

3 – 6 years. Supporting a child with a disfigurement: a teacher's guide

Guide 1. Starting early years

When preparing for the arrival of a child who has an unusual appearance, all staff will need information about how looking different affects both adults and other young children. You will need some practical 'do's and don'ts' for dealing with reactions such as staring, touching the child's unusual feature, making comments and asking questions. Ideally these preparations should be undertaken well before the new child starts with you.

Home visits will enable you to begin getting to know the child and their family. Ask what the family calls their child's condition, injury or illness and how they describe it. Some families may need to spend some time and thought on this.

Also ask parents how they deal with other people's reactions to the way their child looks because families cope in different ways:

- protecting their child from staring and curiosity by avoiding situations such as playgrounds and supermarkets
- developing positive answers for other people's questions
- being critical or angry with people who show surprise and concern about their child's unusual appearance
- paying no attention to any unwanted attention their child receives
- using different approaches at different times, perhaps including all of the above.

Understanding the family's experience of disfigurement will help you to create a comfortable and positive experience for the child when he joins your early years setting. See also the guide on *Working with parents and siblings*.

Arrange to meet, at an early stage, other practitioners and service providers who work with this child. If meetings are not possible, be sure to read all the assessments and reports about him. This will help you identify and meet all the needs he may have, and to ensure good ongoing support. Also, if difficulties do arise at a later stage, you will be well placed to share your concerns and seek additional input if required. See the *Guide* on *Working collaboratively with other professionals*.

1 LOOKING AND BEING LOOKED AT

Both children and adults who look different often experience staring, questions and comments, especially from people who haven't met them before. Most of us find it unpleasant to be stared at or pestered with personal questions. But when a new child enters an early years setting, it is going to be important to handle the other children's reactions positively.

Looking is natural when someone new arrives. We look more and look for longer when someone looks unusual. It cannot be prevented. It is often called staring and sometimes people try to stop children doing it.

But making friends begins with looking and being looked at. The other children are likely to look carefully, perhaps with surprise and interest. Some may reach out and touch the

new child's distinguishing mark or feature. Others may ask a question. If these expressions of interest and visual contact are discouraged, the child who looks different is at risk of finding it harder in the long run to join in and make friends.

2 LOOKING AT YOUR OWN FEELINGS AND BELIEFS...

Anyone encountering a person who has a disfigurement can experience many different reactions, especially when it is a child who has a condition, injury or illness which affects the way they look. But being very busy in a demanding early years setting you may not have time to pause and fully register your own reactions when you meet the new child who has a disfigurement.

Find time to check yourself out. You may feel embarrassed, shocked, upset, angry, vulnerable, repulsed, or touched with pity by a child whose appearance is unusual. Recognising your own feelings and beliefs about appearance and disfigurement will help you to support the child better. All your colleagues will need to do this too.

...about appearance

How important is appearance for you? What does a person's outward appearance say about them? How are you affected by people's appearance?

Try and notice other aspects of people as well as their physical appearance. What about their character, their attitudes, energy, sensitivity, imagination or humour?

...about disfigurement

What are your assumptions or beliefs about disfigurement? Throughout history and across many cultures, beauty has often been linked to goodness, virtue and happy endings, ugliness to badness, sin and punishment. What do *you* think? What are your hopes and fears for this young child, both now and in the future?

There are, in fact, many people with disfigurements leading full lives, with careers, families, and all the usual ups and downs. They have developed the social skills and strategies, and built up the self-esteem to respond effectively each time they encounter someone who stares or doesn't know where to look.

3 PREPARING STAFF FOR THE NEW CHALLENGE

As explained in the *Introduction* to all the *Guides*, the Disability Discrimination Act 1995 lays down two key duties for early years providers. These are -

- not to treat a disabled child less favourably
- to make reasonable adjustments for disabled children

A failure to comply may amount to unlawful discrimination. All your early years staff, including parents who help, will need to understand the social needs of a child with a disfigurement. All staff have an important part to play in ensuring that everyone becomes comfortable and confident about looking different so that the child is not treated less favourably than a child would be who did not have a disfigurement.

4 SHARING INFORMATION

...about the child

Before the new child starts, run an information session, perhaps as part of a general staff meeting. You will have collected the information you need about the new child and the condition, injury or illness that affects the way he looks. It is essential to prepare information for colleagues in collaboration with the parents so that no information is passed on without their full consent, using words acceptable to the family.

Through your usual pre-admission meeting(s) with the new child and your skills of observation and assessment, you will also have information to be shared with colleagues concerning his development, strengths and needs, both educationally and socially (as for any new child joining your early years setting).

...about the social effects of appearance and disfigurement

All staff will need to gain awareness of the ways in which everyone's reactions to the new child's disfigured appearance may affect the new child's development. Ensuring that everyone understands what to say and do about such behaviours as staring, curiosity, touching and asking questions will help to ensure that the new child can enjoy all their new play and learning activities and become socially confident.

...about common pitfalls

As well as the issues around staring discussed in this guide, there are some other well-intentioned interventions which need to be carefully checked.

- It can seem helpful to say that a child is "...just the same as everyone else," perhaps meaning that he needs the same interesting and enjoyable learning and social experiences as everyone else. However, you risk losing credibility with both children and adults, who will all, sooner or later, notice this particular child's unusual mark or feature.
- "It's the inside that counts" is another well-meant attempt to smooth the path for a child with a disfigurement. Of course the inside counts, but the outside, the way we look, counts too. If you avoid referring to appearance you may create problems for the future.
- TV and magazines emphasise 'image', but even without this emphasis it is very human to notice people's appearances and differences, especially faces. People who look different have to work *with this*, they cannot pretend it isn't so.
- The child who looks different will come to know that he is being noticed all the time, and yet no one ever says a word about it. You risk undermining his experience if his appearance is not to be mentioned.
- The child concerned may at times be worried or interested in what has happened to him or in how he looks. If you and other adults make a rule that appearance is not to be spoken of, it will discourage him from talking to you about this.

- On television and in books, characters are sometimes described and perhaps judged in terms of their appearance. If the child who has a disfigurement and the other children have not been allowed to talk about appearance and difference, the fictional book or film may become a substitute reality for them.

4 ANSWERING CHILDREN'S QUESTIONS

It is important to recognise that young children constantly ask questions about everything. The questions they ask about another child's appearance are just a part of their huge curiosity about the world. Commonly asked questions include:

- Why is her face like that?
- What happened to his hand?
- Can I catch it?
- Does it hurt?
- Will it go away?

Even if the curious child does not speak their question aloud, but looks closely or reaches out to touch, it will be best to treat their interest as a question. A brief and straightforward answer will satisfy most young children. For example:

- That's just the way Chloe's face is.
- Danny has a scar. He was hurt but he is okay now.
- Muna has one ear like yours and one folded up ear.
- Jess has a pink mark on her face since she was a baby.
- You can't catch it.
- When it gets sore we put cream on it.

Then you can move the conversation on in a natural and appropriate way. For example, "Keiran has a big eye and a small eye. His eyes are brown. What colour are your eyes?"

For more about responding effectively to children's curiosity about difference, see the *Guide on Having something to say*.

For more information about providing for children with disabilities in early years settings see *Early Years and the Disability Discrimination Act 1995 – What service providers need to know*. This leaflet available from the National Children's Bureau, 8 Wakley Street, London EC1V 7QE or visit www.ncb.org.uk