**Air Cadet Publication (ACP) 29**



**Guide to Supporting Individual Needs in a Training Environment**

**Amendment Sheet**

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**Introduction**

The RAF Air Cadets provides individuals with a wide scope of training for both staff and cadets. Although this training may be delivered in a way that is suitable for most, there may be the requirement to make reasonable adjustments to ensure training is accessible for the individual wherever possible.

The aim of this document is to provide general guidance for instructors with regard some of the main training needs that an individual member of RAFAC may require and specific guidance towards some of the more common needs with some strategies to support them.

This document also provides the RAFAC Instructor with a background as to the role that educational establishments may play in supporting an individual’s needs and provides general advice to ensure instructors have guidance to facilitate all training to be as inclusive as possible.

Alongside this guidance and its supporting resources, the content compliments that of the Methods of Instruction Training Syllabus. It could also be used as stand-alone guidance.

The RAFAC Policy relating to cadets with learning difficulties and disabilities and/or chronic conditions is contained in ACP 20 - Annex E to PI 104 Disability Guidance. Given that specific policy and regulations relating to certain activities must be adhered to, a RAFAC Instructor should always refer to the appropriate documents.

For any specific queries or further assistance for training support please contact XXX.

**Further Policy/Documents:**

ACP 20 - Annex E to PI 104 Disability Guidance

How to Guide - Inclusive Training

Guidance Documents - Supporting Specific Needs

HQ RAFAC would like to thank the specialist support from Mrs S Doubell and Flt Lt L Baker who have contributed to the publication of this document.

**Key Terminology**

Due to the dynamic environment, some terminology used to describe a certain need may be referred by another organisation differently. This document aims to be as generic and as inclusive as possible so will use the following terminology.

Training: This refers to any course/session delivered in the RAF Air Cadets monitored by TG

Instructor: Anyone delivering training within the RAF Air Cadets

Individual: Any member of the RAF Air Cadets

Need: Anything diagnosed by a professional that can have an impact on an individual’s day-to-day life or may prevent an individual from completing an everyday task without additional support. This can include, but is not limited to any: difficulty, disability, condition, special educational need, disorder, difference, illness or injury.

Reasonable Adjustment: Although there is no set definition, a reasonable adjustment could be described as an adaptation to a practice or rule, which enables an individual with difficulties to effectively participate in education/training without being disadvantaged. Reasonable adjustments may not necessitate considerable changes, and many can be promptly implemented. Examples can include providing printed information on coloured backgrounds or allowing additional time for assessments.

**Declaring a Need**

Cadets and parents should be encouraged to declare any need for support to ensure the individual is not in any way disadvantaged with their experience of training in the RAF Air Cadets and instructors can provide reasonable adjustments.

If an instructor or staff member is in doubt that a specific need has not been disclosed, then they should raise concerns with the appropriate chain of command who can then discuss these concerns with parents/carers of the cadet.

The RAFAC does not diagnose or provide assessment towards diagnosis of a certain need and staff should ensure that parents/carers are fully aware of this.

Any assessments/diagnosis should be completed through a medical or educational professional.

Any documentation passed by a parents/carer relating to an assessment/diagnosis should be stored securely as part of the records on SMS.

Staff members of the RAF Air Cadets are also encouraged to declare any specific needs to their Commanding Officers to ensure that the organisation can provide reasonable adjustments/support.

Dependant on the need it may be suitable to complete the RAFAC Health and Personal Support Plan. This can be found in ACP 20 - Annex E to PI 104 Disability Guidance

**Supporting the Needs of Individuals**

**The Role of RAFAC Instructors**

Before delivering training, a RAFAC Instructor would be expected to check if any participants have any needs that require reasonable adjustments. It is strongly recommended that this is undertaken in advance as some reasonable adjustments may take time to prepare, or further guidance may need to be sought.

Should no specific needs be declared by an individual, the instructor should still ensure that general strategies for support are implemented in the training environment to facilitate inclusivity, however it is not the instructors’ role to identify an undeclared need.

**The Role of Squadron OCs and Squadron Training Officers**

The Squadron OC and Training Officer have a unique position of having an overview of the cadets and staff at Squadron, any declared needs of the individual, as well as the day-to-day training opportunity the individual will participate in.

Being in such a vital position, a Squadron OC or Training Officer should be communicating any specific needs of an individual to the relevant trainer to provide a coherent and consistent approach. This also includes any appropriate communication with parents/carers to ensure that RAFAC instructors have the appropriate information to support any individuals.

It is also expected that all appropriate policy is followed and records are kept up to date on SMS.

**The Role of Wing and Regional Staff**

The major role for any Wing or Regional Staff member is to ensure that all training delivered is as inclusive as possible in accordance with policy and guidance.

A further role is to encourage an open environment where both staff and cadets feel comfortable approaching instructors about any specific needs they may have.

**Training Approaches**

Within a training environment, there are general strategies that can be implemented to ensure that all individuals are able to access the information that may also help to support anyone with additional needs.

It is recommended that, wherever possible, instructors implement this guidance.

Where resources need to be shared with cadets, this could be done using the Training Event application on SMS/Cadet Portal or could also be placed on Bader SharePoint/Teams for staff training.

**Face-to-Face Training**

 a. If available, allow the use of laptops/tablets/mobile devices to view resources or complete tasks. Individuals can bring their own devices at their own risk.

b. Provide handouts/electronic copies of documents. These could be emailed out in advance if appropriate to allow individuals to adequately prepare for the training. Some documents may need to be printed on coloured paper.

c. Give each task a time limit – this allows individuals to organise their time alongside communicating the instructor’s expectations.

d. Get to know everyone – building up a good rapport with everyone allows instructors to evaluate the strengths and difficulties of individuals more easily.

e. Break larger tasks down into small, manageable steps – instructors communicating clear steps or objectives of how to achieve a task can ensure that individuals of all abilities can succeed.

f. Manage groupwork carefully – group work is an effective tool in a training environment but can also be difficult for certain individuals to engage with. Ensure group work is structured and supervised.

g. Set clear expectations – at the start of training, instructors should communicate with individuals what is expected in terms of behaviour and participation as well as success criteria for the training session.

**Virtual Training**

In a virtual training environment, there may need to be some further considerations.

a. Keep sessions short and purposeful – where possible ensure that there is a mix of instructor-led and participant-led activity with plenty of breaks

b. Be more vocally expressive when delivering to maintain focus

c. Adapt resources (such as PowerPoints) with written instructions and further information – incase an individual is not able to communicate effectively in the virtual environment.

d. Be flexible with technology and have alternative plans to delivering training. Remember some individuals some may not have sound/video or may only be working from a mobile phone.

e. Involve different ways of delivery to keep interest. Instructors should try to ensure good interaction with learners through tasks, discussion and videos to ensure that everyone participates at some point

f. Share a recording of the session wherever possible to ensure that individuals who may wish to go over the session can do so in their own time.

g. Communicate before and after the training with links or emails containing resources and support if required.

**How to include everyone over Teams: Top Tips**

a. Request everyone types something in the group chat after a set ‘thinking time’

b. Select an individual to state an answer after set ‘thinking time’

c. Ask individuals to write answers on a piece of paper and hold it up over the screen

d. Ask participants to complete Microsoft Forms quiz

e. Ask the cadets to submit a piece of work at the end of the session/after each part of the session

f. Give the audience enough time to complete tasks and consider answers – set designated time limits and check to see if anyone needs more time

**Additional Sources for Training Support**

Over recent years, a substantial number of supportive IT Apps and programs have been developed and are now used widely in education. These include programs which will read back information, clarify spelling and grammatical errors, assist with recall and retention of information.

Voice dictation programs allow the user to articulate more easily without concerns about spelling for example. Microsoft Word has its own version integrated within the program, as well as a ‘read aloud’ function.

Mind mapping and planning programs allow the user to develop ideas and interlinking themes more easily, which assist with a number of academic tasks. Apps and programs allow digital information recorded to be easily managed and digital recordings can be transcribed by voice dictation software transcription features.

Many programs have an associated App which allows the individual to make use of some of the features via their Smartphone.

**Free of charge websites to assist with reading, spelling and grammar difficulties:**

<http://www.ghotit.com> Contextual spell and grammar checker to compliment MS Word.

<http://mystudybar.org> Assistance with planning/reading and writing tasks

<http://xmind.net/> Basic mind mapping software

<http://adobe.com> Adobe reader. Reads aloud from many Adobe documents

<http://wordtalk.org.uk/download> Reads aloud from Word documents

<https://www.grammarly.com/>Helps with constructing written work

**Websites/software that may require purchases or a product:**

Readback software: Claroread and TextHelp <https://www.clarosoftware.com/portfolio/claroread/> and <https://www.texthelp.com/en-gb/>

Voice dictation software: Dragon <https://www.nuance.com/dragon.html>

Mind mapping and planning software: MindView and inspiration <https://www.matchware.com/mind-mapping-software> and <https://www.inspiration-at.com/>

Digital recording and digital information management: Audio Notetaker and NTE Hub <https://sonocent.com/audio-notetaker/> and <https://notetakingexpress.com/>

**Areas of Need**

There are four broad areas of need that Government guidance and Educational/Medical professionals refer to:

**Communication and Interaction**

Includes speech, language and communication difficulties which make it difficult for individuals to make sense of language or to understand how to communicate effectively and appropriately with others.

Autistic Spectrum Disorder, including Asperger’s Syndrome, are also likely to have difficulties with social interaction.

**Cognition and Learning**

Individuals may have difficulty in understanding some aspects of training, have difficulty with organisation and memory skills or have a specific difficulty affecting one part of their learning such as in literacy or numeracy

A term commonly used is ‘learning difficulties’ – but this covers a wide range of needs including moderate learning difficulties (MLD), severe learning difficulties (SLD) and profound and multiple difficulties (PMLD).

Specific learning difficulties (SpLD) such as dyslexia, dyspraxia and dyscalculia may also come under this term.

**Social, Emotional and Mental Health Difficulties**

There are a wide range of social and emotional difficulties which present themselves in many ways.

Individuals may have difficulty in managing their relationships, be withdrawn, behave in ways that may hinder learning or that have an impact on their health and wellbeing or behave in a way that is not expected for their age

This broad area includes attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD). It also includes behaviours that may reflect underlying mental health difficulties such as anxiety, depression, self-harming and eating disorders

**Sensory and/or Physical Needs**

A sensory need may mean individuals have visual and/or hearing impairments, or a physical need that means they must have additional on-going support and equipment which could impact mobility.

Individuals may also have difficulties processing sensory information such as smells or sounds, and may have a sensory processing disorder

**How Needs are assessed in an Educational Environment**

It is likely that an individual who has a specific need also has had appropriate reports and assessments completed in their educational setting to support them.

Staff should discuss this with the parents/carers and the individual so that the information can be used to support training within the RAF Air Cadets.

**Education, Health and Care Plan (EHCP)**

Education, Health and Care Plan (EHCP) is a legal document that describes a child or young person's special educational, health and social care needs, explains the extra help that will be given and how that help will support the child or young person to achieve what they want to in their life.

These plans are used for more significant needs when extra funding and support is required to support an individual in an educational setting. They are reviewed yearly and can stay with an individual up to the age of 25 so it is important for regular communication between the parents/carer and the relevant staff members.

**Other Documentation**

Within an educational setting, individuals who may not have a need that requires an EHCP but still require reasonable adjustments may have a ‘Pupil Profile’ or such-like completed by the educational establishment.

This document may outline strategies that may support the individual in the educational setting that may also benefit an individual in a RAFAC training environment and parents/carers may wish to share this information in to order support instructors in the organisation.

Educational psychological diagnostic assessment – undertaken by an education psychologist to diagnose learning difficulties. This document may also be given by parents/carers.

Professional Medical Evidence – for some medical needs there may be accompanying medical guidance provided by the diagnosing professional.

**Supporting Information**

**Specific Learning Difficulties (SpLD) Dyscalculia, Dysgraphia, Dyslexia, Dyspraxia**

The term Specific Learning Difficulties (SpLD) embraces a number of learning difficulties which can affect cadets of all abilities and can vary in impact on being able to learn effectively. These difficulties are relatively common amongst the population, they are known to be genetic in origin, and therefore are present at birth, although it is possible to acquire very similar difficulties through brain injury at any age.

It is important to note a distinct difference between the terms Specific Learning Difficulties and Learning Difficulties (Global), and those experiencing more severe forms of the latter are less likely to be able to learn in mainstream education and is discussed further in this document.

Cadets with Specific Learning Difficulties may have a combination of dyscalculia, dyslexia, dysgraphia and dyspraxia, or may just experience difficulties in one area. These are formally diagnosed and those assessments clarify the particular areas of difficulty. It may be easy to consider someone has dyslexia if they have trouble spelling, but this is not always the case, but guesswork or hearsay ought to be discouraged and only a formal diagnosis must be recognised.

Somewhat confusingly, a cadet with dyspraxia may have this in the form of a specific learning difficulty or may experience difficulties attributed to developmental dyspraxia, and the differences between the two are outlined below.

Consequently, each individual cadets specific learning difficulty profile is unique to them, and although many supportive strategies can be put in place, it is important to note and implement individual requirements as required.

Cadets with specific learning difficulties can experience particular difficulties in learning to read, write, spell or manipulate numbers to the extent that their performance in these areas is below their performance in other areas. Quite often there is a distinct difference between performance when producing assignments and when taking examinations, with the latter causing particular difficulties due to the confined timescales involved.

A Diagnostic Assessment identifies an individuals’ intelligence quotient (IQ) and undertakes a number of sub-tests in order to clarify where difficulties may be present. These include tests in areas of processing information speed, short and long-term working memory, auditory working memory, organisational skills, phonological awareness and co-ordination skills.

In addition to a SpLD, cadets may also experience Visual Stress difficulties which can seriously impact upon their ability to read effectively. Visual stress is generally associated with a SpLD, but can also be a separate difficulty. This difficulty is discussed further in this document.

As discussed, there can be overlap between these difficulties, however the main areas that cadets with SpLD’s are defined as:

**Dyslexia:** This difficulty affects cadets with tasks such as reading effectively, spelling with accuracy, confusing sequences of letters, processing thoughts, structuring written work and written expression, taking notes, and retaining information (such as for revision), fluency in presentation skills and all these tasks take longer than average.

**Dyscalculia:** This difficulty affects cadets with tasks involving mathematical skills, these will include ‘simple’ mental math calculations, understanding and applying mathematical rules and formulae, being able to easily analyse numbers (statistics), confusing sequences of numbers, fluency in reading numbers in particular, and retaining information (such as for revision) and these tasks take longer than average.

**Dysgraphia:** This difficulty affects the fine motor coordination of cadets, often impacting on handwriting skills and will include problems with, holding a pen for longer periods of time without discomfort, poor construction of handwritten work, difficulties with spelling accuracy, processing thoughts and written expression.

**Dyspraxia:** When defined as a SpLD in a Diagnostic Assessment this difficulty affects time management and organisation skills, producing written work and written expression, maintaining focus and concentration, difficulties with fine motor movement, difficulties with orientation.

**Strategies to use in a learning situation**

* It is helpful for the cadet to be seated close to the board or screen.
* Use of coloured overlays to assist with reading ought to be encouraged.
* Consider the use of coloured papers for the cadet to work, on if required.
* Produce power points with cream or coloured backgrounds, avoid white text if possible, and ensure the presentation fills the screen. Use more even fonts, such as Arial, avoid fonts such as Times New Roman.
* Always give clear instructions and descriptions, and pace information steadily.
* Provide copies of information in advance where possible. This may need have an appropriate font on a coloured background.
* Reading text is taxing, therefore allow sufficient time to aid understanding.
* Producing typed or handwritten work is also a time-consuming task therefore extra time for finishing these, and break down tasks into smaller components if needed.
* Give assistance with spelling on an individual basis, if requested.
* Always verbalise the spelling of more complicated words to all.
* When using IT resources, ensure cadet can adjust screen colour and font as required.
* Support any visual information shown with verbal instructions or descriptions (e.g. read out loud what is being presented or written on the board).
* Ensure that any presentations and information are clearly presented and well organised.
* If printing information out, use matt paper only as shiny surfaces may cause glare.

**Further information is available via:**

**The British Dyslexia Association** offers a range of practical help for education. BDA Helpline: 0845 251 9002 [http://www.bdadyslexia.org.uk/](https://outlook.leeds.ac.uk/owa/redir.aspx?C=20a40a2d378b4acdbc272c6c9993b404&URL=http%3a%2f%2fwww.bdadyslexia.org.uk%2f)

**Dyspraxia Foundation** The Foundation supports individuals and families affected by dyspraxia.To promote awareness and understanding of dyspraxia.

T: 01462 455 016 <http://www.dyspraxiafoundation.org.uk/>

**Visual stress**

The British Dyslexia Association confirms that when Visual Stress difficulties (formally known as Scotopic sensitivity and Meares-Irlen Syndrome) are present, it can be difficult to read due to visual discomfort or disturbance. Common symptoms that may significantly impair reading ability or make reading very tiring include: experiencing headaches and eyestrain with text appearing blurred; text appearing unstable and varying in focus or text appearing doubled or alternating between single and double; and the background appearing more prominent with glare being too strong to read text from a white background. It can be difficult to accurately track text when reading, and the combination of these can make eyes water further slowing the reading rate. This difficulty can affect reading either from books or from a computer screen. The difficulty can vary in intensity in individuals, and can often be more pronounced after a longer period of reading or when the individual is particularly tired.

Given that some symptoms may have a variety of differing causes, some which may be due to medical conditions, this difficulty is formally diagnosed by a Specialist Optometrist, and these symptoms can often be eased by the use of coloured overlays. These can be either A4 or larger in format, or in the form of smaller ‘reading rulers’. Specialist IT read back program features also include the ability to customise the computer screen, including the use of virtual reading rulers. Generally, when a specific colour is diagnosed to assist and reduce the symptoms, the individual will use that colour throughout. However, some individuals may need to use varied intensities or shades or may move further along the spectrum. Where individuals wear spectacles, the ‘spare pair’ for reading can be coated with the appropriate colour-this ought not to be confused with the availability of high street tinted ‘fashion’ colours.

**Strategies to use in a learning situation**

* It is helpful for the cadet to be seated close to the board or screen.
* Use of coloured overlays to assist with reading ought to be encouraged.
* Consider the use of coloured papers for the cadet to work, on if required.
* Produce power points with cream or coloured backgrounds, avoid white text if possible, and ensure the presentation fills the screen. Use more even fonts, such as Arial, avoid fonts such as Times New Roman.
* Provide copies of information in advance where possible. This may need have an appropriate font on a coloured background.
* Reading text is taxing, therefore allow sufficient time to aid understanding.
* When using IT resources, ensure cadet can adjust screen colour and font as required.
* Support any visual information shown with verbal instructions or descriptions (e.g. read out loud what is being presented or written on the board).
* If printing information out, use matt paper only as shiny surfaces may cause glare.

**Further information is available via:**

**The British Dyslexia Association** offers a range of practical help for education.  BDA Helpline: 0845 251 9002 [http://www.bdadyslexia.org.uk/](https://outlook.leeds.ac.uk/owa/redir.aspx?C=20a40a2d378b4acdbc272c6c9993b404&URL=http%3a%2f%2fwww.bdadyslexia.org.uk%2f)

**Crossbow education:** <https://www.crossboweducation.com/>

**Cerium Visual Technologies:** <https://ceriumvistech.com/>

**Developmental Dyspraxia DCD (Developmental Co-ordination Disorder)**

When a diagnosis of developmental dyspraxia DCD is given, the NHS describes this as a condition ‘affecting physical coordination. It causes a child to perform less well than expected in daily activities for their age, appear to move clumsily’. Some healthcare professionals may also use the term specific developmental disorder of motor function (SDDMF) to refer to DCD, as opposed to the features of a specific learning difficulty-dyspraxia. DCD is more common in boys than girls. Skills in tasks such as drawing, writing and performance in sports are delayed.

General difficulties include: problems with being able to concentrate and focus, attention spans can be shorter than average. It can be difficult to follow instructions and to copy information. Organisation skills are also affected. It can be difficult to learn new skills quickly. As with SpLD’s those experiencing difficulties from dyspraxia DCD will vary in the intensity of the difficulties they experience.

**Strategies to use in a learning situation**

* It is helpful for the cadet to be seated close to the board or screen.
* Provide copies of information in advance where possible. This may need have an appropriate font on a coloured background.
* Reading text is taxing, therefore allow sufficient time to aid understanding.
* Support any visual information shown with verbal instructions or descriptions (e.g. read out loud what is being presented or written on the board).
* Support learning by offering one-to-one additional sessions.
* Repeat information and check understanding, break down verbal instruction into smaller sections.
* Be mindful that difficulties maintaining focus and attention may be present, this is not intentional. Gently remind the cadet to participate.

**Further information is available via:**

**The British Dyslexia Association** offers a range of practical help for education.  BDA Helpline: 0845 251 9002 [http://www.bdadyslexia.org.uk/](https://outlook.leeds.ac.uk/owa/redir.aspx?C=20a40a2d378b4acdbc272c6c9993b404&URL=http%3a%2f%2fwww.bdadyslexia.org.uk%2f)

**Dyspraxia Foundation:**The Foundation supports individuals and families affected by dyspraxia.To promote awareness and understanding of dyspraxia.

T: 01462 455 016 <http://www.dyspraxiafoundation.org.uk/>

**NHS Website:** <https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia/>

**Attention Deficit and Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD)**

The NHS describe ADHD as a ‘behavioural disorder that include symptoms such as inattentiveness, hyperactivity and impulsiveness. Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child circumstances change, such as when they start school. Most cases are diagnosed when children are 6 to 12 years old. The symptoms of ADHD usually improve with age, but many adults who were diagnosed with the condition at a very young age continue to experience problems. Those with ADHD may also have additional problems, such as sleep and anxiety disorders’.

Mental Health.org.uk elaborates reporting that ‘ADHD is an umbrella term which includes attention deficit disorder with hyperactivity (ADHD) and attention deficit disorder without hyperactivity (ADD). While medication does not cure ADHD, it may help to reduce the difficult symptoms resulting from ADHD.

Those with ADHD difficulties may have ‘significant attention problems, appear restless, fidgety, overactive and impulsive. This can impact upon being able to solve problems, plan ahead understand others’ actions, and control impulses’. This can mean that there is lack of attention to detail and careless mistakes are made; difficulties completing assignments and tasks; being readily distracted; being impatient and overactive.

**Strategies to use in a learning situation**

* Break down tasks by giving short, achievable targets and give immediate
* rewards on completion, where possible
* Use checklists for tasks which the young person can tick on completion.
* Seat the cadet close to the instructor and good role models, but away from
* windows and doors.
* Make eye contact during verbal instruction, and speak clearly in brief, understandable sentences.
* Repeat instructions and present them in more than one way.
* Encourage the cadet to verbalise and then repeat what is to be done first.
* Be prepared to act as an auxiliary organiser to get the cadet organised and on
* task.
* Monitor progress regularly throughout a lesson and give constant feedback.
* Liaise closely with parents or carers.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>

**ADDISS: The National Attention Deficit Disorder Information and Support Service** provides people-friendly information and resources about Attention Deficit Hyperactivity Disorder. <http://www.addiss.co.uk/>

**Autism- Autistic Spectrum Disorder (ASD)**

The NHS and the National Autistic Society describe Autism as ‘a lifelong developmental disability that affects how people perceive the world and interact with others. Autistic people see, hear and feel the world differently to other people.

Autism is a spectrum condition. All autistic people share certain difficulties but being autistic will affect them in different ways. Some autistic people also have [learning disabilities](https://www.autism.org.uk/about/what-is/related-conditions.aspx), [mental health issues](https://www.autism.org.uk/about/health/mental-health.aspx) or [other conditions](https://www.autism.org.uk/about/what-is/related-conditions.aspx), meaning people need different levels of support. All people on the autism spectrum learn and develop’.

Young people can have difficulties understanding and relating to other people, and taking part in everyday family, school, work and social life, can be harder. It can be difficult to build a rapport with autistic young people. There can be difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice. There is a very literal understanding of language, and an autistic person will think people always mean exactly what they say. They may find it difficult to use or understand varied facial expressions and tone of voice jokes and sarcasm.

Autistic young people can have any level of intelligence and can sometimes be different in girls and boys. For example, autistic girls may be quieter, may hide their feeling and may appear to cope better with social situations. Key features include repetitive behaviour and routines; highly focused interests; sensory sensitiviey. It is helpful to have a structured routine, with key rules as it can be difficult to adapt to change.

**Strategies to use in a learning situation**

* Prepare carefully for new situations, so that cadets know exactly what is expected of them.
* Make use of pattern and routine so that they feel secure.
* Reduce noise where possible, and if overwhelmed allow them to go to a quiet, supervised place.
* Ensure you have their attention before speaking, speak clearly and calmly.
* Give one step of an instruction at a time, and visual information to help.
* Inform what should be done, not what should not be done.
* Give a longer period of time to complete a task before you repeat the instruction.
* Give the cadet the opportunity to explain things from their point of view.
* Liaise closely with parents or carers.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/autism/signs/children/>

**National Autistic Society:** <https://www.autism.org.uk/about/what-is/asd.aspx>

**Asperger’s/Asperger syndrome**

The National Autistic Society and the NHS confirm that ‘Asperger’s or Asperger Syndrome) is used to describe autistic people with average or above average intelligence. People with Asperger syndrome see, hear and feel the world differently to other people. If you have Asperger syndrome, you have it for life – it is not an illness or disease and cannot be ‘cured’. Often people feel that Asperger syndrome is a fundamental aspect of their identity.

Some people with Asperger syndrome also have [mental health issues](https://www.autism.org.uk/about/health/mental-health.aspx) or [other conditions](https://www.autism.org.uk/about/what-is/related-conditions.aspx), meaning people need different levels and types of support. They don't have the learning disabilities that many autistic people have, but they may have specific learning difficulties. They have fewer problems with speech but may still have difficulties with understanding and processing language.

Young people with Asperger syndrome usually have good language skills, but they may still find it hard to understand the expectations of others within conversations, perhaps repeating what the other person has just said or talking at length about their own [interests](https://www.autism.org.uk/about/behaviour/obsessions-repetitive-routines.aspx). Many people with Asperger syndrome have intense and highly-focused interests, often from a fairly young age. People with Asperger syndrome may also experience [over- or under-sensitivity](https://www.autism.org.uk/about/behaviour/sensory-world.aspx) to sounds, touch, tastes, smells, light, colours, temperatures or pain. For example, they may find certain background sounds, which other people ignore or block out, unbearably loud or distracting. This can cause anxiety or even physical pain. Or they may be fascinated by lights or spinning objects.

Young people with Asperger syndrome often have difficulty 'reading' other people - recognising or understanding others’ feelings and intentions - and expressing their own emotions. This can make it very hard for them to navigate the social world. They may find it hard to form friendships and appear to be insensitive. Some may want to interact with other people and make friends but may be unsure how to go about it.

**Strategies to use in a learning situation**

* Be mindful cadet may become quickly anxious or upset about unfamiliar situations and social events.
* Prepare carefully for new situations, so that cadets know exactly what is expected of them.
* Make use of pattern and routine so that they feel secure.
* If distressed or overwhelmed allow the cadet to go to a pre-designated to go to a quiet, supervised place.
* Give one step of an instruction at a time, and visual information to help, speak clearly and calmly. Praise promptly and encourage appropriate responses/behaviour.
* Inform what should be done, not what should not be done.
* Give a longer period of time to complete a task before you repeat the instruction.
* Give the cadet the opportunity to explain things from their point of view.
* Liaise closely with parents or carers.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/autism>

**National Autistic Society:** <https://www.autism.org.uk/about/what-is/asperger.aspx>

**Global, Moderate and Severe Learning Difficulties**

A cadet with global, moderate or severe Learning difficulties will find all areas of learning difficult regardless of how they are taught. Approaches to assisting with learning need to be adapted to the individual’s requirements. Quite often, the cadet’s school will have detailed information of how to support learning, and this ought to be accessed if possible to form the basis of support.

It is often the case that a cadet with global, moderate or severe learning difficulties have other associated special needs. Those with moderate learning difficulties may be educated in mainstream schools with specialist provision being made available, or may be educated in a Specialist school, especially at secondary level. Standard training programs produced for the RAF Air Cadets are very likely to be extensively adapted, depending upon the needs of the individual.

**Strategies to use in a learning situation**

* Encouragement, praise and reward - not only for work and achievements but
* also for positive behaviour
* Building on the cadet’s existing knowledge and understanding
* Ensuring learning objectives are realistic and that success is achievable, break tasks down as required
* Giving clear instructions and including careful questioning to ensure they know

what is expected.

* Checking understanding at every stage.
* Use appropriate IT support if required for difficulties in reading, producing written work and numeracy
* Allow repetition of information and the opportunity to practice and apply skills
* Show how things should be done
* Liaise closely with parents or carers.

**Further information is available via:**

**NHS:** <https://www.gosh.nhs.uk/>

**NHS:** <https://www.nhs.uk/conditions/learning-disabilities/>

**Mobility difficulties**

Many clinical conditions can result in cadets having some mobility difficulties, these may be temporary or permanent, and may be progressive in nature. Should a cadet present with particular difficulties, it is pertinent to check with them and their parents/carer is to the appropriate approaches in order to support them. It is best practice to gather this information on an individual basis and provide reasonable adjustments accordingly. An Education, Health and Care Plan (EHCP) may also be in place provided by the school/college Special Educational Needs Co-ordinator (SENCO), and if available, may provide valuable advice.

Should the mobility difficulties be substantial and the cadet may need to make either permanent or temporary use of wheelchair/mobility scooters/walking aids, all attendees ought to be supportive in either indoors or outside. Wheelchairs can vary in being manual, either self-propelled/and or assisted by others, to being electric, again either self-propelled/assisted by others.

**Strategies to use in a learning situation**

* Check with the cadet initially regarding their level of mobility difficulties and their preferred methods in a learning situation.
* Ensure that reasonable adjustments are in place with regards to supportive chairs and work desks.
* Additional health difficulties may be present, and this may negatively impact upon the cadet’s ability to be able to maintain focus and attention, especially for longer periods of time.
* Likewise additional time may be required for the cadet to undertake tasks, particularly if upper body movement and dexterity are affected.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/>

**Scope UK:** <https://www.scope.org.uk/>

**Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME)**

According to the current information provided by the NHS, CFS/ME is defined as ‘a long-term illness with a wide range of symptoms. The most common symptom is extreme tiredness. CFS/ME can be present at any age. This tends to be a long term condition, however young people with CFS/ME are more likely to recover fully’. An Education, Health and Care plan (EHC) may also be in place provided by the school/college Special Educational Needs Co-ordinator (SENCO), and if available, may provide valuable advice.

Those with CFS/ME can show additional symptoms, including: sleeping difficulties, muscular or joint pain, headaches, sore throat, flulike symptoms, feeling nauseous and dizzy, fast or irregular heartbeat and cognitive difficulties including being able to recall information and to focus and concentrate, especially for longer periods of time. Over exercising makes symptoms worse, and the severity of symptoms can vary from day to day, or even within a day. CFS/ME can also affect mental and emotional health and have a negative effect on self-esteem.

The ME Association reports that amongst young people the ‘features are malaise and a worsening of symptoms following minimal physical or mental exertion. These post-exertional symptoms can persist for hours, days, or weeks and are not relieved by rest or sleep. While some young patients can attend school, on a full or part-time basis, many others are wheelchair dependent, housebound, or bedbound. Successful management is based on determining the optimum balance of rest and activity to help prevent post-exertional symptom worsening’.

**Strategies to use in a learning situation**

* Participation in cadet activities may need to be adjusted dependent upon the symptoms experienced at the time. It may be prudent that a cadet only attends occasionally and then for half of a session for example, and gradually builds up attendance.
* Undertaking more physical tasks would need to be particularly well-managed, and may not be possible, again dependent upon symptoms experienced.
* Since reading text can be particularly tiring, allow for rest breaks.
* Producing typed or handwritten work is also a time-consuming task therefore extra time for finishing these and break down tasks into smaller components if needed.
* Progression through particular courses may need to be reviewed and adapted, dependent upon the symptoms experienced at the time.
* Check with the cadet as to adjustments with schoolwork is undertaken, and endeavour to apply these in the same way.
* Regularly with the individual cadet regarding their own progress and adjust promptly; encourage the cadet to communicate.
* Use of supportive IT could be very helpful such as read back and voice dictation software/apps.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/chronic-fatigue-syndrome-cfs/>

**ME Association:** <https://www.meassociation.org.uk/>

**Diabetes**

The NHS define diabetes as ‘a lifelong condition that causes a person's blood sugar level to become too high’. An Education, Health and Care Plan (EHCP) may also be in place provided by the school/college Special Educational Needs Co-ordinator (SENCO), and if available, may provide valuable advice.

There are 2 main types of diabetes:

[**Type 1 diabetes**](https://www.nhs.uk/conditions/type-1-diabetes/) – where the body's immune system attacks and destroys the cells that produce insulin. There are no lifestyle changes you can make to lower your risk of type 1 diabetes. This is more likely to be experienced by young people. This is controlled by Insulin and by taking blood sugar tests. These can vary in administration, from once or twice a day, to as and when required throughout the day and night. Insulin can be administered by a self- injection pen or via a pump.

[**Type 2 diabetes**](https://www.nhs.uk/conditions/type-2-diabetes/)– where the body does not produce enough insulin, or the body's cells do not react to insulin. This affects mainly adults and may also be managed by lifestyle changes.

**Strategies to use in a learning situation**

* If the cadet becomes unwell in your session, immediately seek the assistance of first-aid staff. Contact parents or carers.
* Cadets may often be absent if they have been unwell and may need extra support to catch up on sessions.
* Recognise that their concentration may be erratic depending on glucose levels.
* There may be an impact on processing speed and recall of information, especially if required at speed: give the cadet time to respond.
* Young people with diabetes may need to eat or drink during sessions and prior to physical tasks.
* Identify a pre-designated private space available for insulin pen injections and self-administered blood tests.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/Diabetes/>

**Diabetes UK :** <https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/school-staff>

**Dysarthria (Speaking difficulties)**

The NHS defines dysarthria as ‘difficulty speaking caused by brain damage or brain changes later in life. These symptoms may include: slurred, nasal sounding or breathy speech; a strained and hoarse voice: very loud or quiet speech: problem speaking in a regular rhythm with frequent hesitations, difficulty with tongue and lip movements. As a result of these problems, a person with dysarthria may be difficult to initially understand, dysarthria does not affect intelligence or understanding. Speaking difficulties however can range from being relatively mild to being quite severe.

Support via a speech and language therapist can often improve the difficulties experienced, including the provision of specialist communication aids.

Stuttering is one of the more common speaking difficulties in which the speaker may repeat sounds, vowels or words, or may experience moments of trying to say a word but nothing comes out, or where some words are stretched and drawn out in pronunciation. Understanding someone with speech difficulties may initially be problematic, but after a relatively short time period, becomes easier, so regular and repeated engagement is important.

**Strategies to use in a learning situation**

* Request the cadet sit near at the front of the room.
* Reduce distractions and background noise when conversing with the cadet
* do not finish their sentences or correct any errors in language
* If you do not understand what the cadet is saying, just ask for them to repeat it again without fuss, is still unsure ask specific yes or no questions
* Allow extra time for the cadet to formulate any oral answers
* If the cadet is stuttering, avoid focusing on the stutter and do not instruct them to ‘take your time’ or ‘slow down a bit’, instead allow the cadet to speak at their own pace: do not appear impatient
* Include the use of computers and IT to facilitate learning where appropriate

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/dysarthria/>

**Epilepsy**

The NHS define epilepsy as‘a common condition that affects the brain and causes frequent seizures. Seizures are sudden bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms. Epilepsy can start at any age, but usually starts either in childhood. It's often lifelong but can sometimes get slowly better over time.

Seizures can affect people in different ways, depending on which part of the brain is involved. Possible symptoms include: uncontrollable jerking and shaking, losing awareness and staring blankly into space, becoming stiff , strange sensations, such as a "rising" feeling in the tummy, unusual smells or tastes, and a tingling feeling in arms or legs and collapsing. Sometimes the individual might pass out and not remember what happened’.

The severity of seizures can vary with some hardly noticeable (absences) to some being completely disabling (tonic-clonic, atonic and status seizures). Medication can be taken, which can help in either minimising or completely stopping seizures. Some individuals may have warning signs prior to a seizure occurring which may be seconds hours or days before the event. After the seizure, the individual will feel disorientated, distressed and very drained and will be unable to undertake tasks for some hours or days, dependent upon the severity of symptoms.

An Education, Health and Care Plan (EHCP) may also be in place provided by the school/college Special Educational Needs Co-ordinator (SENCO), and if available, may provide valuable advice.

**Strategies to use in a learning situation**

* If the cadet becomes unwell in your session, immediately seek the assistance of first-aid staff. Contact parents or carers. Ideally prepare a ‘plan of action’ for support with the cadet, parents/carers in advance.
* Know who your nearest First Aider when at the Squadron and call them immediately the cadet appears unwell.
* There can be an impact on concentration which can slow reading and written work, ensure the cadet has time to undertake tasks
* There may be an impact on processing speed and recall of information, especially if required at speed: give the cadet time to respond.
* Be mindful that triggers such as bright flashing lights or strobe type/images may bring about a seizure, check in advance if the cadet is sensitive to these and adjust the presentation.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/epilepsy/symptoms/#triggers>

**The British Epilepsy Association:** [www.epilepsy.org.uk](http://www.rnib.org.uk/).

**Hearing Impairment (HI)**

The NHS define hearing loss as being ‘temporary or permanent. It often comes on gradually as you get older, but it can sometimes happen suddenly. Hearing loss can have many different causes. Permanent hearing loss can be treated by utilising: hearing aids and surgical implants, alongside improving alternative ways of communicating such as sign language (BSL) or lipreading. Hearing loss may affect one or both ears’.

Some young people with a significant loss communicate through sign language such as British Sign Language (BSL) instead of, or as well as, speech. An Education, Health and Care Plan (EHCP) may also be in place provided by the school/college Special Educational Needs Co-ordinator (SENCO), and if available, may provide valuable advice.

The Action on Hearing Loss Association confirm that ‘people who are deaf or have hearing loss have individual communication needs and you should ask someone how best you can communicate with them’. Technical developments can be provided also via smartphones alongside specialist computer programs. ‘There are live speech to text apps available, though with varying levels of accuracy depending on the background noise and speed of conversation. The use of video relay services such as interpreter now or communicating with people whose first preferred language is British sign language’.

**Strategies to use in a learning situation**

* Check with the cadet initially regarding their level of hearing impairment and their preferred methods in a learning situation.
* This may include specific positioning in a room to enable easier hearing.
* Cadets may rely on facial expressions and lipreading to help communicate, so ensure you face the cadet directly and that your face is clearly visible and well lit.
* In most instances you will be able to speak at a standard pace, however there may be sometimes that you may need to repeat information.
* It can be difficult to decipher extraneous noises, especially with someone who has hearing aids, where possible, ensure the room is quiet.
* Likewise, not all hearing impairment means total deafness, so delivering a session in a clear voice is imperative.
* Ensure that the cadet is attentive before you begin.
* Provide written documentation to support the verbal presentation.
* Encourage good learning practice by limiting over talking amongst the group, and by taking one question at a time. You may need to repeat the question and other responses.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/hearing-loss/>

**Action on Hearing Loss:** <https://actiononhearingloss.org.uk/> (formerly RNID)

**Hypermobility syndrome**

The NHS defines hypermobility as ‘joints are more flexible than others (being double jointed). When this causes pain, it might be joint hypermobility syndrome. Joint hypermobility syndrome usually runs in families and cannot be prevented. Usually, the joints are loose and stretchy because the tissues that should make them stronger and support them are weak. The weaknesses because the collagen that strengthens the tissues is different from other people’s. Most experts agree that joint hypermobility syndrome is part of the spectrum of hypermobility disorders, which includes Ehlers-Danlos syndrome. Some people with hypermobility spectrum disorders do not have symptoms that affect their joints. The main treatment is improving muscle strength and fitness so joints are protected.

Key symptoms of hypermobility include: pain and stiffness in joints or muscles; re-occurring sprains and strains; dislocation of joints and poor balance or co-ordination. Management of hypermobility include support via physiotherapist or occupational therapist, use of hot water bottles or warm baths, alongside the use of over-the-counter or prescribed painkilling medication. Gentle low impact exercise (such as swimming or cycling, is recommended. Individuals are mindful not to overextend joints and take care not to over exercise or undertake high impact exercise.

**Strategies to use in a learning situation**

* Check with the cadet, parents/carers what they are advised to do and not to do in general.
* Cadets may often be absent if they have experienced a joint dislocation, and may need extra support to catch up on sessions.
* Recover from a joint dislocation may easily be a number of days in duration, so recognise that the cadet will need to be mindful of gentle mobility.
* High impact tasks should not be undertaken, review and adjust any session plans accordingly.
* Check with the cadet the post dislocation advice given to them by medics
* If prescribed painkilling medication is being taken, recognise that this may have impact upon the cadet’s ability to maintain appropriate focus and concentration in teaching sessions.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/joint-hypermobility-syndrome/>

**Migraine**

The NHS define migraine as ‘usually a moderate or severe headache felt as a throbbing pain on 1 side of the head. Many people also have symptoms such as feeling sick, being sick and increased sensitivity to light or sound. Migraine is a common health condition, affecting around 1 in every 5 females and around 1 in every 15 males. They usually begin in early adulthood. Migraines can be frequent or occasional. The exact cause of migraines is unknown, although they're thought to be the result of temporary changes in the chemicals, nerves and blood vessels in the brain. Some triggers can start a migraine such as: stress, tiredness and certain foods/drinks. Medication, either over the counter or prescribed can assist. Sleeping or lying in a darkened room can be helpful.

There are several types of migraine, including: migraine with aura, where there are specific warning signs just before the migraine begins, such as seeing flashing lights or migraine without aura – the most common type, where the migraine happens without the specific warning signs. There are also migraine aura without headache, also known as silent migraine – where an aura or other migraine symptoms are experienced, but a headache does not develop’. It is common for people to define a bad headache as a migraine, and these are two distinct conditions require different medical approaches, so it is good practice to ensure the cadet has a definite medical diagnosis.

**Strategies to use in a learning situation**

* Check with the cadet, parents/carers what they are advised to do and not to do in general.
* Cadets may often be absent if they have been unwell, and may need extra support to catch up on sessions.
* Recover from a migraine headache may be some days in duration so recognise that the cadet will feel tired and their concentration may be affected.
* There may be an impact on processing and recall of information, especially if required at speed: give the cadet time to respond.

**Further information is available via:**

**NHS:** <https://www.nhs.uk/conditions/migraine/>

**Visual Impairment (VI)**

According to the Royal National Institute for the Blind (RNIB), the instance of Visual Impairment (VI) in young people is currently estimated at 50,000 in the UK. The severity of VI can vary from total or partial sight loss to those with specific sight restrictions, depending on their condition. Where medical intervention cannot assist, some sight problems can be improved by corrective contact lenses or spectacles, but may still leave the individual having to develop strategies to compensate.

It is important to know how a young person’s visual impairment affects them individually. They may experience difficulties with seeing clarity, colour and depth for example, in both light and in darker conditions. An Education, Health and Care Plan (EHCP) may also be in place provided by the school/college Special Educational Needs Co-ordinator (SENCO), and if available, may provide valuable advice.

Visual impairment can be as a result of some parts of the eyes not functioning properly, or difficulties with the brain being able to process images correctly. Quite often the latter is common for children who have more than one disability or with complex needs. Some young people may have a combination of both of these difficulties. It is important to note that visual impairment may change over time, sometimes improve, but symptoms may deteriorate and therefore beneficial support has to be reviewed and adapted accordingly. More recently, effective read back software programs such as ZoomText and Jaws which automatically read text from any source, and voice dictation software programs such as Dragon and Apple Voice control are used to good effect, and do not limit the individual from undertaking daily and academic tasks.

When supporting a young person with a visual impairment, it is important to ascertain what approaches and strategies are already in place, especially from an educational viewpoint, as these can then be the basis for effective support.

**Strategies to use in a learning situation**

* If the cadet wears corrective spectacles, encourage them to wear them.
* It is helpful for the cadet to be seated close to the board or screen.
* Check with regards to the lighting conditions, some individuals may require brighter light, but others more subdued.
* Always give clear instructions and descriptions, as it is easy to misread hand gestures and facial expressions.
* When in discussion or giving verbal feedback, use all cadets’ names in order to compensate for any difficulty in seeing body language.
* Provide copies of information in advance where possible. This may need to be in enlarged text, with an appropriate font on a coloured background.
* Where possible, reading a lengthy text can be particularly tiring, therefore allow for rest breaks.
* Producing typed or handwritten work is also a time-consuming task therefore extra time for finishing these and break down tasks into smaller components if needed.
* Consider general seating and grouping: this may apply particularly when using IT-based information.
* Support any visual information shown with verbal instructions or descriptions (e.g. read out loud what is being presented or written on the board).
* Ensure that any presentations and information are clearly presented, uncluttered and produced in larger typeface, and that they are well organised so that the cadet can have independent access.
* If printing information, use matt paper only as shiny surfaces may cause glare.

**Further information is available via:**

**Royal National Institute for the Blind (RNIB):** <https://www.rnib.org.uk/information-everyday-living-family-friends-and-carers/understanding-your-childs-eye-condition>

**COVID**

Although currently there is no official guidance towards COVID as a long term condition – RAF Air Cadet staff members are reminded there may be an additional impact of the Pandemic upon the needs of individuals.