Social Work with Disabled Children Sub-group:

Language, empowerment and identity: recommendations for BASW England's Children & Families Thematic Group

Overview

This group decided to explore the implied meaning of the language and terminology that we use in the work of our group. After lengthy discussions and reflections, the view taken by the group is that social work practice needs to be holistic while also foregrounding social inequalities, social injustice and the need to explore the social, economic and political context within which disabled children are seen. As a consequence, the group recommends that BASW should use *'identify-first'* language[i] and we would like this recommendation to be adopted by other BASW work-streams.

The process followed and the issues considered in reaching this recommendation are outlined below.

Background

The Social Work with Disabled Children Sub-group was formed in order to address the lack of awareness of the experiences, views, safeguarding and care needs of this group of children and their families who have a broad range of needs.

Many disabled children fall between services; some with complex needs are open to disabled children's teams but the vast majority do not reach the thresholds for these very small teams. Most attend mainstream school and very many are undiagnosed. Many face waits of two to four years for speech and language help or for assessments of their needs relating to neurodivergence, according to the Office of the Children's Commissioner [ii]. Those undiagnosed may not be seen as disabled and their needs may go unrecognised if practitioners do not ask about them.

This can lead to difficulties when the child is seen and described as a '*problem*', *'difficult*' or described in negative ways as '*challenging*' rather than practitioners finding out more about their anxieties, the triggers causing distress and appreciating that their presentation is a form of communication. Such language locates problems within the child rather than seeking to understand what is happening to them or distressing them. This may affect the practice responses the child receives. It blames the child rather than taking responsibility for providing an environment where the child feels less anxious and is calm, and taking responsibility to find out what the child needs.

The group decided from the beginning to include all disabled children mindful that many are undiagnosed, and recognised the need for a social model approach and one based on understanding and, where possible, tackling the social and structural barriers, with language being one of these. Negative language problematises the child rather than recognising and addressing what is happening to them or what they are experiencing.

The group noted that many local authorities have 'specialist' disabled children's teams (or in some cases, 'Children with Disabilities' teams) and noted that some organisations had chosen to advocate for 'child-first' language. Whilst recognising that both aspects of a child's identity are important it was agreed by group members that an 'either/or' approach would not be followed.

Our experience and insight

BASW Members offered the following insights based on their extensive specialist experience in both front line practice and academic roles as well as the lived experience of some members who are parents of Autistic or neuro-diverse children or children with learning disabilities.

Child-first

Advocates for person or child-first language, such as the UN[iii] or NSPCC[iv] , assert that '*using child-first or child-led language reminds us of the importance of seeing children who have disabilities as children first, instead of focussing on their disabilities'*. They suggest that this stops professionals from focussing on the disability and stops them from losing sight of their other needs. They suggest that a focus on the disability means that their '*support needs are only considered in terms of their disability … rather than looking at a child's wellbeing more holistically*.'

Identity-first (placing the adjective at the front)

As Best et al[v] note, '*Identity-first language recognizes disability as a culture, promoting autonomy, agency, and choice over one's destiny. Grounded in the diversity model, identity-first language recognizes that disability is part of the person and is not a derogatory term. Disability is portrayed as a neutral (or even positive) human attribute, and not a medical problem that requires a cure*'.

In England and the UK, most disability rights organisations, including the Council for Disabled Children and the National Autistic Society as well as the wider Deaf community advocate strongly for identity-first language, and often argue that the identifier should also be capitalised to further strengthen their communal identity (Deaf not deaf, Autistic not autistic).

Member views

Members expressed clear views that while both approaches seek to attend to needs of disabled children, as social workers we need to hear and centre children's (and their families) experiences but also tackle the injustices disabled children face through discrimination or disablism. We therefore support the Social Model of Disability, and have concluded that identity-first language:

- allows people to express a 'positive identity': an Autistic child rather than a child with autism
- is consistent with the Social Model: a disabled child is disabled by the social and economic barriers placed in their way.

The group discussed the breadth of identities that can be covered by the term disabled children and emphasised that 'disabled children' have a very broad range of differing needs, identities, talents, skills and voices. This means that we should seek to use more identity specific terms where this is appropriate such as Deaf children or Autistic young people.

The group noted the breadth of views across disability communities and groups, so where possible we should discuss and accept people's own language preferences and not make assumptions about their identity choices.

The group also noted the work of McDonald-Hefferman and Robin-d'Cruz[vi] who describe the term SEND '*as a deficits-focussed category that responsibilises (sic) children rather than highlighting the system that under-serves them, as well as being an all-encompassing label that does not adequately account for differences within it'*. We note that since this term is used in legislation, policy and guidance, we will at times need to use the term 'SEND' in our work and communications.

Framing Disability

The group discussed the differing models of disability set out by Kirsten Stalker and colleagues when they developed a training course for 'WithScotland'[vii]. This is based on their 2014 research[viii] that seeks to differentiate these approaches and clarify their support for the social model, and summarised those models as follows

Medical model thinking – sees the impairment as within the child, as a problem and one which lies within the child, 'something' to be treated, fixed, diagnosed, and used to categorise or as a label.

Charity/philanthropy model; disability as an area of social need, objects of pity, fund-raising, requiring help and dependent

Social model thinking is derived from an understanding that it is actually the way society and services are set up, the kind of cultures and environments disabled children inhabit, how they are treated and how people and institutions behave which disable the child. The barriers are therefore created by society and can prevent disabled people being able to live as independent people who can fully participate and make their own decisions.

Later work has explored other aspects of identity and Colin Cameron (2014) suggested the **'Affirmation model'** challenging the dominant thinking that may see disability as loss or abnormality. This establishes the rights of people with impairments to feel OK about themselves and to take pride in who they are, even when they are having bad days, and to be able have bad days as well as great days, or ordinary days without having to pretend otherwise[ix].

As a group we are aware that disabled children and young people need to be heard in how they wish to describe themselves but in our discussions we will use social model/identity first language and seek to address the barriers and impacts of disablism which they face.

Sub-Group Recommendations to the Children and Families Thematic Group

Members of the sub-group therefore recommend that:

- In any non-specific context BASW members should usually use identity-first language
- Members should, where possible, discuss, value and respect children and young people's own language preferences and not make assumptions about their identity choices
- This paper is shared by the Children & Families Thematic Group chairs with the chairs of other thematic groups to seek their views

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[i] Assistive Technology 2022 Language matters! The long-standing debate between identity-first language and person first language

[ii] Office of the Children's Commissioner Waiting times for assessment and support for autism, ADHD and other neurodevelopmental conditions 15 October 2024

[iii] United Nations Office 2019 DISABILITY-INCLUSIVE LANGUAGE GUIDELINES

[iv] NSPCC 14.11.24 Why language matters: putting the child first – why we say children who have disabilities rather than disabled children

[v] Assistive Technology 2022 Language matters! The long-standing debate between identity-first language and person first language

[vi] Carla McDonald-Heffernan and Carmen Robin-D'Cruz 2024 How is youth diversion working for children with special educational needs and disabilities?

[vii] WithScotland | Iriss

[viii] Stalker, K., Taylor, J., Fry, D., & Stewart, A. B. R. (2015). A study of disabled children and child protection in Scotland - a hidden group? *Children and Youth Services Review*, *56*, 126-134.

[ix] Colin Cameron 2022 Turning experience into theory: The affirmation model as a tool for critical Praxis