



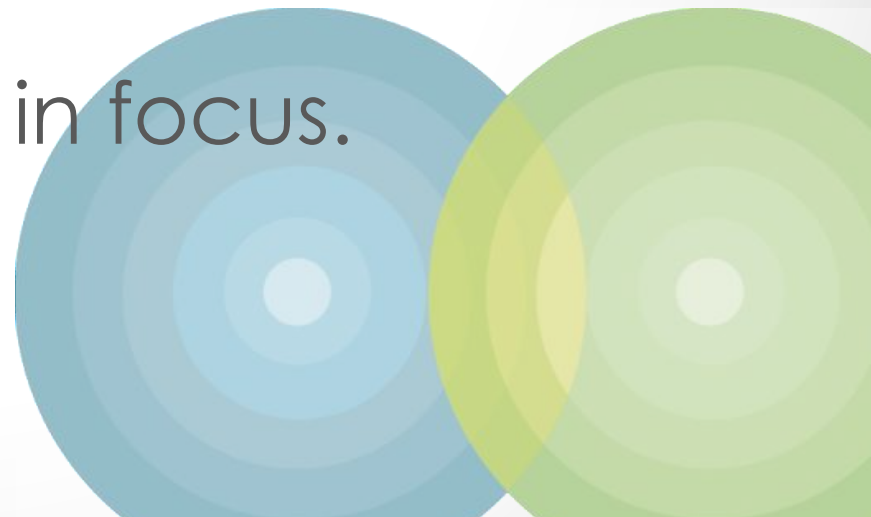
# Children and disability /difference

Current themes and points to consider  
Chris Freestone

# Focus areas

- Government / DfE thinking
- Communication
- Thinking about behaviour
- Hidden disability
- The use of intersectionality in practice

Just some of the areas in focus.



# Starting point

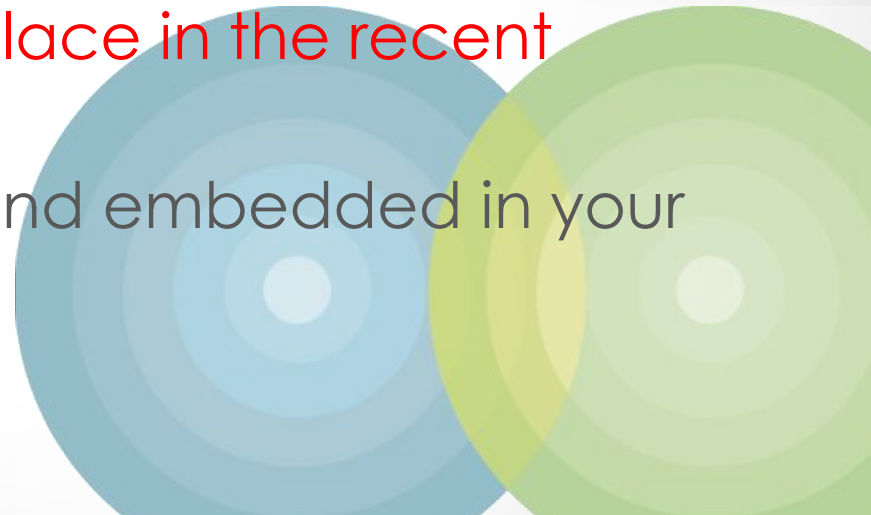
- Professional curiosity
- Professional vigilance
- Forensic analysis
- Non assumptive practice
- Non-biased practice

OPEN DISCUSSION.....

These principles were NOT in place in the recent serious cases.

Are these principles in place and embedded in your culture?

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# Changes likely-

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2025- onwards

# Look out for -

- DfE response and changes to the SEND plan for England. This is being re-reviewed.
- Costs
- Use of Tribunals – proportionate?
- Use of special schools / capacity / sufficiency to be reviewed
- Role of unregulated providers
- Unlikely to increase funding
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# Look out for-

- EHCP potential changes
  - Seeking greater transparency and consistency
  - To increase parental involvement
  - To ensure all agencies involved in creating the plan including agencies such as YOT
  - Central , digitised system
  - Standardised EHCP template from the DfE
  - Seek to streamline the whole process



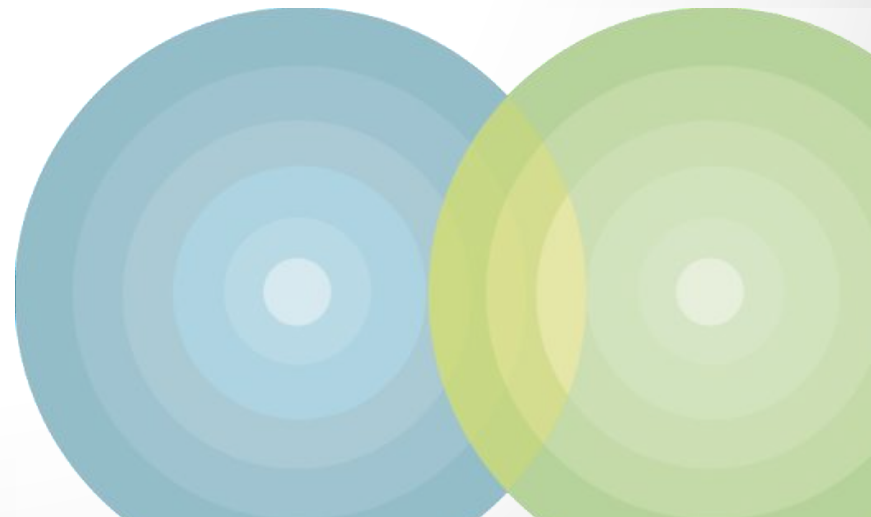


Behaviour

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# Thinking about behaviour ...

- Draft guidance for schools from September- worth looking at, as similar principles apply.
- <https://consult.education.gov.uk/behaviour-unit/revised-use-of-reasonable-force-guidance>





# Why the changes ?

- The revised guidance has been introduced ( with consultation) in response to growing concerns over the misuse of physical interventions and aims to promote a culture of accountability and best practice in schools.
- Events at the Hesley Group , Whitefield School and others have raised awareness of the significant harm experienced by children and young adults when restrictive practice is misused.



# Checking understanding.....

- Whether the force used is reasonable will always depend on the particular circumstances of the case.
- The use of force is reasonable if it is proportionate to the consequences it is intended to prevent.
- This means the degree of force used should be no more than is needed to achieve the desired result.

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# What is a restrictive intervention?

- A restrictive intervention is a deliberate action by someone else that limits an individual's freedom of movement, liberty, or ability to act independently. These interventions are typically used to address situations where there's a risk of harm to the person, others, or property, and are intended to provide immediate control and reduce danger.



# Examples can include:

- Physical restraint: direct bodily contact to limit movement, such as staff holding a person's arms.
- Seclusion: supervised isolation in a separate room to prevent harm.
- Mechanical restraint: use of devices or materials to restrict movement, like arm splints.
- Chemical restraint: the use of medication, such as sedatives, to calm or control behavior.
- Environmental restrictions: altering the surroundings to limit freedom, like locking doors or positioning furniture



# Regulation 22

- 22.— (1) Subject to paragraph
- (2), a measure of restraint may only be used on a child accommodated in a children's home for the purpose of—
- (a) preventing injury to any person (including the child who is being restrained);
- (b) preventing serious damage to the property of any person (including the child who is being restrained); and
- (c) in the case of a child who is the subject of a court order as set out in sub-paragraph
- (4), or who is accommodated in a secure children's home, preventing the child from absconding from the home, and then only where no alternative method of preventing an event in sub-paragraphs (a) to (c) is available.
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# Regulation 22

- (2) Where a measure of restraint is used on a child accommodated in a children's home—
  - (a) the measure of restraint must be proportionate;
  - (b) and (b) no more force than is necessary should be used.
- (3) A measure of restraint is used where a person—
  - (a) uses, or threatens to use, force to secure the doing of an act which a child resists;
  - or (b) restricts a child's liberty of movement, whether or not the child resists.
- (4) Nothing in these regulations prevents a child from being deprived of their liberty where that deprivation is authorised in accordance with a court order, other than a court order made under section 25

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# Regulation-

- Importance captured as this issue runs through a lot of regulations including- 2,22,21,11,37,13 as examples.
- What adjustments must we consider “reasonably” for a child with special needs or difference?
- Are you working within a model of positive behaviour management?
- Are you hearing the child’s voice?
- Is the behaviour support plan individualised with a rationale for the plan and reasonable adjustments ?





# Checking understanding.....

- Do the team understand and work within these definitions ?
- Clarity on links to regulations
- Following Annex A?





## The impacts of restriction / physical intervention?

- Distress
- Reduced therapeutic effect
- Worsens behaviour and can further heighten responses
- Makes the child angry / resentful
- Promotes miscommunication / mistrust / fear.
- PTSD type presentation in some cases

(n.b. research sources identified in the notes below )



## The impacts of restriction / physical intervention?

- Injury
- The child has a perception of , or actual pain during and after the event
- Perceives the event as being “punitive”.
- Compounding of existing trauma

Impacts for :

- other children and young people
- staff

IS THIS TAKEN INTO ACCOUNT WHEN SETTING UP THE INDIVIDUALISED BEHAVIOUR SUPPORT PLAN FOR A CHILD ?

ARE THESE CONSIDERED IN ANY FOLLOW UP CONVERSATION WITH THE CHILD ?



# Intersectionality as a model

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introduction

# Are you using in an intersectional model?

Children with special educational needs and disabilities (SEND), like all children, have diverse identities. As well as experiencing prejudice or bias related to their special educational needs or disabilities, they might experience challenges relating to other parts of their identity, such as:

- ethnicity
- sexuality
- gender
- mental health
- having been in care
- where they live, how much money they have and how much access they have to education.
- **The way these challenges interact is known as intersectionality**
- **Is this how you work in terms of an integrated / holistic baseline approach? Or are these elements fragmented? How can you make sure that this model is known , understood by staff , children , the community , R44 , RI ?**

## Is this in place culturally and in specific terms ?

- **Listen to the child's voice and non-verbal communication** – ensure all children and young people have appropriate ways of disclosing abuse.
- Maintain a focus on the child's emotional needs, experiences, wishes and feelings
- Ensure children and young people are aware that staff will understand their method of communication
- **Create an environment based on equality and informed choice** – help other young people think about the issues and attitudes behind children with additional needs.
- Some children with disability may find it more difficult to express their concerns or disclose abuse, however children with disabilities are most likely to turn to a trusted adult they know well for help such as family, friend or teacher.

# Cont'd.....

- **Ensure young people know the risks** – in an age and ability appropriate manner.
- **Check young people have safe relationships** – create the environment where it's ok to talk even about the most difficult things.
- **Spot the signs & know what to do** – use your safeguarding procedures and be confident in raising issues as a concern.
- **Take action** – communicate with the child or young person via their preferred method
- remain supportive and nonjudgmental
- any concerns should be raised immediately with the designated safeguarding lead and keep taking action until you know they're safe

## Communication with children with special needs, disability ,difference

- What evidence do you hold ?
- What would be good evidence to hold ?
- Set in culture?
- Training in workforce development plan?
- Reflected in SoP?







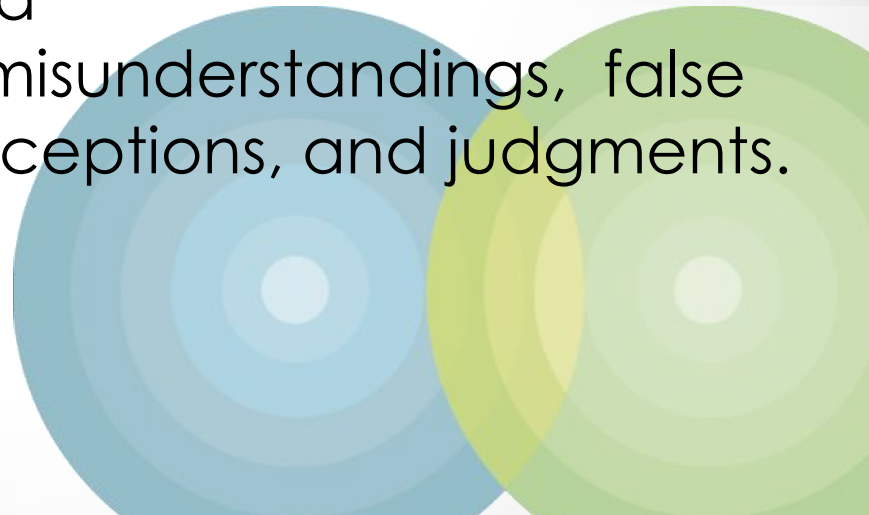
# Hidden disability awareness

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## Hidden disability

- To define invisible disability in simple terms is a physical, mental or neurological condition that limits a person's movements, senses, or activities that is invisible to the onlooker. Unfortunately, the very fact that these symptoms are invisible can lead to misunderstandings, false perceptions, and judgments.



## Hidden disabilities - examples

- ❖ HIV/AIDS
- ❖ Traumatic or Acquired brain injury
- ❖ Mental health conditions
- ❖ Chronic pain
- ❖ Medical conditions which can be:
  - short or long term
  - constant
  - unpredictable
  - stable
  - progressive
  - fluctuating
  - controlled by medication
  - not controlled by medication



# Hidden disabilities

- ❖ Epilepsy
- ❖ Diabetes
- ❖ Chronic fatigue syndrome
- ❖ Cystic fibrosis
- ❖ ADD / ADHD
- ❖ Hearing loss/visual impairment



# Lots to think about ....

- Any questions or queries ?
- My thanks Chris

