

Disability and child

[Family](#), [Children](#)



Social factors

Lack of social/friendship networks.

Children need friendships to develop their interaction, emotional understanding, empathy and social skills. Children who lack these networks tend to feel isolated and therefore isolate themselves more. They may suffer insecurities about themselves and be withdrawn and shy. They may struggle to communicate, share and understand the needs and feelings of others. As they grow older the insecurities may lead to self-hatred and self-harm.

They will lack people to confide in or go to for advice. They may find themselves drawn into ‘the wrong crowd’ because they seem welcoming, and as a result find themselves manipulated.

Poor parental supervision/neglect.

Without guidance children do not learn the correct ways to behave. This will cause them to come into conflict at school because they do not know or understand acceptable boundaries. They may be unaware of the dangers they can face in life. They may have a distorted view of their own abilities and may believe that they are allowed to do what they want because they are never prevented.

They may believe they are unloved, unimportant and unvalued and as they grow older this could lead to depression and self-harm. The lack of boundaries could result in them becoming involved in crime and anti-social behaviour. Neglect could lead to health problems through malnutrition. They may struggle to form social relationships because of their lack of personal

hygiene. Poor clothing could lead to bullying and teasing, causing them to withdraw and become isolated.

Illness/disability

If the child suffers from illness or disability they may find they frequently miss school, they may then miss large chunks of their education and struggle to achieve. It may cause them to miss out on activities such as sports, which could leave them feeling isolated. These feelings could develop into anger or resentment and may cause them to have behavioural problems. They may be misjudged as lacking intelligence and therefore not given challenges, leading to boredom and perceived disruptive behaviour. If the child is the carer of a parent suffering illness or disability this can lead to emotional difficulties.

The child may struggle to understand the role reversal they are experiencing, viewing themselves as being on a par with adults and more mature than their peers, resulting in them struggling to form friendships. They may become resentful at missing out on their childhood and present challenging behaviour. They may suffer anxiety whilst away from home and worry about their parent, resulting in a failure to engage in their education. They may not fulfil their potential in life as much of it will be dedicated to being a carer. Having a parent with a long term illness or disability could also lead to financial hardship due to lack of employment. Criminal or anti-social behaviour Whether it is behaviour presented by the child, a sibling or parent it could result in the child being taken into care. A parent could be absent for a length of time, if imprisoned, causing emotional stress. The child may perceive the behaviour as normal or acceptable, especially if it is being

carried out by the parents and copy it. It may result in a transient lifestyle, as they could be re-housed as a result of anti-social behaviour. This would result in the child suffering a disrupted education and struggling to form long term stable friendships.

Addictions

The impact of addictions on children can be various. They can suffer health problems, if their mother had a drug or alcohol problem during pregnancy. They may suffer poverty due to lack of employment, or if the addiction is gambling. They may suffer from neglect, abuse or/and violence. If they have younger siblings they may find themselves responsible for their care and therefore may suffer stress and feel isolated. They may feel scared and find it difficult to speak to people for fear of getting in trouble or going into care. They may ultimately find themselves in care if the addictions result in their parents being unable to care for them.

They may become involved in crime to support their family. At school they may be disruptive or withdrawn, have mood swings and outbursts of violence. • Parental separation This can leave a child feeling very insecure and frightened. They may become quiet and withdrawn. They may become very emotional, clingy and tearful or become violent and abusive. They may feel angry, let down and abandoned. Their work and concentration at school may suffer as a result of any stress and worry they may be feeling. They may suffer poverty as a result of a fall in the household income.

They may suffer a dramatic change in lifestyle that leaves them confused.

Economic and Environmental factors

Poverty

This can result from low income, unemployment, parental separation, illness or disability, addictions, or criminal activities. Children may suffer malnutrition or a poor diet as a result of their parents being unable to afford quality food. This could result in lack of concentration or poor performance at school. They could also suffer other health related issues. They may be the subject of bullying as a result of their clothing or because they do not have the latest 'must have' accessories.

They will probably miss out on further education due to the costs involved, or as a result of the need to find employment to help support the family.

Poor housing

One of the side effects of poverty is poor housing. People on low income are often dependent on local authority housing. This may result in overcrowding, for example being housed in a bedsit or home with insufficient bedrooms. This means the child has no privacy, or personal space. They may struggle with homework and course work because of the lack of a quiet space in which to complete it.

The housing provided may be of a poor quality – suffering damp or be in disrepair. This could have a detrimental effect on the child's health – causing asthma or frequent colds and coughs. It will probably be in a less desirable area or could be in an area with social disorder problems. This may result in the children becoming isolated, as their parents may be fearful of letting them out to play or they may themselves become involved in anti-social behaviour and criminal activities.

Lack of academic achievement

Children whose parents have had a poor education or lack numeracy and literacy skills can struggle at school.

Their parents may show little or no interest in their education and as a result they may also lose interest. The parents may not attend school progress meetings so they will have little understanding of their child's achievements and therefore the child will not receive praise and encouragement to continue. The parents will struggle to support the child in homework and coursework and the child will therefore struggle. This may cause them to get in trouble as a result of uncompleted assignments. They might 'fail' in their education, as a result, and struggle to get employment as an adult.

Religious beliefs and customs

Children may have to attend a school associated with their religion, and may therefore receive a less balanced education. They may struggle to understand other people's religion or lifestyle choices, if it goes against what they are taught. This may leave them confused or feeling isolated and struggling to interact with the wider community. They may also experience or witness abuse on the grounds of their religious beliefs and customs, leaving them not only confused and isolated but fearful.

Ethnic and cultural customs

Children may have different forms of attire, causing them to be teased or bullied. Their culture may view interaction between men and women in a different way and the children will struggle to recognise what is acceptable at school as it differs to home. This could cause them to come into conflict with school rules or to be perceived as a trouble maker.

Transient lifestyle

The child and their family could move around frequently; for example they may come from Gypsy Roma Traveller community. This means their education will be inconsistent and interrupted.

They will be unable to form close friendships and lack a support network outside their close family and community. Although dealt with separately, many of these factors are interconnected; unemployment or low income can lead to poor housing. Poor housing can lead to health problems, which can lead to frequent school absences. They will not only affect the child's present lifestyle and health, but also their future, right through to adulthood. This pattern could then continue into the lives of their children. Without support and intervention, they and their families could find themselves trapped in a cycle of disadvantage.

Poverty is on the agenda of the Every Child Matters framework, with one of the outcomes stating that every child should achieve wealth and economic well-being. This means it is important to ensure that children experiencing poverty have the same opportunities as their peers. Impact of poverty can be:

- Low income: This can mean that children may not have the same advantages of their more wealthier peers.
- Poor housing: This could lead to ill health due to unacceptable standards within the home.
- Ill Health: Not having access to the correct food and warm clothing could affect health.

Low academic achievement: This could come due to there not being such an emphasis on the importance to learn or support brackets within the home.

Low Self-esteem: Children could have a low self-esteem due to the above factors. In accordance with Article 13 of the United Nations Convention on

the Rights of a Child, the outcomes of the Governments Every Child Matters framework and the Early Years Foundation Stage, children should be provisioned for by ensuring that children are involved and engaged with, allowing them to be heard, to make decisions, contribute their experiences and be supported and safeguarded throughout their development.

Even from an early age, children's choices, even simple ones, can have an impact on their life chances and outcomes such as choosing which toys to play with at pre-school or which friends to play with, a child may develop a friendship with another child who is perhaps a bit louder and boisterous and may display unwanted behaviour, this choice of friend may have a negative impact on the child's behaviour at home or in other settings they move onto.

Whilst the child has the right to choose their friends, it is our responsibility to involve the child in setting expectations of their behaviour and help them to make a positive contribution, which is one of the outcomes of the ECM framework. Children and young people throughout their lives will make choices such as whether to eat healthily or unhealthily or start smoking or drinking, as any early years setting we ensure that we offer healthy snacks and meals, we involve the children in activities and discussions about the importance of healthy living but there will come a point where they can choose for themselves.

If a child/young person chooses to eat unhealthily this will have a negative impact on their wellbeing, they could become overweight, develop diabetes and it could exclude them from taking part in activities, this could continue and have a negative knock on effect throughout their lives perhaps causing them to suffer low self-esteem and become withdrawn from

social situations. A child may be raised in an environment where they are allowed to play violent computer games or have families who are in trouble with the police.

These experiences could have a negative impact on the way the child/young person develops and integrates into society, they may choose to act the same way and get in trouble or they may not like what they have experienced and choose not to. All practitioners should be striving to achieve the 5 outcomes of the Every Child Matters framework:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Wellbeing

By following the 4 EYFS themes we can see how they link into the ECM Framework.

EYFS Theme Supporting Principles Every Child Matters Unique Child 1. 1 Child Development Make a positive contribution 1. 2 Inclusive Practice Make a positive contribution 1. 3 Keeping Safe Stay Safe 1. 4 Health and Well-being Be Healthy Positive Relationships 2. 1 Respecting Each Other Make a positive contribution 2. 2 Parents as Partners Make a positive contribution 2. 3 Supporting Learning Make a positive contribution 2. 4 Key Person Stay Safe Enabling Environments 3. 1 Observation, Assessment and Planning Enjoy and Achieve 3. 2 Supporting Every Child Enjoy and Achieve . 3 The Learning Environment Enjoy and Achieve 3. 4 The Wider Context Make a positive

contribution Learning and Development 4. 1 Play and Exploration Enjoy and Achieve 4. 2 Active Learning Enjoy and Achieve 4. 3 Creativity and Critical Thinking Enjoy and Achieve 4. 4 Areas of Learning and Development Enjoy and Achieve Be Healthy – this also includes how our health is affected by our social, mental, emotional and physical well-being. The Government has a focus on healthy living for children. At my setting we provide healthy snacks for the children.

We also promote healthy choices, talk about healthy hearts and activities that teach them an active lifestyle. Stay Safe – we ensure children in our care are safeguarded. We have a robust safeguarding policy. Children know they can talk to any member of staff if they do not feel safe and they know they will be listened to. Enjoy and Achieve – we observe children so we understand their needs and can then plan more accurately for individual children. Make a Positive Contribution – we are continually assessing and developing our policies to ensure we are always making positive contributions to children’s development.

Achieve Economic Well-being – by ensuring we follow all the EYFS and Every Child Matters we are ensuring all children have the best start in life and can go on into adulthood and achieve economic well-being. Recognising that everyone is unique is a first step for seeing the importance. Each child and young person will have a differing set of needs, requirements and barriers that can prevent them accessing ways of achieving success. It is also important to design services around needs because it makes best use of the money available, it targets the services properly, so doesn't waste time or resources.

Putting the child at the centre means, rather than it being about adults and what they want, it is actually about what the child NEEDS. Key issues when designing services to meet children and young people's needs are: Careful preparation Collaboration of different services Ensuring an up-to-date directory of services available Collaboration between services, children, young adults and parents Integrating information from different services Flexibility in working together Managing change effectively Communication and consultation

Outreach - enabling access by visiting rural communities and making home visits Understanding the importance of networking between services. 2. 3 When it comes to children's participation it is rare to see involvement of children below the age of 8 years. Yet, very young children have the same rights to participation as any other children and they should be equally involved in matters that affect them. Even a two year old child can be meaningfully involved in decision making. Take the example of a parent who prepares the clothes for her son to wear that day.

It may well be that the boy says, 'I don't like this, I want to wear that!' The mother could then look at what the boy would like to wear and decide whether the clothes will suit the weather conditions. When they do, she could say, 'okay, fine, you can wear those clothes instead.' When the weather does not permit to wear the clothes the boy has identified, the mother should explain to her son that the clothes are either too hot/or too thin to wear given the circumstances. She can explain what the implications will be when he would wear the clothes he wants - catching a cold for example.

This is a clear and simple example of children's involvement in decision making - in this case with a very young child. It typically happens within the family environment, it is not 'a big thing' but it may well be important for the child's development. The boy has been given an opportunity to be involved in a decision that affects him, he has been given choices, he has received information that will help him understand the implications of his choice. It also shows how the best interest of the child may play a role in such decisions - i. e. the mother's concern about her son's health in his choice of clothes to wear. To support children/young people to make personal choices and experiences according to age, needs and abilities we as providers must allow them to express their own thoughts, views and opinions and most importantly listen to them. We must also offer constructive and fair advice appropriate to the age and stage of the child i. e. when a child reaches adolescent you would then think about some form of sex education where as you wouldn't need to do this with children in the early years.

To make advice fair you also need to put your own opinions and experiences to side and concentrate on delivering the facts in a positive way so that the child can then make positive decisions to do with the matter in hand. We can also aid them in completing activities that will allow them to make decisions and make choices and be there to support throughout process of decisions making and when things may go wrong. Also by providing the right environment we are enabling children to make choices that have a positive impact on their future lives. To provide the right environment we provide:
Exploration

Experimentation Problem solving Take risks safely Variety of activities
Accessible resources Resources to meet individual interest and needs
Language an interaction Welcome to families of all cultures and religions
Places to rest and eat An outdoor learning environment that is challenging
and promotes learning. 3. 1 The potential impact of disability on outcomes
and life chances of children and young people are that it can affect the
person's ability to perform normal day-to-day activities, but each child is
affected differently by their impairment or condition.

If a physical disability it may compromise the child's healthy development
and disrupt their educational experiences and if adults focus on what is 'wrong'
with a child or young person and what they can't do, rather than on
what they can do and are already achieving, and their potential to develop,
learn and progress, then the child's emotional well-being may be affected by
poor self-esteem. Children with learning difficulties or disabilities with
emotional or social development may affect children's all round progress.

Families with a disabled child or young person often experience financial
difficulties which may restrict children's opportunities in life – not only that of
the disabled child but of their siblings as well. This may result in relationships
within families may be destabilised by the stresses of caring for a disabled
child. It is important to have positive attitudes towards disability and specific
requirements as it is possible to avoid or reduce the impact of their
impairment so that the person can have opportunities to make choices,
develop to their potential, become independent and play a full part in
society.

Also, if practitioners have positive attitudes about their capacity to provide for disabled children's requirements, and are ready to learn new skills such as sign language or using the Makaton system (which we use already), then the children have greater opportunities for making developmental progress. Social model of disability – recognises that discrimination against disabled people is created by society, not by disabled people's impairments. It looks at ways to address issues to enable people to achieve their potential, by looking at ways to adapt the environment so the child can feel included this is very important.

The social model has been constructed by disabled people and by listening to what disabled people want and to remove any barriers, which may be in their way. By removing barriers and adapting the environment you are allowing children and young people chances to achieve and learn which promotes confidence and self-esteem. Medical model of disability – this treats the person as a sick patient and tends to focus on 'How can we make this person more normal? By labelling a child because of their disability can prevent us from seeing the child as a whole person like their gender, culture and social background the medical model is a traditional view of disability and that through medical intervention the person can be cured where in fact in most cases there is no cure. They expect disabled people to change to fit into society. By adjusting our environment to suit the needs of the child and appropriate resources and facilities are provided it allows the child to be confident also we focus on what the child can do and not on what they can't do (social).

We don't think of children, as special needs we think of them as children with specific or additional needs. In my setting we aim to give all children the same opportunities and children are not singled out because they have different needs for example all though some children require 1: 1 support we don't remove them from their peers the child will still work in his or her group but they will get extra support. Low expectations about the potential of a disabled child or being over protective can limit what they achieve.

It's important that we have positive attitudes about what requirements we provide so children can have opportunities for making developmental progress (social). We have one child at our setting that suffers from multiple impairment's. The child is registered blind but can see vaguely so we do have to make sure that walkways are clear and as she is of adolescent age we have had to purchase foldable tables for her height, for her to eat off (social). I don't think that the medical model of disability impacts on our practice a great deal but I know the child does have medical care for her disability that will never be fully cured (medical).

Different types of support available are

- Speech and language therapy- they will usually work in partnership with parents, teachers and support staff and anyone else who has regular contact with the child and provide training and coaching sessions and provide them with ideas and strategies to put into place to help promote the child's speech. I myself have sat in on a session with a child in our setting when the speech therapist came to have a meeting with a child and she gave us advice sheets on how best to help the child with his speech including picture cards with words on.

Support from health professionals' additional learning support- a child who has a disability like Down syndrome may need extra support in a setting to help them learn. A child with epilepsy is likely to require regular monitoring from health professionals and medication, which needs to be adjusted appropriately.

- Assistivetechonology- these would be anything which will help someone for example wheelchairs, hearing aids, walking frames and for a child who is blind you could use software which reads text from a screen. There are many different aids available for children and adults to help them with everyday tasks. Specialised services – There are many specialized services i. e. special educational needs coordinator, physio therapist, speech therapists, school nurse, social services. These services are available in order to provide the right care for the child.

Equality- each individual in society experiences opportunities to achieve and flourish which are as good as the opportunities experienced by other people.

Diversity – the differences between individuals and groups in society arising from gender, ethnic origins, social, cultural or religious background, family structure, disabilities, sexuality and appearance.

Inclusion – a process of identifying, understanding and breaking down barriers to participation and belonging. The meaning of these in the context of the positive outcomes for children and young people: Being healthy – Equality – each child should have the same opportunity to lead a healthy lifestyle. Diversity – individuals in the society may have different methods of being healthy, i. e. exercise regimes, and dietary requirements. Inclusion –

accepting the child's and families view on how they stay healthy and helping any child to maintain a healthy lifestyle.

Stay safe – Equality – each child should feel safe in their surroundings. Diversity – people may of different views on the level of safety. Inclusion – understanding what makes the child feel safe and maintaining that feeling for the child. Enjoying and achieving – Equality – each child should have the same opportunities to enjoy and achieve as others. Diversity – parents or carers may have different views on what they want their children to achieve and/or what they should be enjoying, i. e. stereotyping –boys do boys things and girls do girls things.

Inclusion – each child should have the opportunity to enjoy and achieve no matter their stage of development, making sure children who need more guidance and support get it. Make a positive contribution – Equality – every child should have the opportunity to make a positive contribution no matter what type of contribution and how big or small. Diversity – every child's input will be different. Inclusion – children's input, no matter how varied should be acknowledged. Achieve economic well-being –

Equality – treating each child equal no matter what economic status they come from. Diversity – each child lives a different life, whether it be economic status, health and disabilities, family background, religion etc. Inclusion – no matter what diverse factors affect the child's life each child should have the opportunity to achieve economic well-being in their own life. Social services – social workers that work with children aim to support children in need of protection as a result of any form of abuse or neglect.

Also for children who need additional services in order to reach a reasonable standard of health and development (for example children with disabilities) and for children who need to be provided with care because they cannot live with their own parents. Speech therapists - Speech and Language Therapists (SLT) work with parents/carers and others to assess if a child has speech and/or language difficulties, communication or eating and drinking difficulties. The therapist will consider the difficulties the child has and the impact these will have on his/her life.

If appropriate the therapist will decide how the child can be helped to reach their full communication potential. OFSTED - Ofsted is the Office for Standards in Education, Children's Services and Skills. They report directly to Parliament and are independent and impartial. OFTSED inspect and regulate services which care for children and young people, and those providing education and skills for learners of all ages. OFSTED ensure that we as providers follow the EYFS AND ECM to ensure that children are provided for and are able to develop at a healthy rate.

Respite Care - Respite care is the provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home. Respite programs provide planned short-term and time-limited breaks for families and other unpaid care givers of children with a developmental delay and adults with an intellectual disability in order to support and maintain the primary care giving relationship. Respite also provides a positive experience for the person receiving care.