

CHAPTER 2 PROVISIONS FOR CHILDREN WITH DISABILITIES THE ASSESSMENT AND PLANNING PROCESS

- 1 All necessary expertise will be marshalled and all services providers will be involved to produce a holistic and realistic picture of the individual and family. It will take into account strengths and capacities as well as difficulties.
- 2 Services for children with disabilities involve an initial assessment of need, a continuing process of reassessment and review of the care plan. Continuity will not be broken for reasons of organisational or administrative convenience.
- 3 In many cases children with disabilities will need services throughout their lives. Assessment will take a longer perspective than for children without disabilities. The objective is a smooth transition, when the young person reaches 18 to the provisions within Adult Services.
- 4 In implementing arrangements for children with disabilities, the Department will look carefully at:
 - a. the range of existing assessment arrangements within agencies providing services for children with disabilities within the Department,
 - b. the recording and monitoring systems used in assessing and planning to meet needs,
 - c. the extent to which existing multi-disciplinary teams can be utilised and developed in creating shared assessment systems,
 - d. how best to involve parents and children in the assessment process and to ensure that they own the outcomes of any assessment process, and
 - e. procedures when the young person reaches the age of 18, to ensure a seamless transition to adult services.
- 5 The Department will, upon request, provide information accessible to all potential service users and carers.

PLANNING SERVICES IN PARTNERSHIP WITH PARENTS AND CHILDREN

- 6 The Act places duties on the Department to involve children in planning their futures. This applies whether or not the child has a disability or special need. Decisions may be made incorrectly about children with disabilities because of ignorance about the true implications of the disability and the child's potential for growth and

CYPA 2001 s.23(6)

development. Arrangements will be made to establish the views of a child with complex needs or communication difficulties

- 7 Children with disabilities have the same rights as other children and adults to have access to information held about them. Their ability to give consent or refusal to any action is only limited by general conditions regarding sufficient understanding, which apply to all children.
- 8 "Sufficient understanding" may be misunderstood. Even children with severe learning disabilities or very limited expressive language can communicate preferences if people who understand their needs and have the skills to listen to them ask them in the right way. No assumptions should be made about "categories" of children with disabilities who cannot share in decision-making or give consent to or refuse examination, assessment or treatment.

WORKING WITH THE COMMUNITY

- 9 Some families caring for children with complex or multiple disabilities have neither the time nor the energy to contribute to assessment and planning unless they are given personal counselling, support and representation. The Department has a duty to inform parents of the range of local services which can support families with children in need at home.
- 10 Many local and national voluntary organisations are concerned with disability. They cannot provide services in a vacuum. The use of voluntary agencies for direct service provision is accompanied by:
- a. early involvement in planning services within the Island as a whole,
 - b. explicit service agreements which involve children and families and ensure access to relevant professional advice,
 - c. agreed assessment, recording and review procedures,
 - d. shared training opportunities, both as trainers and for staff in the voluntary sector to have training opportunities with statutory sector counterparts.

SERVICES TO CHILDREN LIVING WITH THEIR FAMILIES

Domiciliary care

- 11 Services for children with disabilities may be provided in the home. A package of family support services to assist parents looking after a child with disabilities will in most cases be a better alternative than residential care.
- 12 There are considerable advantages to caring for a child in his own

home during the absence of his parents or other carer. This is important when the family home has been adapted to suit the child's needs. Equivalent provision may not be available in a respite care home, and there could be positive benefits in minimising disruption to the child's normal lifestyle.

13 Meeting other parents with a child with a disability can alleviate the isolation and depression which many parents feel. Parents may hesitate to join a group, either because they are still coming to terms with their child's disability or because they are anxious that they or their child may not be accepted.

14 Visits to parents at home in advance of a first meeting (or support by a health visitor, social worker or another parent) will be considered. Parents will be encouraged to use local resources which provide support and friendship.

Day care

15 The development of young children with disabilities or special educational needs is more likely to be enhanced through attending services used by all children. In integrating children with disabilities with other children in a day care or pre-school setting, particular attention will be paid to the physical environment, staff/child ratios, and training in communication.

16 The Department will encourage day care providers and child minders to provide suitable premises and equipment. The Department may impose specific requirements so that children with disabilities receive an acceptable standard of care where it is proposed that such care is to be provided.

17 Some intending providers or childminders may be reluctant to take responsibility of caring for a child with a disability, because they are concerned about their capacity to provide adequate care. The Department will clarify the needs of individual children and the support available.

18 In exercising the day care review duty (section 67) the Department will ensure that the process covers services for children with disabilities, access to them, information about them and parental involvement. The arrangements for the review will enable all those concerned to play a full part.

WORKING WITH EDUCATION SERVICES

Education's involvement with Social Services

19 When it is thought that a child may need special educational provision, the approach focuses on needs rather than on disabilities. The feelings and perceptions of the child concerned will be taken into account and older children and young persons should share in

	<p>discussions on their needs and proposed provision.</p> <p>20 The extent to which a learning difficulty hinders a child's development does not depend solely on the nature and severity of that difficulty.</p> <p>21 Other factors include the personal resources and attributes of the child as well as the help and support provided at home and the provision made by the school, the Education Department and other statutory and voluntary agencies. A child's special educational needs are thus related both to abilities and disabilities and how they interact with the environment.</p> <p>22 Assessment is multifactorial in nature and a range of factors will encourage or impede a child in his or her development. Assessments of a child's special educational needs must make clear distinctions between:</p> <ul style="list-style-type: none"> a. the child's relevant past and present levels of functioning, emotional states and interests and how these present resources and deficiencies relate to the educational demands which will be made on the child, b. the analysis of the child's consequent learning difficulties, c. the specification of goals for change in the child and environment (including school, home and the wider community), d. the specification of the child's requirement for different kinds of approaches, facilities or resources, in order to facilitate access to the National Curriculum, with any modifications that are considered essential, e. the perceptions and wishes of the parent and child, f. the special educational provision and services required to meet the identified needs. <p>23 Monitoring, assessment and review of progress is a continuous process, which begins at birth and continues in the family home and with health and social services before a child becomes known to the Department of Education.</p> <p>24 There are four particular cases when the Department or health authority may initiate an assessment of a child's potential special educational needs or ask for the decisions reached at a previous assessment to be formally reviewed or reassessed because of concern about their appropriateness for the child. The four circumstances are:</p> <ul style="list-style-type: none"> a. if the child has a medical condition likely to affect future learning ability, b. if the child has been admitted in connection with a social
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	<p>condition which is likely to affect future learning ability (such as social deprivation, whether negligence, neglect or child abuse),</p> <ul style="list-style-type: none"> c. if a child is receiving treatment likely to affect his future learning ability, d. if the child has been admitted to a children's or adolescent psychiatric ward. <p>25 The Department of Education should seek educational, medical and psychological advice relating to a child with potential special educational needs, together with advice from any other source which they consider desirable.</p> <p>26 Advice is interpreted as written advice on features of the case which are relevant to or affect the child's special educational needs and the best way of meeting these needs. All professionals should be provided with copies of representations or views submitted by or on behalf of a child's parent. Parents have the legal right to see all advice used in drawing up a plan.</p> <p>27 The Department of Education has the final responsibility for collecting and collating such advice and in making decisions about special educational provision.</p> <p>28 In making its decisions, the Department of Education should consider:</p> <ul style="list-style-type: none"> a. educational, medical and psychological advice, b. any evidence from the child's parents, c. any information or advice provided by Health and Social Services, d. any other relevant advice. <p>Notification of Social Services by Education</p> <p>29 When the Department of Education notifies the parent of its decision to assess formally a child's special educational needs, a copy of the notification must be sent to Social Services. This offers an opportunity to consider whether Social Services knows of any problems affecting the child and the range of services it might offer and to indicate to whether it has relevant information. Advice will be attached as an appendix to the education plan. Parents have a right to see the advice.</p> <p>30 The notification by Education may be an important opportunity for the Social Services to meet and inform parents of children with disabilities at a very early stage and to provide information about services. Notification is an opportunity to link educational assessment to assessment of personal, social or health needs.</p>
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Parental involvement

- 31 Parents usually see all copies of professional advice made with regard to assessment. They may contribute written comments on their child's special needs and their preferences.
- 32 Some parents may not participate fully without support. In some instances, particularly where the family has a range of needs unrelated to the educational assessment, the Department may support parents. The outcome could be a strengthened understanding of the needs of child and parents and an opportunity to learn from wider advice on the child's medical and psychological as well as social and educational needs.
- 33 When a child is subject to a care order, the Department should ensure that firstly, it involves anybody with parental responsibility for the child in the assessment procedure and secondly, that it acts as a good parent by contributing positively to assessment and encouraging the child or young person to do likewise.

Review of plan for special educational needs

- 34 Every Plan for Special Educational Needs must be annually reviewed. Although the Department is not necessarily involved, a relevant member of social services (normally the child's social worker) should attend the review of a child looked after.
- 35 This ensures that the Department is informed of the child's progress and of any difficulties which the school has encountered. If there is anxiety about the arrangements made for the child, reassessment may be requested.

Assessment of children in Social Services settings

- 36 Identification of an actual or potential learning difficulty when the child is placed in a care setting requires staff training and to be covered by clear procedures for notifying appropriate agencies.
- 37 If special needs are identified when already using a day care or residential service provided by Social Services, the Education Department may carry out part of the assessment in the setting most familiar to the child. Parents may need counselling and support.
- 38 Both care staff and parents should have accurate and clear information on the assessment process and be aware of the possibility of a special need before formal assessment is initiated.
- 39 Since schools are also social networks and may provide consistent and positive role models for very disadvantaged children, every effort will be made not only to sustain a child's educational placement so that there is familiarity with his or her needs, but to enable the Department to work with the education services and to share

	<p>knowledge and expertise in planning the best way forward.</p> <p>40 Participation by social services or other care staff extends to activities which an ordinary parent might expect to share. It includes home/school activities such as paired reading schemes or school-based social and other activities.</p> <p>41 Children and young people with disabilities should be helped to contribute to recording their achievements and progress and planning for the future.</p> <p>42 When a child is formally assessed as having special educational needs, staff working closely with a child will be encouraged to contribute to the process and should have access to development checklists, guidelines and material developed to help parents carry out a similar exercise.</p> <p>Integration</p> <p>43 The Department, in considering placements for a child with a disability, takes account of the educational arrangements accompanying the placement and make ensure that children can attend an ordinary local school, if this is the most positive option.</p> <p>44 Success or otherwise of integrated placement s depends in part upon positive attitudes and expectations. These attitudes are insufficient without a clear understanding of the needs of the child and the best way to meet them.</p> <p>45 The Fish Committee (1985) noted that "The concept of integration as a dynamic process is difficult to grasp. It is often confused with physical location and discussed in terms of specific situations rather than the whole life-styles of children. Integration is about planned interaction between a child and his or her environment and is not about changing the concept of special educational needs but about its context."</p> <p>46 Appropriate and early diagnosis of a child's difficulty in learning may be as important to that child's and family's future as a medical diagnosis or practical support to the family.</p> <p>47 Poor quality school work arising from family problems which are unknown to the teacher, difficulties in communication or unacceptable behaviour quickly isolate children and rapidly erode self esteem and confidence.</p> <p>48 Equally, a child's capacity to develop educationally will be directly affected by adverse home circumstances or unmet health needs. It is therefore crucial to link assessment processes under the Children and Young Person's Act to assessments under the Education Act to ensure a collaborative response to individual children's special needs.</p>
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Education Supervision Orders

- 49 If a child with disabilities is not attending school, Education and Social Services will discuss with parents why they are reluctant to use a particular school and their wishes and concerns.
- 50 Refusal may reflect concern over assessment of special educational needs and anxieties about the use of a particular school.
- 51 If non-attendance is linked to assessment, parents may need an independent adviser and counsellor to talk through the different options and their own contribution to the assessment process.
- 52 Non-attendance may also be due to practical reasons, such as difficulty with transport or when the parents feel that the school cannot cope with their child's needs. Parents will be advised and supported in resolving difficulties before a child has lost substantial periods of time from education.
- 53 A supervisor will have knowledge of disability or special needs or access to specialist advice and be sensitive to the additional issues which may affect parental and child perceptions of provision offered.

THE ROLE OF CHILD HEALTH SERVICES

- 54 The Department's role regarding children with disabilities and their families under the Act cannot be effectively implemented without close partnership with child health services, shared arrangements for the transfer of information about children and joint planning.
- 55 Children and young people with disabilities have a range of health care needs including health promotion advice. The Department has to consider health and development as part of its assessment of children in need. The Court Report (1976) described surveillance as including five main areas of activity:
- a. the oversight of the health and physical growth of children,
 - b. monitoring the developmental progress of all children,
 - c. providing advice and support to parents or those caring for the child, and referral of the child to appropriate services,
 - d. providing an effective immunisation programme against infectious diseases, and
 - e. encouraging parents to participate in health education and training for parenthood programmes.
- 56 The Department will ensure that children looked after by them, or children who receive services from the Department, can access good quality locally provided health care. Children with disabilities are children first and have the right to access the same services for

health surveillance and promotion as are generally available.

See Chapter 2 of Volume 3: Family Placements for detailed guidance on health care arrangements for looked after children.

57 The Department will liaise closely with child health services to encourage parents to share in recording their child's development and health care needs, and to ensure that where children in need are identified, parents and child contribute to decisions on the type of care and support provided.

58 Disabilities which carry special health care needs should not be regarded as automatic barriers to integration and use of local children's services.

Planning for the future

59 In making arrangements for the ongoing care of young people with disabilities, every effort will be made to ensure that health care needs are planned for in the transition to adult life.

ACCOMMODATION AS A SERVICE

60 Where a child with disabilities is provided with accommodation, the Act requires that, so far as is reasonably practicable, the accommodation should not be unsuitable to the needs of the child. By including children with disabilities in the category of children in need, the Act requires the Department to apply the same planning and review arrangements as for other children in need.

61 Planning a placement for a child with a disability who will be living away from home follows the same principles as apply to a child without a disability.

Volume 3 in the Children Act series, Family Placements contains regulations and guidance relating to planning and reviewing placements of children looked after by the Department or accommodated by a voluntary organisation or in a registered children's home, including foster placements

62 Children with disabilities may be among the most vulnerable in terms of creating and maintaining family and community links. Their views may not be actively sought because of misconceptions about their level of ability to understand and communicate.

63 As for all children, attention should be given to issues relating to ethnic origin, gender, cultural and linguistic background and religion - and to the child's preferences and personal aspirations and interests.

The independent visitor

64 The Act enables the Department to appoint an independent visitor in circumstances where a child is visited infrequently by those with

parental rights or has lost touch with them. Independent visitors offer an opportunity to maintain contact between a child or young person with a disability and the local community.

- 65 The independent visitor must be acceptable to the child, familiar with the child's special needs and able to communicate. Visitors must have a clear understanding of the child's disability and its likely impact.
- 66 A visitor may need guidance and support in identifying the key factors to consider in the child's environment and how to establish a relationship with the child.
- 67 Children will have opportunities to see their independent visitor in private.
- 68 The Department will consider carefully the visitor's views on the current lifestyle and feelings of the child.

Short- term or respite care

- 69 Appropriate flexible short-term care offers:
- a. a local service, where the child can continue to attend school as if still living at home,
 - b. good quality child care which ensures that the child is treated first as a child and then for any disability which may require special provision,
 - c. planned availability,
 - d. a service which meets the needs of all children,
 - e. a service for children living with long-term foster carers or adoptive parents,
 - f. care compatible with the child's family background and culture, racial origin, religious persuasion and language,
 - g. age-appropriate care, and
 - h. an integrated programme of family support which sees planned respite care as part of a range of services.

FOSTER PLACEMENTS

Recruitment of foster parents

- 70 Recruitment campaigns may be targeted when the Department needs foster families with practical experience of disability. Training and support programmes include opportunities to meet children with disabilities and their parents and to have practical information on particular disabilities and their management.

	<p>71 Attitudes and expectations about the potential of children with disabilities are directly affected by the arrangements for recruitment and training.</p> <p>72 Involving people with disabilities as foster parents or as contributors to training programmes will be actively considered. Many children with disabilities gain greatly from contact with adults with similar disabilities who are integrated in their local communities and can give counselling and practical help.</p> <p>Training and support for foster parents</p> <p>73 Children with physical disabilities not only need “care” but active encouragement to develop self-care and independence skills. Children with learning disabilities need support in gaining new skills and in playing an active part in the community.</p> <p>74 If a child has complex or multiple disabilities (and special health care problems), every effort will be made to ensure that foster parents have information on the range of services and are in contact with other parents and sources of help.</p> <p>75 Many children with disabilities regularly attend paediatric or other child health service departments. Placements will ensure a child’s continued use of such provision and foster parents will be encouraged to be active partners with parents in visits and treatment arrangements.</p> <p>The foster home</p> <p>76 Accommodation must be suitable for the child’s needs. Equipment or adaptations can make accommodation suitable and promote independence. An occupational therapist’s assessment of the child’s environment will ensure that it is as barrier-free as possible.</p> <p>77 Children with incontinence or special personal care needs require privacy.</p> <p>78 Children with disabilities will not be excluded from the areas of the home because of access difficulties. It is not acceptable for a child to be placed where he or she is more restricted than would be the case in the natural home or residential setting.</p> <p>79 The Department will ensure that accommodation is safe and that access and egress is easily accomplished in case of fire.</p> <p>80 If a child is likely to be at risk when playing outside, the safety of gates and fences will be assessed. A child with a disability should not be confined because of problems of safety relating to the environment of if carers lack confidence in the child’s management.</p> <p>Discipline and sanctions</p> <p>81 Foster parents may need advice about managing difficult behaviour</p>
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and what controls are acceptable. The Department also has a duty to satisfy itself that the welfare of children who are privately fostered is satisfactorily safeguarded and promoted.

- 82 Particular attention will be given when a child with a disability is cared for privately and where the carer may have little knowledge of or access to support. The inspection visits of all private fostering placements under the Children Act will ensure that such children have suitable protection.

RESIDENTIAL CARE

- 83 No child with a disability should be placed where he cannot use recreation, living or garden areas because he cannot gain access to them.

- 84 Homes accommodating children with a disability are required to provide the necessary equipment, facilities and adaptations. The aim is to integrate the child in every aspect of life in the home, not just the physical aspects.

Volume D of the series provides guidance on children in residential homes and establishes ground rules about the quality of the care and environment.

- 85 Attention will be given to fire precautions and arrangements for fire drills and evacuations. Children with physical or sensory impairments must be aware of and able to respond to fire alarms and evacuation of buildings.

COMPLAINTS PROCEDURES

- 86 The Act requires the Department and registered children's homes to establish procedures to consider representations (including complaints) about services.

- 87 Many children and young people have more complex communication needs than an interpreter can meet. They may not be able to verify a written complaint or the record of a verbal complaint. Advice will be given on sources of support where a complex communication disorder or disability may impede communication.

- 88 Procedures will explicitly show how vulnerable people can learn about and use them, particularly if they are receiving services within their own homes.

- 89 Because many people with disabilities have limited access to public buildings, information on complaints procedures will be made widely available to families.

- 90 Complaints are likely to focus on assessment and the delivery of (or failure to deliver) services. Because of the multi-professional support needed by the majority of children with disabilities, the procedure

will:

- a. consider whether there is a need to consult a range of expert opinion,
- b. ensure that children with disabilities are supported in making complaints and in participating in decision making about their futures, and
- c. consider whether the complaint is really about another agency's services and should be directed to a different procedure.

CHILD PROTECTION AND COURT ORDERS

91 The Act provides for situations where parental care may have broken down and where the child is seen as suffering or likely to suffer from serious risk of ill treatment. In the case of children with disabilities, who may have communication or behaviour disorders, assessment of risk will be complex.

92 All agencies must have clear views on what would be appropriate standards of health and development for the child.

93 Children who need considerable amounts of personal care, who have few communication skills or have severe learning disabilities, require very careful assessment. Such children are particularly vulnerable to abuse and are the least able to articulate their fears or anxiety.

Child Assessment Order

94 Child assessment orders require information from a variety of sources. Definitions of "health" and "development" may be particularly difficult for children with multiple disabilities and complex behaviour patterns.

Police protection

95 The Act empowers the police to take a child into protection. The Department and the police authority will have clear arrangements for dealing with an emergency protection order which concerns a child with a disability. Such arrangements will provide for expert advice to be available.

96 Misunderstandings about the most effective management of some children with disabilities (in particular those with challenging behaviour) may occur without clear understanding of the child's needs.

97 Children with disabilities are particularly vulnerable. They have the same rights to protection as other children. Children with a disability should have clear explanations of what is happening. Their views should be actively sought.

98 Assumptions will not be made about the inability of children with severe learning disabilities or communication disorders to understand

procedures. With support and the advice, most children with disabilities can communicate feelings and articulate their needs.

Consent to treatment or examination

- 99 A child can refuse to submit to a medical or psychiatric examination or other assessment if he or she has sufficient understanding to make an informed decision. Consent is not limited by age. It is not directly affected by disability.
- 100 Special efforts will be made to explain to a child with a disability the purpose and likely outcome of an examination or assessment and provide the opportunity to discuss arrangements with a known and trusted person.

TRANSITION TO ADULTHOOD

- 101 Young people with disabilities are particularly vulnerable at the transition to adulthood. If they have left Departmental accommodation, they may be all the more vulnerable if there has been family breakdown or unhappy early life experiences.
- 102 Some may not cope with independence without ongoing support because their development has been delayed, and they are less likely to have had access to the wide range of social experiences enjoyed by their non-disabled peers.
- 103 They may have been over-protected and not given the same opportunities to develop independence as non-disabled young people have at a comparable age. They may need ongoing care and be more dependent on family members than they might choose.
- 104 Adolescence may bring full realisation of the impact of disability on job options and autonomy. Disability may produce physical deterioration. In other cases young people may become disabled through trauma or other injury and have to face adult life with the consequences.
- 105 Planning for adult life takes account of the possibility of assisted independence for young people with disabilities and the importance of planning services which develop life skills and create options for families.
- 106 This requires close cooperation with the youth service, schools and colleges to make certain that the arrangements are understood and to identify new needs. The careers service will be involved in publicising information and in identifying services to which families might require access. The young people and their parents may need independent advice, counselling and advocacy.
- 107 Parents' and children's needs may diverge when the young person grows older. Issues will be explored in the light of the wishes and

	<p>feelings of the young person and the family. No assumptions will be made about what the parents or the young person want.</p> <p>108 Unless the resources and experience of children's services are used during the transition to adult life, it is unlikely that young people's special needs will be met. Resources and professional expertise will not be used in the most effective way and skills developed during school years may be lost.</p> <p>109 The support of the primary health service is crucial to joint assessment and review. GP's knowledge of the whole family and the local community and their monitoring of the young person's health and well-being are essential. Prevention of secondary handicaps or deterioration of an existing disability require regular review.</p> <p>110 The Department should work with Education in considering further opportunities for education and vocational training and ensure that careers advice is given at an early stage.</p> <p>111 If mobility or access difficulties are a barrier to education or employment, every effort should be made to involve the occupational therapy and rehabilitation service. In some instances a student may be able to attend an integrated course in further or higher education if he or she has some additional personal help.</p> <p>112 Successful integration in educational or occupational training schemes will be ineffective unless the young person's home life is adequately resourced with appropriate aids and adaptations and the parents are given sufficient support to continue caring.</p> <p>113 The Department will need to liaise with housing authorities over the housing needs of young people with disabilities.</p> <p>114 In some instances the ability of a young person with a disability to return home from a residential school or home - or to move into more independent living on her or his own - will depend on the aids and adaptations provided to make existing accommodation suitable.</p> <p>115 When the child has lived away from home for some years, reunification will be particularly difficult if the home is unsuitable and heavy burdens of care are suddenly imposed on the family.</p> <p>116 Many young people with learning disabilities live together independently in an ordinary house providing that they receive sufficient support. Successful integration in the community depends on careful assessment, care management and regular review.</p> <p>117 Parents also need support and guidance. Every effort will be made to ensure that parents and professional carers work in partnership to support young people in becoming more independent.</p> <p>118 Where a young person has very complex disabilities or where the family feel that they are unable to offer continued care, every effort</p>
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will be made to find an acceptable local alternative. Residential care can be a positive option if parents, families and friends have a continuing role.

The wishes and perceptions of young people

- 119 Young people with disabilities and their families need clear information on the full range of services in an easy to read guide to begin to negotiate the best package of care. Access to local support groups and voluntary organisations is particularly important.
- 120 Self-advocacy and counselling are not only provided as external services. Further education colleges, day centres and other provision for young people have students' committees or associations. Many schools with student or pupil councils encourage informed decision-making and peer support from an early age.
- 121 Where a young person with a disability has been placed out of their local community, appropriate support is required. Young people may not have ongoing family relationships, and may, on leaving school, find themselves living where they have few personal contacts. The Department recognises the importance of relationship building and the need to assist in developing local friends and contacts.
- 122 The young person may have diminished opportunities to discuss his or her disability and the various options available. Many express anxieties about personal and sexual development and say that they feel lonely and isolated. Realistic, sensitive counselling about relationships and parenthood, possible implications of a particular disability and the help available will be offered.