you have access to the necessary equipment and materials to adapt the program.

Keep in mind when adapting activities:

1. Does the adaptation change the activity so much that it is no longer recognizable?
2. Does the adaptation match skill levels?
3. Will the individual be able to participate with others or does the modification isolate the child?

Adapting the program:

1. Focus on activities that do not require specialized skills.
2. Promote cooperation instead of competition.
3. Promote participation instead of elimination.
4. Plan activities that provide a challenge but are within the range of abilities.

Skill level:

1. Keep activities challenging for all.
2. Change the space required, number of participants, methods, and rules, etc.
3. Reduce the size of the playing field.
4. Substitute lighter and more easily controlled equipment.

There are about 35 million people with disabilities in the United States

Leadership Techniques for Involving

Remember the 4-H Motto: “Making the Best Better” does not always mean blue ribbons. Personal growth, gaining and using new knowledge, and feelings of accomplishment are also important.

General Techniques

- Treat each child as an individual with talents, skills, strengths, and needs.
- Leaders should expect problems, but not consider them overwhelming. A wise leader will recognize these problems and be prepared to help.
- Lead by example. Demonstrate respect, conscientiousness, and dependability.
- Let the child know you care and reward achievement.

Provide Encouragement:

- Reward more, criticize less, and praise good behavior immediately.
- Change rewards if ineffective at improving behavior.
- Teach the members to reward themselves.

Give Instructions:

- Maintain eye contact during verbal instruction, and make directions clear and concise.
- Simplify complex directions, make sure directions are understood, and repeat instructions slowly if needed.

Provide Supervision and Discipline:

- Listen to what the child has to say, and be patient and understanding. Pay attention and repeat back.
- Avoid ridicule and criticism.
- When a rule is broken, remain calm, state the infraction, and avoid arguing or debating.
- Develop pre-established consequences, make sure discipline fits, and enforce rules consistently.
- Praise when real effort is exerted (even if unsuccessful).
- Never praise falsely.
- Don't accept blame as an excuse for poor performance.

Include other members:

- Use your teen-leaders. Pair them up with the child that has a disability.
- The club can contact the special education department of the local school.
- Encourage team showmanship. This allows team success and reduces emphasis on any one individual's abilities or disabilities.

Techniques for Specific Disabilities

Mobility Impairments:

- Remember that adaptive equipment is often considered extensions of the body.
- Make sure facilities are accessible.
- Never pat a person in a wheelchair on the head; it is considered offensive and degrading.
- When helping, ask how equipment works.
- Find a place to sit down before engaging in long talks.

Hearing Impairments:

- Make sure the child is looking at you before you talk.
- Use gestures and visual aids to assist direction.
- Remember that only one person talks at a time.
- Never stand with your back to the sun or light when addressing people with hearing impairments, this makes it difficult for them to see your gestures.
- Shouting at a person with a hearing impairment very seldom helps; it distorts speech and makes lip reading difficult.
- Designate a note-taker.

Vision Impairments:

- Identify yourself to people with vision impairments.
- Offer your arm, but don't try to lead a person who can't see.
- Announce your departure before you leave someone with a vision impairment.
- If you meet someone with a guide dog, never distract the dog.
- Keep doors fully open or fully closed.
- It is not necessary to speak louder.
- If you see someone using a white cane, don't touch it. If the cane touches you, step out of the way.

Speech and Language Disorders:

- Stay calm; the person has been in this situation before.
- Be patient and don't shout.
- Don't interrupt by finishing sentences or supplying words.
- Give your full attention to the child.
- Ask "yes" or "no" questions.
- Ask the child to repeat themselves if necessary.
- Avoid noisy situations.
- Model slow speech and short phrases (but not too slow).

Mental Retardation:

- Don't use complex sentences or difficult words.
- Don't talk down or use "baby talk."
- Never ask a person with mental retardation to do anything you wouldn't.
- Be understanding. People with mental retardation are often aware of their limitations, but have the same needs and desires as other members.

Social/Emotional Impairments:

- Stay calm. People with mental illnesses are rarely violent.
- Offer to get help, contact a family member, friend, or counselor.

Learning Disabilities:

- Remember that praise and encouragement can help build self-esteem.
- Allow other members to extend friendship and support.
- Use short, direct instructions that help know what is expected.
- Stay with the regular club schedule as much as possible, allowing the member to help where they can.
- Be sure to establish realistic and attainable goals.
- Concentrate on concrete ideas, avoiding the abstract.
- Promote a sense of security to make the member feel as comfortable as possible.

Cerebral Palsy:

- If the individual has equipment (e.g. braces), know how they work.
- If you need information from the individual, ask them.
- Most individuals with CP learn as quickly as others.
- Avoid tension and fatigue projects.
- The member may take longer to complete the project.
- Maintain contact with parents.

Epilepsy:

- Once a seizure starts it can't be stopped.
- Lay the person on their side.
- Do not place anything in the person's mouth.
- Explain what is happening to other members.
- Let the person recover in a safe spot and invite them to join back when they are ready.
- At the end of the session, notify the parents that their child had a seizure. Write down the time that it happened, the length of the seizure, and what the individual was doing when the seizure occurred.
- Medical attention is necessary when 1) the seizure lasts for more than 10 minutes or 2) there is a series of grand mal attacks (one following another in rapid succession without the victim regaining consciousness).

4-H Policy Manual: Section 509

Disability Guidelines for Accessibility

Based on U. S. Department of Agriculture (USDA) guidelines for the implementation of Section 504 of the Rehabilitation Act of 1973, ANR has developed the following guidelines for conducting all 4-H YDP activities at the local, regional, and statewide levels. All 4-H YDP agents (advisors, program representatives, clerical staff, extenders, and volunteers) are responsible for implementing these guidelines.

1. 4-H YDP staff and volunteers may not exclude from any program or activity any person on the basis of disability. 4-H YDP staff shall take into account the needs of such persons in determining the services to be provided under the program or activity. When feasible, all efforts are to be made to encourage and provide reasonable accommodations for youth with disabilities in 4-H YDP activities.
2. Where existing UC Cooperative Extension (UCCE) office facilities are inaccessible, 4-H YDP staff and volunteers may make program services that are normally provided at those sites available to disabled persons through other methods such as meeting in accessible locations, making home visits, or communicating through writing, telephone calls, and audiotapes.
3. For activities held in publicly owned facilities outside of UCCE, 4-H YDP staff shall select accessible facilities wherever possible. For activities held at privately-owned facilities such as homes and farm buildings, 4-H YDP staff shall select accessible facilities whenever disabled persons requiring such accessibility are participating, have expressed an interest in participating, or are likely to participate. If accessible facilities are unavailable or inappropriate to the nature of the activity, 4-H YDP staff shall use other methods to deliver program benefits to disabled persons, such as meeting in accessible locations, making home visits, or communicating through writing, telephone calls, and audiotapes.
4. While some activities such as field trips cannot be held at sites accessible to those with disabilities, alternatives such as audio- or video-taping of the activity should be explored.
5. Upon request and when feasible, 4-H YDP staff will make program materials accessible to a disabled person with sensory or mental impairments, if that individual has indicated a desire to participate. For example, materials could be made available through means such as Braille, audiotapes, readers, large-print formats, simplified versions, written scripts, or sign-language interpreters.

6. 4-H YDP staff and volunteers will make reasonable accommodations to provide camping activities that are accessible to disabled persons. Disability accommodations needed by individual 4-H members must be met. The type of disability accommodations needed will be identified through camp applications.

Accommodations may need to be made for health problems, physical limitations, dietary restrictions, and medical requirements. When feasible, reasonable accommodations will be supplied at no additional cost to the individual.

7. Outreach activities to disabled youth and volunteers will be conducted as part of the regular program. Targets of outreach should include state, rehabilitation, education, and advocacy agencies for disabled people. Interagency efforts should be cultivated and specific outreach efforts and contact sources should be identified.

8. All county publications, meeting flyers, newsletters, and other materials should advertise that the county offices and meeting sites are accessible to individuals in wheelchairs, or that disabled individuals may call the county office for more information on accommodations. To indicate that the meeting location is accessible to wheelchairs, use the "wheelchair accessible" logo. When appropriate, other available accommodations should be specified.

9. The California 4-H Incentives and Recognition Program is to be adapted so that individuals with disabilities can participate in 4-H awards competitions. These adaptations might include "partnering" in awards competitions and providing assistance on record keeping.

10. Efforts should be made to inform youth and parents of the availability of TDD machines for people who are hearing impaired at designated county offices. Advertisement of the TDD can be facilitated by use of the TDD logo in 4-H newsletters and notices of activities.

Resource List

California 4-H Youth Development Program

University of California
DANR Bldg, One Hopkins Road
Davis, CA 95616-8575
530-754-8518
<http://ca4h.org>

ANR Affirmative Action Office

University of California
Agriculture and Natural Resources
300 Lakeside Drive, 6th Floor
Oakland, CA 94612-3550
510-987-0096
<http://danr.ucop.edu/aa/>

Americans with Disabilities Act (ADA)

<http://www.usdoj.gov/crt/ada/adahom1.htm>
800-514-0301 (voice)
800-514-0383 (TTY)

Special Olympics

<Http://www.specialolympics.org/>

National Mentoring Center

Northwest Regional Educational Laboratory
101 S.W. Main Street, Suite 500
Portland, OR 97204
Phone: 1-800-547-6339 x-135, (503) 275-0135
E-mail: mentorcenter@nwrel.org
Web: <http://www.nwrel.org/mentoring>