

dialogue

How do you know ?

Outstanding care for children with disability. Part 1.

Focus points:

- Review of current issues in relation to hearing children's voices- ALL children
- Links to safeguarding
- Small group review of practice



Current context

- A key and embedded aspect of practice
- Remains in the spotlight as a result of the CSPR 1 and 2 reports/events
- A key thread from Statement of Purpose via workforce development plan and practice
- All held within the culture YOU set as a manager/ leader

UN Convention:

- enshrined in law- UN Convention on human rights and UN Convention on the rights of disabled people to communicate
 - to enable communication
 - to listen and act on their voice
 - to give their view
 - what help would they like and from whom?

Why?

- Why are children and young people with disability / difference not heard ?
- WORKING IN SMALL GROUPS FOR 10-15 MINUTES DISCUSS THE KEY REASONS WHY THIS OCCURS.
- ONE PERSON TO FEED BACK.

The issues.....

- We know that there are still issues in relation to the voices of children with difference or disability being heard
- Why?
 - ignorance / lack of knowledge
 - fear
 - paternalism
 - medical model ?
 - time
 - tokenism
 - communication needs and rights not understood
 - parents' and professional's voices dominate
 - ANYTHING ELSE YOU CAN THINK OF?





Breadth of difference and disability.....

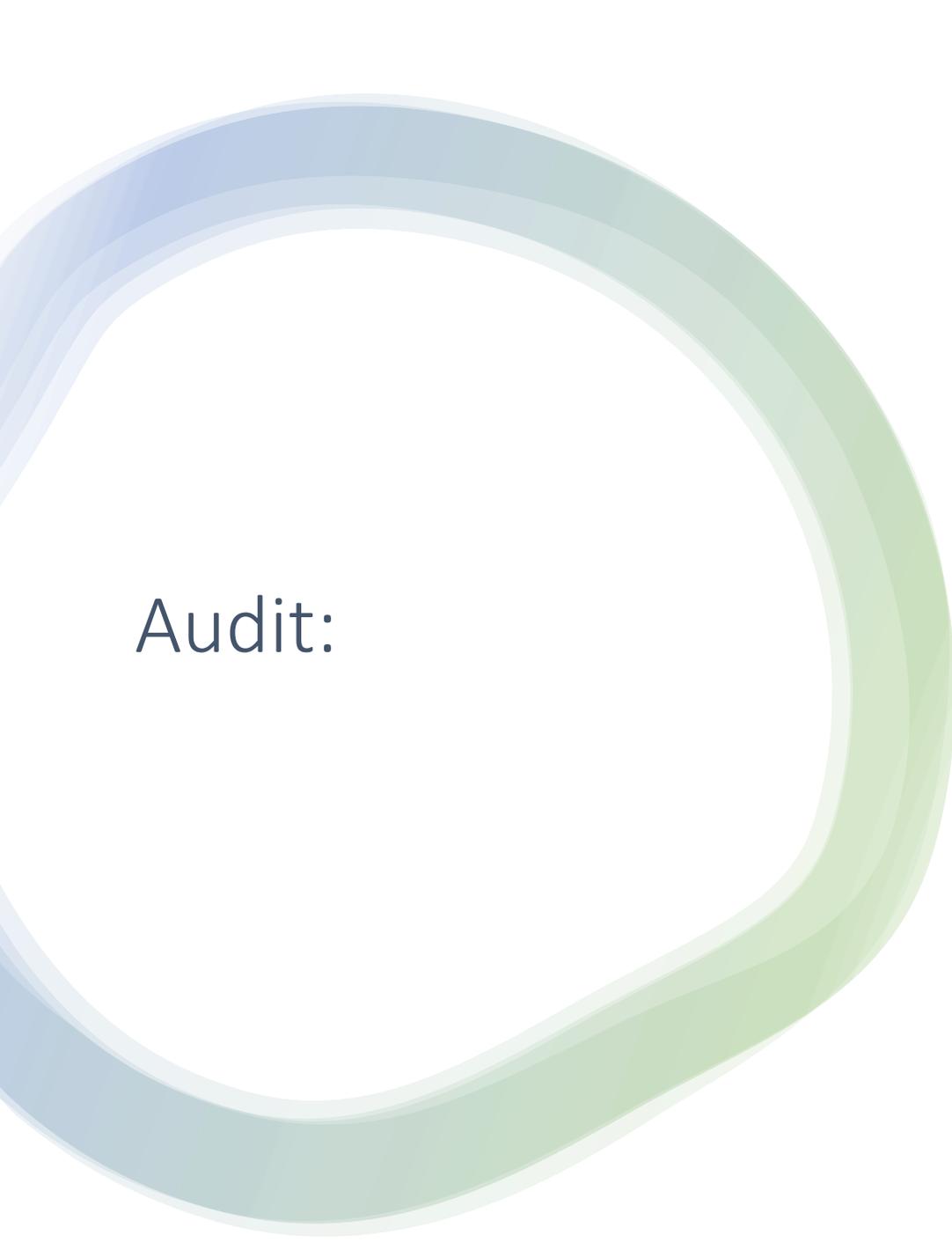
- The breadth is enormous and thus hearing the voices of children is highly individual with practice approaches tailored to fit the unique needs.
- Generic approaches run the risk of capturing only “broad brush “ information or missing an individuals’ viewpoint.
- Can include
 - a range of additional needs
 - special needs- primary and secondary
 - hidden disabilities
 - ANYTHING ELSE?



Principles of practice

- Giving disabled **children** a **voice** promotes self esteem and self worth
- By giving **children** a **voice**- choice, opinion, feelings and emotions can be expressed
- **Children** can develop and learn that they are **important** and valued.
- Feeling valued plays a large role in how a **child** develops and relates to others

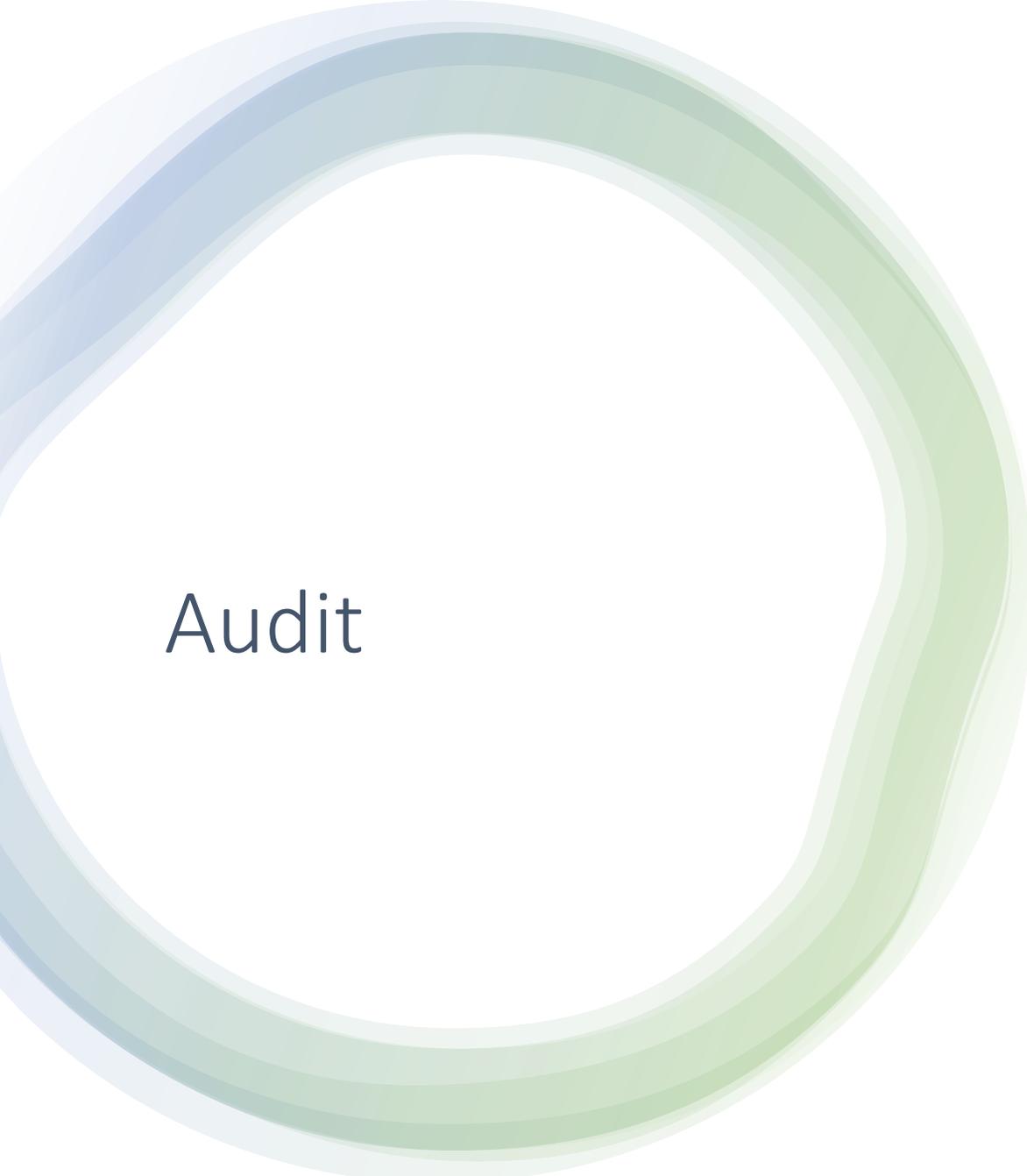
- ANY examples?



Audit:

1. Are we setting the bar too high with assumptions?
2. Are all adults in the home aware of age / stage/difference / disability and what we expect in terms of development of communication for each of the young people?
3. Particularly when some young people communicate in a way which makes them seem more cognitively able than they really are.
4. Is there internal challenge to assumptions?
5. Is the child's voice embedded in practice- with all staff?

IF NOT , WHY NOT?



Audit

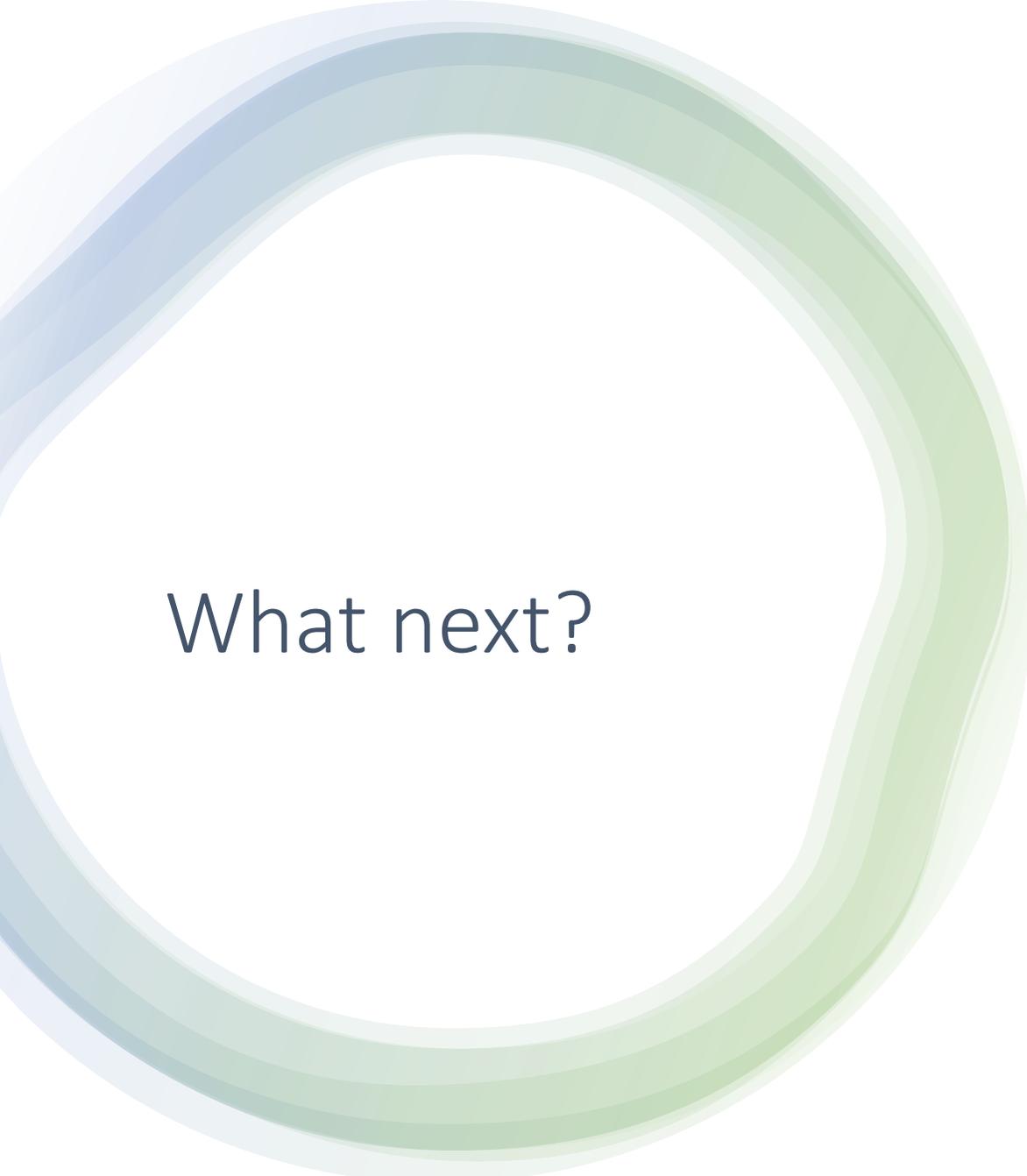
Is the environment suitable

- ▶ Layout
 - ▶ Lighting
 - ▶ Space
 - ▶ Noise levels- quiet area?
 - ▶ Opportunities to communicate ?
-
- ▶ **HAVE YOU CARRIED OUT AN ENVIRONMENTAL AUDIT IN TERMS OF COMMUNICATION?**

Audit

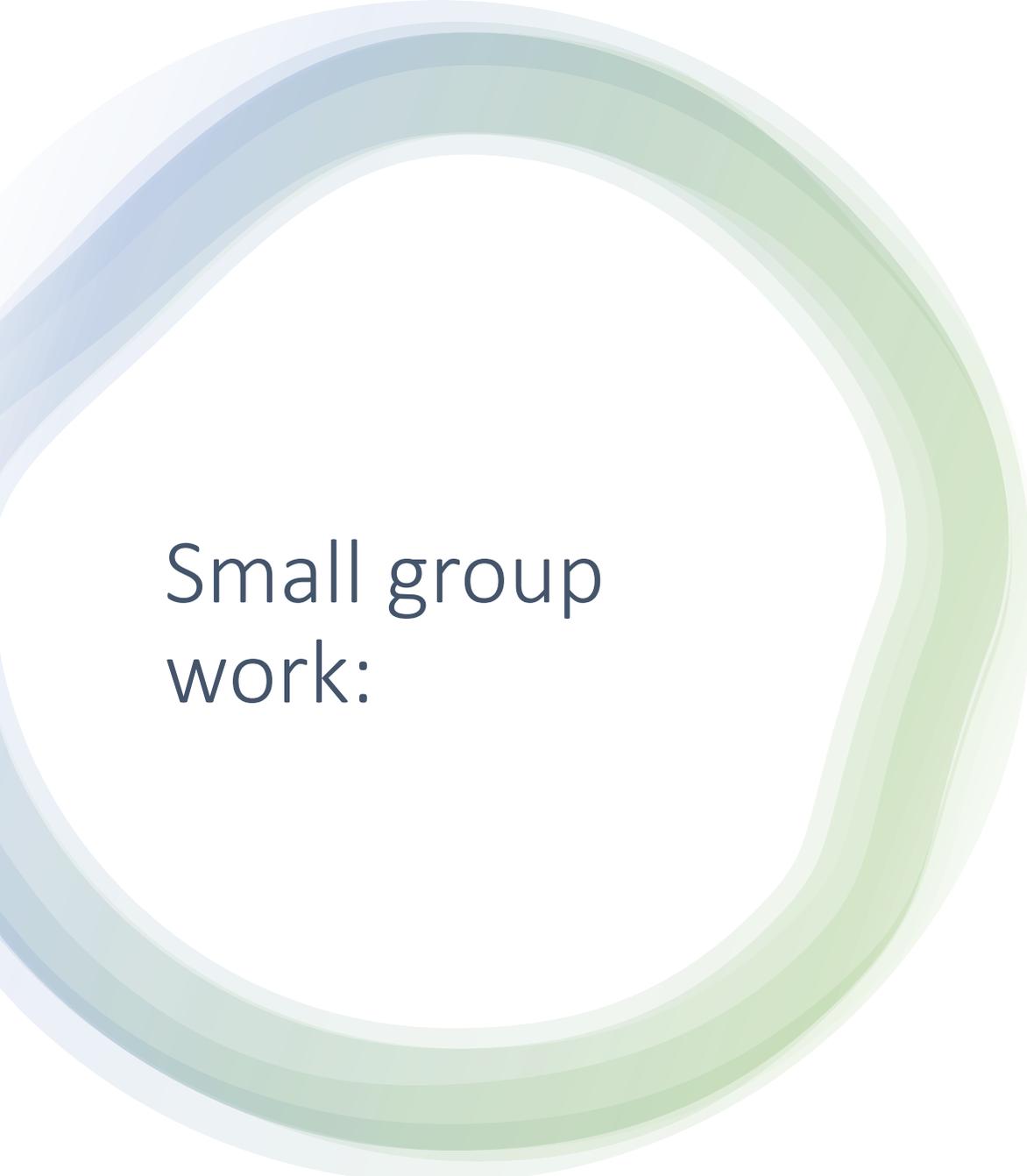
- Specific communication needs may be linked to:
 - Processing
 - Vocabulary
 - Comprehension
 - Complex needs
 - Alternative methods- Makaton , PECS, Grid, Pro Loquo to Go, Widget, Eye Gaze, photo cues, social stories, BSL, Big Mack, Braille, objects of reference
 - Non verbal communication
 - Mental health/trauma/PTSD
 - Depression
 - ANYTHING ELSE?





What next?

- Staff training- essential..... and often overlooked unless a formal alternative method of communication is in place
- Ask the young person / involve them in how they express their views
- Work in partnership- young person and other professionals
- Value , respect , time
- Patience
- Positivity
- Active listening and hearing
- Alternative methods equipment – working , available , charged ?
- Body language
- Reflection
- ANYTHING ELSE?



Small group work:

- Thinking of your own service consider –
 - the barriers you have encountered in your service and with other agencies and professionals ?
 - ease of access to SALT support if needed?
 - staff confidence?
 - staff advocacy?
 - role of the EHCP?
 - any other thoughts?

**NOMINATE ONE PERSON TO TAKE NOTES
AND FEEDBACK**

any changes you will make ?

Remember:

- Evidence
- Starting point
- Point in time review as a baseline
- Training
- Roll out
- Outcomes / impact

Outstanding:-

- Aspirational ?
- Developmental?
- Best possible ?
- Underpinned by current context and practice
- Monitored / QA?
- Role of RI and others ?