# 20 Assessing the needs of babies, children and young people with a disability

Disabled children are more likely to live in households experiencing social disadvantage and there is a strong relationship between childhood disability and poverty. Some impairments are specific to certain ethnic minority groups, and this has also been linked to social disadvantage.

The basic needs of disabled children are no different to those of any other child, but impairments may create additional needs. Disabled children are likely to face additional barriers, which inhibit or prevent their inclusion in society. It is important to think about your own understanding of disability and access helpful information on specific childhood impairments.

Health professionals are often the first to have contact with a disabled child and their family and can be major providers of information, advice and support. It is also worth checking whether the child has already had a specialist assessment and, if so, it may be unnecessary to complete a Common Assessment, particularly for children with moderate or severe disability.

**The following pointers may help with your assessment:**

- All children have the same basic needs of love, stability, etc and disability may be only be one important aspect of who they are.
- Involving the child or young person in the assessment is very important and you may need to identify specific resources in order to do this, e.g. addressing access, language & communication issues, etc.
- A disabled child's impairment(s) may affect their growth and physical development, emotional and mental well-being, and ability to understand & communicate. Find out, rather than making assumptions.
- It is important to check if the child is getting the appropriate basic and specialist healthcare and treatment that they need, or whether they have missed or been refused appointments because of poor access to buildings, attitudes of professionals, family issues etc.
- Many barriers prevent a child accessing appropriate education, including inaccessibility of buildings, inflexibility of systems, attitudes of professionals and their specific communication and care needs, so it is important to address this and explore ways to remove these barriers.
- Disabled children growing up will receive negative messages about being disabled, and need a positive internal model of disabled identity to counteract negative stereotypes. Are they able to present themselves confidently and can they choose how this happens, or do they feel under pressure to hide or deny their impairments?
- The issue of consent is no different for a young person with a disability and is only limited by the general condition of sufficient age and understanding which applies to all young people.

- Disabled young people must be seen as individuals, treated appropriately for their age, become emotionally developed and be seen as having a cultural and racial identity, sexual needs, and a positive image self. Consider the option of an independent visitor or other advocacy arrangement for the child or young person.

- All parents and children need support with and breaks from each other, but natural breaks (playing out, visiting friends, joining in organised activities, staying with relatives) may be unavailable to disabled children. What supports are available to help the family parent their disabled child? If the child receives additional support, is this provided in ways that are both respectful of the child and sustainable in the long term?

- Disabled children are particularly vulnerable and face an increased risk of suffering abuse in many settings, so check that key adults are aware of this increased vulnerability. See if the child can access the safety channels that exist for all children (e.g. help lines, complaints procedures, advocacy services), and if not, what alternative safeguards can be put in place?

- Ideas, resources and support may be required to help parents of disabled children find appropriate ways to stimulate their child. On the other hand, parents may feel exceptional pressure to provide stimulation. Check that parents are able to access resources and ideas where needed. Does the child have access to recreation and leisure opportunities that provide stimulation?

- Parenting disabled children can raise additional dilemmas when making decisions about reasonable risks. Disabled children are also more likely to be perceived as having challenging behaviour. Is the child supported to take reasonable risks in everyday life?

- Few mothers of disabled children work outside the home, which places further stress on what are often already low-income households. Can appropriate childcare be found to ease this situation? Has the disabled young person been encouraged to consider what work they would like to do as an adult? Is the family aware of all benefits they are entitled to?

- Many families benefit from being part of a community and to benefit from its resources, but families with disabled children can face barriers to this inclusion. Disabled young people may also want to do this independently from their family. Are they linked into community resources? If barriers exist, can they be overcome?

**For more information about disability and resources, contact:**

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| 'Help Yourself' directory | http://dis.shef.ac.uk/help_yourself/ |
| Sheffield City Council | www.sheffield.gov.uk |
| SIGN (What's on ) | sign@sheffieldcis.f9.co.uk |
| SNIPS (inclusive play and leisure resources) | info@snips.org.uk |

# 21 Assessing the needs of black and minority ethnic children and their families

In the 2001 census, the black (Asian, African and Caribbean people, including dual-heritage) and ethnic minority (Irish and other 'non-British white' people) population for the UK was 7.9%. In Sheffield, they are 10.9% of the population, around half were born outside the UK, and the largest group is of Pakistani origin.

The MacPherson Report 1999 identified that 'institutional racism' (the significant impairment of life opportunities) is a significant experience in the lives of 'black' families.

> "Research has shown that black and ethnic minority groups are more likely than the rest of the population to live in poor areas, be unemployed, have low incomes, live in poor housing, have poor health and be the victims of crime. They can all experience racial harassment, discrimination and stereo-typing which has a negative impact on their lives."

These communities are therefore at greater risk of experiencing some of the stress often associated with people who need the services of social care agencies, but do not necessarily feel able to access these services. This can be seen in the higher proportion of black children in care, the lack of take up of family support services and the under-achievement of black boys and young men in our education system.

**An assessment of the needs of black and ethnic minority children and their families should consider:**

- That all children, whatever their race, culture or religion, share the same fundamental care and developmental needs as each other. Being black or from another ethnic minority is an important part of who they are, but not all of it.

- That even within specific groups and communities there is diversity, i.e. a variety of cultures, opinions & expectations, ethnic groups, socio-economic backgrounds, religions, political beliefs, and work skills.

- Having as much written information as possible available in different languages and having access to translation and interpreting services, in order to communicate clearly and respectfully with children, young people and their families, rather than relying on other family members to do this.

- Research in the UK has shown that racism has had an impact in education. Whilst there are no differences in potential educational ability of children from different backgrounds, black boys, for instance, are more likely to be excluded for less disruptive behaviour than white pupils, and black pupils are less likely to achieve than white pupils of the same or lesser ability.

- The experience and impact of racism on both individuals, the family, and the community as a whole, in particular on the physical and mental health of children, young people and adults within a family.

- That racism can cause significant harm and can be a contributory factor in all types of abuse.

- That all cultures share the same expectations and desires about the safety and protection of babies, children and young people in their community; no culture sees abuse or assault on children as an acceptable form of behaviour, nor should race or culture be accepted as a reason for not meeting the needs of a child.

- That race, culture, religion, language, and family and community history are important to achieving a positive personal identity, but information about this is not always easily available, and some dual heritage children and young people also need specific support in identifying their racial and cultural origins.

- Sometimes you may have to ask difficult questions about a child's background in order to obtain the support that is needed, e.g. a dual heritage child who lives in a white family and may be described as white by his parent or carers.

- The significant impact of poor social conditions and poverty and the extent that a family or community is able to access appropriate advice, support and services, for varying reasons, including lack of trust, communication barriers etc.

- Some illnesses are more common amongst specific communities, such as 'sickle-cell' disorders for African and Caribbean people, and 'thalassemia' for Italians, Syrians and Greeks. Many children such as asylum seekers and refugees can suffer 'post-traumatic stress syndrome' associated with past experiences of death, violence and war.

- That many babies, children and young people live in families which contain an extended family and non-blood relatives within the household, and have very close ties with friends and relatives who are very separate geographically, even living in other parts of the world.

- That many world events can have a significant impact on different groups of people, and will require a considered and sensitive response e.g. strong feelings of nationalism brought up by sporting events, or disasters such as earthquakes, war, etc.

**For more information about race, religion and culture, contact:**

Help Yourself service directory at: http://dis.shef.ac.uk/help_yourself/
Sheffield City Council at: www.sheffield.gov.uk
asylum seekers and refugees at: www.refugeeaccess.info

# 22 Addressing issues of sexuality amongst children and young people

Although it is hard to give precise figures, it is estimated that up to 10% of the population in Britain is lesbian, gay or bisexual. Therefore an increasing number of babies, children and young people now live in families and households with parents, carers, siblings, and others who are in same sex relationships. And a number of young people who are thinking about their sexuality will decide that they are gay, lesbian or bisexual.

Despite the welcomed changes that have given homosexual and heterosexual relationships equality under the law, there is still discrimination and stigma within our society. Many of the children and young people we work with will be experiencing this, because their friends, parents, carers or siblings are gay, lesbian or bisexual, or because they are trying to make choices about their own sexuality.

**Research has found that the pressure of homophobia can sometimes lead to:**

- Poor mental and physical health
- Feelings of guilt, anger, depression, rejection, and low self-esteem
- Self-harming, drug misuse, violence, suicide, anti-social behaviour
- Sexual exploitation and prostitution,
- Being a witness to or victim of verbal abuse, harassment, physical or sexual assault, bullying, domestic abuse or other hate crime
- Rejection by family, running away, homelessness
- Poor educational attendance and achievement
- Not feeling able to trust or talk to anyone about their feelings

We also have to remember that some children and young people have enough support around them to deal with this pressure positively and may not feel they need help.

**As part of any work with children and young people, they need to feel comfortable to raise this issue if they want to, and there are things we can do to make this easier:**

- Increase your awareness of issues of sexuality
- Display posters and literature with positive images and support for lesbian, gay and bisexual young people
- Find out about support groups, networks and organisations which can become involved with individuals or groups of young people
- Don’t assume people are heterosexual, think about your language (its often very gender based) ask open, non-judgemental questions, don’t tease about the lack of a boyfriend or girlfriend, don’t assume that parents or carers are male and female

- Be clear that you see discussions about sexuality as positive and confidential – the young person may feel it is a huge risk to raise this subject
- Challenge homophobic language, jokes and behaviour by other children, young people and adults
- Ask if the child or young person wishes to discuss something that they are worried about and, if this is not taken up, explain to them that you are around if they change their mind
- Remember that it often takes time to develop trust in someone before a person can discuss something as important as sexuality

**For further information about sexuality and related issues you can contact:**

The Centre for HIV & Sexual Health on:
www.sexualhealthsheffield.co.uk or 0114 226 1900

Reporting 'hate crime' on:
www.report-it.org.uk

South Yorkshire Partnership (for LGB safety) on:
www.safeinsouthyorks.co.uk

Local advice and support on:
www.gaysheffield.co.uk

Sheffield Fruitbowl – Lesbian, Gay & Bisexual support group on:
www.lgbsheffield.co.uk or phone 0797 482 5318

24 hour phone support on:
www.gayphone.org.uk

Shout! Centre – Health and Community for Gay and Bisexual Men on:
www.shoutcentre.co.uk or phone 0114 275 8255

or email: gayandlesbianyouth@hotmail.com

# 23 Addressing the use and misuse of drugs and alcohol by young people.

All children's services in Sheffield have a role to play in identifying substance misuse by young people, and providing appropriate help where a need is identified.

It is difficult to get an accurate picture of the extent of drug and alcohol use by young people, due to the illegal and 'hidden' nature of the activity. However national and local research suggests that by the time they reach 18 years of age, about a third of young people will have experimented with illegal drugs, and 90-95% of young people will have tried alcohol.

Most of these young people go on to lead healthy, active and productive lives. Consequently, the fact that a young person has used drugs or alcohol should not lead to the assumption that there is a problem to be treated. At the same time, we must be sure that young people are aware of the harms drugs and alcohol can cause and are encouraged not to use substances or to take action to reduce the risks they face. It is not safe to assume, for example, that because cannabis use seems so widespread amongst young people, that this particular young person will not have a problem with it.

Most young people's use of illegal drugs starts and ends with cannabis use. Recent Advisory Council on the Misuse of Drugs Guidance made clear their view that use of cannabis carries potential harm, particularly to young people with other complicated problems or mental health difficulties, but that it is not as harmful as Class A drugs like heroin or cocaine.

A very small number of young people have clear and unquestionable problems with drugs or alcohol, but assessing most young person's use of drugs and alcohol and the associated risks is complicated. Some drugs are physically more dangerous than others, and have a greater propensity to cause addiction, but many individuals use even Class A drugs in a controlled and 'recreational' manner and do not suffer serious difficulties. Other people may develop serious problems in relation to legal substances like alcohol, or 'softer' drugs like cannabis.

Problem substance use by young people can be judged against a number of factors:

- **The drug itself:** the potential for overdose, intoxication, or physical addiction. Using different drugs at the same time can increase the risks.
- **The method of use:** injection is clearly a more high risk method than drinking or smoking.
- **The attitudes and mindset of the user:** whether the drug use is part of a 'social scene', a way of relaxing or having fun with friends, or whether the aim is to obliterate difficult emotions; is the user is aware of the risks and taking steps to reduce these or does the use appear to be uncontrolled and over the top? How do they feel about their use? Do they spend more time involved in substance use than other previously enjoyed activities? How mature is the young person?
- **The context in which the use takes place.** Is it as part of a structured social event like a party, or is the use taking place alone, during otherwise unstructured days or in response to boredom? are there other people around in case things go wrong? Is the environment dangerous or are accidents or aggressive incidents likely? Is there a risk of homelessness, exclusion or arrest or sexual exploitation due to the use?

It is essential that, where a young person is using substances, you ask some of the above questions, which will need to be approached with sensitivity.

Further guidance on screening young people for drug problems, and a screening tool are available from SHED Young People's Drug and Alcohol Service:

Telephone 2729164
Email shed@turning-point.co.uk
Web site www.shed-turningpoint.co.uk