



Safeguarding Children with a Disability

1. Introduction

What is this guidance? This guidance provides all agencies with a clearly defined procedure for identifying, responding to and managing safeguarding concerns for children with a disability.

Within this process:

The term “family” is used to describe parent / carers and family members such as siblings as well as extended family members.

The term “child(ren) with a disability” is used to refer to children and young people with a range of very different conditions and identities, some of whom may not identify as having a disability.

This includes children who:

- are d/Deaf
- are on the autistic spectrum
- have a condition such as attention deficit hyperactivity disorder (ADHD)
- have a learning disability
- have a physical disability such as cerebral palsy
- have visual impairment
- have a long-term illness.

Why do we need this guidance?

Research shows that children and young people who have a disability are at an increased risk of being abused compared with children who don't (Jones et al, 2012) and are also less likely to receive the protection and support they need when they have been abused (Taylor et al, 2014).

It has also been recognised that professionals sometimes have difficulty identifying safeguarding concerns when working with children with a disability (NSPCC, 2016).

Research also indicates that as well as being the least protected, children with a disability are also the least consulted in routine assessments.

Who is this aimed at? This process is aimed at practitioners working with a child who has a disability and / or their families.

The key contact for comments about this policy is: SSCP.Information@stoke.gov.uk

2. Vulnerability and risk of children with a disability

Many factors can make a child with a disability more vulnerable to abuse than a child without a disability of the same age. Safeguarding children with a disability demands a greater awareness of their vulnerability, individuality and particular needs.

Children with a disability may be especially vulnerable to abuse for a number of reasons. Some children with a disability may:

- Have fewer outside contacts than other children;
- Receive intimate care possible from a number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- Have an impaired capacity to resist or avoid abuse;
- Have communication difficulties that may make it difficult to tell others what is happening;
- Be inhibited about complaining for fear of losing services;
- Be especially vulnerable to bullying and intimidation;
- Be more vulnerable than other children to abuse by their peers.

Additional factors may be:

- The child's dependence on carers could result in the child having a problem in recognising what is abuse. The child may have little privacy, a poor body image or low self-esteem;
- Carers and staff may lack the ability to communicate adequately with the child;
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed;
- Lack of access to 'keep safe' strategies available to others;

- Children with a disability living away from home in poorly managed settings are particularly vulnerable to over medication, poor feeding and toileting arrangements, issues around control of challenging behaviour, lack of stimulations and emotional support;
- Parents'/carers' own needs and ways of coping may conflict with the needs of the child;
- Some adult abusers may target children with a disability in the belief that they are less likely to be detected;
- Signs and indicators can be inappropriately attributed to disability;
- Children with a disability are less likely to be consulted in matters affecting them and as a result may feel they have no choice about whether to accept or reject sexual advances.

It should be remembered that children with a disability are children first and foremost, and have the same rights to protection as any other child. People caring for and working with children with a disability need to be alert to the signs and symptoms of abuse.

Children with a disability must be responded to as individuals with their own specific needs, feelings, thoughts and opinions.

In addition to the universal indicators of abuse / neglect the following abusive behaviours must be considered:

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification including the deprivation liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillisation;
- Invasive procedures against the child's will;
- Deliberate failure to follow medically recommended regimes;
- Non-compliance with programmes or regimes;
- Failure to address ill-fitting equipment e.g. callipers, sleep boards which may cause injury or pain, inappropriate splinting;
- Misappropriation / misuse of a child's finances.

Where a child is unable to tell someone of the abuse they may convey anxiety or distress in some other way, e.g., behaviour or symptoms and carers and staff must be alert to this, as these could be misinterpreted as part of the child's disability or health condition rather than an indicator of abuse.

3. Safeguards

Safeguards for children with a disability are essentially the same as all other children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and to high standards of practice, and strengthening the ability of children and families to help themselves.

Measures should:

- Make it common practice to enable children with a disability to make their wishes and feelings known in respect of their care and treatment;
- Ensure that children with a disability receive appropriate personal, health and social education (including sex education);
- Make sure that all children with a disability know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication - Children and young people may use different language to describe themselves and their needs. You should ask what terms they would prefer and use these when talking to them.
- Use a 'communication book' or similar for children with multiple care givers to enable information about noteworthy events to be shared. This can allow patterns of behaviour or incidents to be noted and assessed.
- Recognise and utilise key sources of support including staff in schools such as support workers, friends and family members where appropriate;
- Ensure that there is an explicit commitment to and understanding of safety and welfare for children with a disability among all providers of services used by children with a disability;
- Develop the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services;
- Provide guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home.

4. Concerns

Concerns about the welfare of a child with a disability should be acted upon in the same way as any other child in accordance with a practitioner's own agency's guidance. The same thresholds for action apply.

Potential risks and impact on welfare should also be considered in situations whereby a practitioner feels a parent, carer or service "is doing their best", and responded to accordingly. Parents / carers of a child with a disability should be challenged in the same way as parents / carers of children without a disability.

Carers are often relied upon (whether family or paid carers) as a source of information about a child with a disability, to understand developmental milestones and to interpret and explain behaviour or symptoms. When assessing risks to a child with a disability, an additional / different approach is required because of their vulnerability and if practitioners still have concerns after speaking to a parent / carer they should speak to a manager / safeguarding lead.

Where a practitioner has concerns that a child is suffering, or at risk of significant harm they should contact the Children's Advice and Duty Service (CHAD) on 01782 235100. If the child has an allocated social worker the practitioner should contact the allocated social worker and inform them of their concerns.

Should a child state that they do not wish their parent / carer to be informed of a contact with CHAD, assessment of the child's capacity must take into consideration their disability and any potential impact on capacity.

Following contact with Children's Social Care Services all assessments and agreed next steps should include specialist disability services.

5. Communications

Throughout any assessment processes, including a Section 47 Enquiry, all service providers must ensure that they communicate clearly with the child and the family and with one another as there is likely to be a greater number of services and staff involved than for a child without a disability. All steps must be taken to avoid confusion so that the welfare and protection of the child remains the focus.

Where there are communication impairments or learning difficulties, particular attention should be paid to the communications needs of the child to ascertain the child's perception of events and his or her wishes and feelings.

All services should be aware of non-verbal communication systems and should know how to contact suitable interpreters and facilitators.

Agencies must not make assumptions about the inability of a child with a disability to give credible evidence, or to withstand the rigours of the Court process.

Each child should be assessed carefully and supported where relevant to participate in the criminal justice system when this is in their interests as set out in **Achieving Best Evidence** which includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing children with a disability.

Participation in all forms of meetings such as Child Protection Conferences and Core Groups must be encouraged and facilitated and take into account any issues about access.

The full range of service providers and carers must be represented at all meetings.

6. Concerns regarding Practitioner's Behaviour

If concerns regarding the safety and welfare of a child with a disability are in relation to the behaviours of a practitioner's (including paid employees, volunteers, casual/agency staff and self-employed workers) consideration should be given to whether or not the behaviours require informing the Local Authority Designated Officer (LADO) in line with the local procedure [Resources \(stoke.gov.uk\)](https://www.stoke.gov.uk/resources).

The LADO should be contacted if a practitioner has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child, or
- behaved towards a child or children in a way that indicates s/he may pose a risk to children (Working Together 2018)

behaved or may have behaved in a way that indicates they may not be suitable to work with children