

# DISABLED CHILDREN

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## 1. DEFINITION

Children with a disability are children first and foremost and deserving of the same rights and protection as other children. By definition, any child with a disability should also be considered as a child in need. A child can be considered to be disabled if he or she has substantial and permanent problems with communication, comprehension, vision, hearing or physical functioning.

## 2. RISKS

Where many factors can make a disabled child more vulnerable to abuse than a non-disabled child of the same age. Safeguarding disabled children demands a greater awareness of their vulnerability, individuality and particular needs.

Disabled children may be especially vulnerable to Abuse for a number of reasons. Some disabled children may:

- Have fewer outside contacts than other children.
- Receive intimate care from a considerable 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 (see Bullying).
- 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.
- Disabled children living away from home (see Children Living Away from Home with Other Families) in badly 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 disabled children in the belief that they are less likely to be detected.
- Signs and indicators can be inappropriately attributed to disability.

- Disabled children 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.

### 3. INDICATORS

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 of food medication, 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.

### 4. PROTECTION AND ACTION TO BE TAKEN

It should be remembered that children with disabilities are children first and foremost and have the same rights to protection as any other child. People caring for and working with disabled children need to be alert to the signs and symptoms of abuse. See Responding to Abuse and Neglect Procedure.

Where there are concerns about a child with disabilities a referral should be made in accordance with the Referrals Procedure.

Children with disabilities should not be left in situations where there is a high level of neglect or other forms of abuse, because a practitioner feels that the parent, carer or service "is doing their best". Carers will need to be challenged in the same way as carers of non-disabled children.

Throughout any Assessment (see Assessment Procedure), including a Section 47 Enquiry, all service providers must ensure that they communicate clearly with the child with the disability and the family and with one another as there is likely to be a greater number of services and practitioners involved than for a non-disabled child. You should also look at the **Threshold of Need Guidance 2020** 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.

Safeguards for disabled children are essentially the same as all other children:

- Make it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment.
- Ensure that disabled children receive appropriate personal, health and social education (including sex education).
- Make sure that all disabled children 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.
- Recognise and utilise key sources of support including staff in schools, friends and family members where appropriate.

- 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.
- Ensure that guidance on good practice is in place and being followed in relation to: 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.

## 5. ISSUES

Where Carers are relied upon (whether family or paid carers) as a source of information about disabled children and to interpret and explain behaviour or symptoms. Professional staff can potentially feel out of their depth in terms of knowledge of a disabled child's impairment, where the familiar developmental milestones may not apply.

Disabled children should not be left in situations where there is a high level of neglect or other forms of Abuse, because a professional feels the parent, carer or service is 'doing their best'.

Carers will need to be challenged in the same way as carers of non-disabled children.

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.

Children's social care and the Police should be aware of non-verbal communication systems and should contact suitable interpreters and facilitators.

Agencies must not make assumptions about the inability of a disabled child 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 in Criminal Proceedings: Guidance on Vulnerable and Intimidated Witnesses (Home Office 2011)** which includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing disabled children.

Participation in all forms of meetings such as Child Protection Conferences and Core Groups must be encouraged and facilitated. The use of specialist advocates should be considered.

## 6. FURTHER INFORMATION

**Safeguarding Disabled Children: Practice Guidance**

## 7. LAW

The Children Act 1989 s17 (1) creates a general duty on children's services authorities to safeguard and promote the welfare of children within their area who are 'in need'. So far as is consistent with this duty, children's services authorities must promote the upbringing of such children by their families.

The definition of 'children in need' is to be found at CA 1989 s17 (10), which provides that a child is to be taken as 'in need' if: (c) he is disabled.

At subsection (11) the definition of 'disabled' for the purposes of CA 1989 Part III is given as follows:

'For the purposes of this Part, a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed'.