



# North Wales Safeguarding Board

## Safeguarding Disabled Children Policy

**Date Ratified: 3/7/17**

**Review Date:1/7/19**

<b>Date Ratified: 3/7/17</b>					
<b>Review Date:1/7/19</b>					
<b>Version</b>	<b>Consultation Completion Date</b>	<b>Description of Reason for Change</b>	<b>Author</b>	<b>Authorisation</b>	<b>Date Issued</b>
1			FS	NWSCB	6/11/17

## **Contents**

- 1. Introduction**
- 2. The Purpose of the Practice Guidance, and Who the Guidance is For**
  - **Which Children Does this Practice Guidance Relate to?**
- 3. Practice Guidance for Professionals**
  - **Reasons Why Disabled Children are More Vulnerable to Abuse**
  - **What Does This Mean for Practice?**
  - **Awareness of Possible Indicators of Abuse and/or Neglect for Disabled Children**
  - **Initial Contact and Referral**
  - **Investigating Allegations of Abuse Involving Disabled Children**
  - **Strategy discussion**
  - **Section 47 Enquiries and Assessments**
  - **Allegations of Abuse by an Employee or Volunteer Against a Disabled Child**
  - **Initial Child Protection Conference, Completion of the Assessment, the Child Protection Plan and Child Protection Review Conferences**
  - **Legal Options in Relation to Deprivation of Liberty and Children or Young People**
- 4. Research and Statistical Evidence on Safeguarding Disabled Children and Young People**
  - **How Common is the Abuse of Disabled Children?**
  - **Why are Disabled Children more Vulnerable to Abuse?**
  - **Negative Attitudes and Assumptions Can Lead to Institutional Discrimination**
- 5. References**

## **1. Introduction**

- 1.1 This practice guidance should be read alongside Social Services and Wellbeing Act (Wales) 2014 and The All Wales Child Protection Procedures 2008, which sets out how all agencies and professionals should work together to safeguard and promote children's welfare
- 1.2 This practice guidance makes clear that disabled children have exactly the same human rights to be safe from abuse and neglect, to be protected from harm and achieve the Social Services and Well Being Act 2014 (Wales) outcomes as none disabled children. Disabled children do however require additional action. This is because they experience greater vulnerability as a result of negative attitudes about disabled children and unequal access to services and resources, and because they may have additional needs relating to physical, sensory, cognitive and/ or communication impairments
- 1.3 This practice guidance ensures that there is an inclusive safeguarding system which will not only meet the needs of disabled children, it will improve practice for all children
- 1.4 This practice guidance is underpinned by the UN Convention of the Rights of the Child, Section 7 which requires that persons 'exercising functions' under the Act have due regard to the UN Convention on the Rights of the Child

## **2. The Purpose of the Practice Guidance, and Who the Guidance is For**

The purpose of the practice guidance is to:

- 2.1 Make clear the particular issues, which influence the safety and welfare of disabled children, and ensure these are understood by all and acted upon
- 2.2 Ensure that the need for expertise in both safeguarding and promoting the welfare of the child especially in relation to disability is recognised and brought together in order that disabled children receive the same levels of protection from harm as non-disabled children
- 2.3 Make clear the critical importance of communication with disabled children including recognising that all children can communicate if they are asked in the right way by people who understand their needs and have the skills to listen to them
- 2.4 Reinforce the right of disabled children and their families to a thorough assessment of their needs and to services, which safeguard and promote the wellbeing of children and maximise their independence, including appropriate personal, health and social education
- 2.5 Reinforce the importance of an integrated approach to safeguarding and promoting the wellbeing of disabled children with a sound assessment of the child's needs, what matters to them, the parent's capacity to respond to their needs and the wider family circumstances
- 2.6 Ensure all agencies recognise that safeguarding and promoting the wellbeing of disabled children depends on effective information sharing, collaboration, shared expertise and understanding between agencies and professionals

## **Which Children Does this Practice Guidance Relate to?**

- 2.7 This practice guidance uses a broad and inclusive definition of disability as outlined in disability discrimination legislation. For the purposes of Section 6 of the Equality Act 2010 a disabled person is someone who has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. The key issue is not what definition of disability has been used but the impact of abuse or neglect on a child's health and development, and consideration of how best to safeguard and promote the child's wellbeing in the future
- 2.8 There are many different ways of understanding disability. This guidance is informed by an understanding of the 'social model' of disability, which uses the term disability not to refer to an impairment or functional limitation but rather to describe the effects of prejudice and discrimination. These are the social factors that create barriers, deny opportunities and dis-able people. Children's impairments can of course create genuine difficulties in their lives. However many of the problems faced by disabled children are not caused by their conditions or impairments but by negative attitudes, prejudice and unequal access to the things necessary for a good quality of life
- 2.9 This practice guidance does not identify specific groups of disabled children. However given the importance of communication in relation to safeguarding, deaf children and children with speech, language and communication needs are specifically referred to. Children with speech, language and communication needs include those who use non-verbal means of communication as well as a wider group of children who have difficulties in communicating with others. It may be that they cannot express themselves effectively or that they may have difficulties in understanding what is being said to them. Equally those who work with them may not understand their way of communicating. Many children communicate successfully using non-verbal means such as signing, gestures, communication books or electronic communication equipment
- 2.10 Those using this practice guidance will need to bear in mind when communicating with disabled children that everyone has the right to determine how they want to describe themselves. For example, many deaf children identify themselves as deaf rather than disabled
- 2.11 Throughout this document, 'children' means 'children and young people'. As in the Children Acts 1989 and 2004 respectively and the Social Services and Wellbeing Act (Wales) 2014, 'a child' is anyone who has not yet reached their eighteenth birthday. The fact that a child has become sixteen years of age, is living away from home or is in further education, or is in hospital, or in prison or a young offenders institution does not change their status or their entitlement to services or protection.

## **3. Practice Guidance for Professionals**

- 3.1 This section offers practice guidance for all professionals working with disabled children. This includes those working in Children's Social Care, health, education, schools, early years, youth services, the youth justice system, the police, and the

independent and voluntary sectors. It aims to raise the awareness of practitioners of the possible safeguarding risks disabled children can experience, and to take these into account in their day-to-day involvement with disabled children.

- 3.2 Safeguarding disabled children's welfare is everybody's responsibility, and given that we know that disabled children are more vulnerable to abuse than non-disabled children, awareness amongst professionals about safeguarding disabled children and what constitutes best practice, is essential

### **Reasons Why Disabled Children are More Vulnerable to Abuse**

- 3.3 These are summarised below

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children. Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They may not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs

### **What Does This Mean for Practice?**

- 3.4 This is summarised below:

- Professionals from all agencies/disciplines must be aware that the belief that disabled children are not abused or beliefs that minimise the impact of abuse on disabled children can lead to the denial of, or failure to report abuse or neglect. Essentially disabled children at risk of or who have experienced abuse or neglect should be treated with the same degree of professional concern accorded to nondisabled children
- Additional resources and time may need to be allocated, if an investigation of potential or alleged abuse is to be meaningful. This is a basic premise and should not be ignored at any stage of the safeguarding process
- Basic training and awareness raising of the susceptibility of disabled children to abuse is essential for all those working with disabled children, including ancillary staff such as bus drivers, care assistants, escorts and personal assistants. Reporting safeguarding concerns needs to be encouraged at all levels of professional involvement, and prompt and detailed information sharing is vital. The impairment with which a child presents should not detract from early multi-agency assessments of need that consider possible underlying causes for concern
- Where a criminal offence is alleged, investigation by the police needs to be handled sensitively and in accordance with Achieving Best Evidence in Criminal Proceedings guidance.

- Parents and carers need to be made aware (if they are not already) of the vulnerability of their children to abuse or neglect, but also of their potential role in the safeguarding process

### **Awareness of Possible Indicators of Abuse and/or Neglect for Disabled Children**

All practitioners need to be aware of the possible indicators of abuse and/or neglect for disabled children

- 3.5 Whilst at times, it can be immediately apparent that a non-disabled child has suffered significant harm, it is not always so and lengthy enquiries are often necessary. Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is often more complex. However, it is crucial when considering whether a disabled child has been abused and/or neglected that the disability does not mask or deter an appropriate investigation of child protection concerns. Any such concerns for the safety and welfare of a disabled child should be acted upon in the same way as that for a non-disabled child, as set down in Social Services and Wellbeing Act (Wales) 2014 and the All Wales Child Protection Procedures 2008
- 3.6 When undertaking an assessment (and considering whether significant harm might be indicated) professionals should always take into account the nature of the child's disability. The following are some indicators of possible abuse or neglect:
- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
  - Not getting enough help with feeding leading to malnourishment
  - Poor toileting arrangements
  - Lack of stimulation
  - Unjustified and/or excessive use of restraint
  - Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
  - Unwillingness to try to learn a child's means of communication
  - Ill-fitting equipment e.g. calipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
  - Invasive procedures which are unnecessary or are carried out against the child's will
- 3.7 Some of the above behaviours can constitute criminal offences. For example misuse of medication to manage behaviour, depending on the circumstances, might be classed as assault and breach of the Medicines Act 1968 or breach of the Care Standards Act 2000. Similarly, inappropriate restraint, sanctions, humiliation, intimidation, verbal abuse, financial abuse and having needs ignored may all, depending on the circumstances, be criminal offences

*If insufficient time is given for a child with restricted arm and hand movement to have an adequate lunch, the child could experience hunger or dehydration. A one off experience like this may not be very damaging, but the impact if such an experience is repeated over a few days or weeks is considerable*

*Removing batteries out of an electric wheelchair to restrict liberty solely for the convenience of staff might equate to a non-disabled child being locked in a room or having their legs tied*

3.8 Professionals may find it more difficult to attribute indicators of abuse or neglect, or be reluctant to act on concerns in relation to disabled children, because of a number of factors, which they may not be consciously aware of. These could include:

- Over identifying with the child's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a disabled child
- A lack of knowledge about the impact of disability on the child
- A lack of knowledge about the child, e.g. not knowing the child's usual behaviour
- Not being able to understand the child's method of communication
- Confusing behaviours that may indicate the child is being abused with those associated with the child's disability
- Denial of the child's sexuality
- Behaviour, including sexually harmful behaviour or self-injury, may be indicative of abuse
- Being aware that certain health/medical complications may influence the way symptoms present or are interpreted. For example some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent

3.9 All professionals who work with disabled children should be alert to the above indicators of abuse and take them into account, where appropriate, if they have concerns about the welfare of a disabled child. They are however, particularly relevant to those undertaking safeguarding and/or criminal investigations.

## **Prevention**

3.10 The Social Services and Wellbeing Act (Wales) 2014 creates both a strategic and a practical duty in relation to preventative services. At a strategic level, local authorities and LHBs are under a duty to assess the extent of need for a range and level of preventative services (section 14). At the practical level, local authorities are required to provide / arrange for the provision of services that will contribute towards preventing / delaying / reducing the development of needs for care and support; minimising the effect on disabled people of their disabilities; helping to prevent people from suffering abuse or neglect and enabling people to live their lives as independently as possible

## **Initial Contact and Referral**

3.11 Where a professional has concerns that a disabled child may be being abused or neglected, they should follow their own agency policy and procedures for making a safeguarding referral to Children's Social Care. Of the utmost importance however, is to share such concerns at the first opportunity either with an appropriate manager or with the designated member of staff who has responsibility for safeguarding in the agency/service provider, so that a referral can be made promptly

3.12 Do not be 'put off' by concerns that a referral to a statutory agency will not be taken seriously or that an inappropriate concern is being raised about the welfare of a child.

Disclosing abuse is difficult for any child. For a disabled child it may be especially difficult, as they may not have the means to communicate about their abuse experience(s). For some disabled children with speech, language and communication needs, making known that they have been subject to abuse, neglect or ill treatment is dependent on the positive action undertaken by professionals. Thus, it is of the utmost importance that such concerns are passed on to a statutory agency

3.13 For those receiving initial contacts and referrals concerning a disabled child, there are however additional points, which need to be taken into account at this early stage.

These are:

- Extra resources may be necessary, especially where a child has speech, language and communication needs, in order to ensure that an appropriate assessment can be undertaken.
- It is thus recommended best practice that safeguarding concerns/referrals concerning disabled children are assessed by practitioners who are both experienced and competent in child protection work, with additional input from those professionals who have knowledge and expertise of working with disabled children.
- As with non-disabled children, it is not always obvious from an initial contact with a family that there is a child protection issue to be considered. Professionals, the family, the child and others may emphasise other problems or difficulties and the need for protection from harm may not always be obvious. Thus, the practitioner receiving the referral should systematically seek information about the identified needs and circumstances that have prompted the contact

The following is a summary of a composite case study exemplifying some of the additional stumbling blocks to successful professional challenge in work with a disabled boy who experienced neglect at home.

*A Serious Case Review was undertaken after the boy was accommodated at the age of 12 in a seriously neglected state. A large number of professionals were involved with the family and they differed in their opinion of his diagnosis. The child was educated at home from the age of eight and became socially isolated. Significant focus was placed on treating the boy as a disabled child, focusing on his behaviour, with little assessment of the daily care he received. Several agencies assessed that he needed to be cared for outside of the home but there was a year's delay in this happening. The insistence of a senior health professional finally led to the child being placed in foster care.*

*Key learning points included: not treating a child differently because of his or her disability; challenging parental power; the need for a lead professional; for professionals to have the confidence to challenge each other's opinions and for training in the recognition of neglect.*

3.14 As with safeguarding referrals concerning non-disabled children, it is important that where possible as much accurate information is gathered, in order to fully understand the context and assess the likelihood of harm to the child. It may be necessary to obtain an accurate assessment of the child's understanding and language abilities from their parent, teacher and speech and language therapist and then take advice on communicating or working with the assistance of someone who knows the child



well. In addition, the following questions should be considered and asked when a referral is received concerning a disabled child:

- What is the disability, special need or impairment that affects the child? Ask for a description of the disability or impairment: for example, 'learning disability' could mean many things and does not tell you much about the child or their needs
- If you do not know how to spell a word that describes an impairment or condition ask how it is spelt. This will be important if further enquiries are required about how the condition might be expected to affect the child
- How does the disability or impairment affect the child on a day-to-day basis?
- How does the child communicate? If someone says the child can't communicate, simply ask the question: "How does the child indicate s/he wants something?"
- How does s/he show s/he is happy or unhappy?
- Has the disability or condition been medically assessed/ diagnosed?

### **Investigating Allegations of Abuse Involving Disabled Children**

- 3.15 Where there is a reasonable cause to believe that a disabled child is suffering, or is at risk of suffering, significant harm:

*Significant harm is defined as the ill treatment or the impairment of health and development (AWCPP 2008)*

*A child is at risk if experiencing (or is at risk of) abuse, neglect or other kinds of harm, and has needs for care and support (whether or not the authority is meeting any of those needs) (SSWB Act (Wales) 2014 - Section 130(4))*

### **Strategy discussion**

- 3.16 Disabled children are subject to the same procedures for initiating a strategy discussions, as non-disabled children

*If there are sufficient concerns in relation to significant harm for a child, a strategy discussion should be arranged as soon as possible and take place no later than 24 hours after making this decision (AWCPP 2008)*

### **Section 47 Enquiries and Assessments**

- 3.17 The assessment process is the means by which a section 47 enquiry is carried out. Section 47 of the Children Act 1989, states that the Local Authority has a duty to investigate when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. The section 47 enquiry will include an objective assessment of the needs of the child, including the likelihood of abuse or neglect and need for protection, as well as the family's ability to meet those needs
- 3.18 When undertaking investigations/assessments into allegations of abuse concerning disabled children, practitioners need to take into account the following considerations:

- Whilst section 47 enquiries are being carried out, the first responsibility, as with any investigation into allegations of abuse and/or neglect is to ensure that the child is safe
- Where there are abuse allegations relating to a disabled child the safeguarding needs of any siblings living in the family home also need to be considered. Where there are allegations of abuse and a disabled child is the alleged perpetrator, investigations need to be handled with particular sensitivity. A duty of care should be shown to both the victim and the alleged perpetrator.
- Any enquiries planned or undertaken should be carried out with sensitivity and an informed understanding of a disabled child's needs and disability. This includes taking into consideration matters such as the venue for the interview/s; the care needs of the disabled child; whether additional equipment or facilities are required; who should conduct the interview and whether someone with specialist skills in the child's preferred method of communication needs to be involved
- As with all section 47 enquiries, the need for accurate, detailed, contemporaneous recording of information is essential
- Throughout all discussions (including strategy discussions, section 47 enquiries/assessments, the initial child protection conference and any subsequent child protection review conferences), all service providers must ensure that they communicate clearly with the disabled child and family, and with one another, as there is likely to be a greater number of professionals involved with a disabled child than with a non-disabled child
- The disabled child's preferred communication method for understanding and expressing themselves needs to be given the utmost priority, and where a child has speech, language and communication needs, including those with non-verbal means of communication and deaf children, arrangements will need to be made to ensure that the child can communicate about any abuse or neglect she/he is experiencing and their views and feelings can be made obtained.
- Where the parents of a disabled child have a disability themselves, arrangements also need to be put in place to accommodate their needs throughout the investigation/assessment process
- The number of carers involved with the child should be established as well as where the care is provided and when. A disabled child's network of carers could include short break foster carers, volunteer befrienders, sitters, personal assistants, community support workers, residential care staff, independent visitors and learning support assistants
- The collating of medical information concerning the health needs of the child is important as it may have a bearing on the outcome of any enquiry/investigation.
- Where there is a need for a medical examination, consideration needs to be given to the most appropriate medical professional who should undertake the examination, the venue, timing and the child's ability to understand the purpose of the medical procedure
- Where there is to be a police investigation into allegations of abuse or neglect of a disabled child, those undertaking such investigations should not make presumptions about the ability of the child to give credible evidence. All such investigations should be undertaken in accordance with the practice guidance *Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children* (Home Office, 2000), which includes specific guidance in relation to disabled children
- Following any section 47 enquiries, the need for the disabled child and their family to be provided with ongoing support, should be recognised. This is

especially important where disabled children have disclosed that they have been abused. The need for therapeutic services for disabled children, following such experiences is not always recognised. Emotions can show themselves in other ways, for example, self-harm or challenging behaviour

- The needs of disabled people who have been abused as children, to be able to access therapeutic services should also be given consideration

### **Initial Child Protection Conference, Completion of the Assessment, the Child Protection Plan and Child Protection Review Conferences**

- 3.19 *All Wales Child Protection Procedures 2008* clearly sets out the procedures to be followed, and these should be adhered where a disabled child is the subject of child protection concerns

### **Children in Residential Care and Residential Schools**

- 3.20 Children living away from home are particularly vulnerable, as family contact may be reduced because of distance, or family support is weak because of a breakdown in the family circumstances. Children are also exposed to a high number of carers in these settings, which again increase the risk of abuse.

For residential care and schools in North Wales area, all establishments must have the following in place:

- A clear safeguarding and child protection policy which highlights the vulnerability of disabled children;
- Clear guidance on the use of medication, eating and drinking, intimate care;
- Clear guidance on restrictive physical intervention (restraint), which defines what is and is not acceptable;
- Risk assessments which clearly outline how the child's needs for care, supervision and safety are to be met, and what are permissible forms of restraint and control;
- All staff have received training on Safeguarding Disabled Children;
- A clear procedure regarding allegations against staff is in place which is included in the *All Wales Child Protection Procedures* and *Welsh Government Guidance for Keeping Learners Safe*

### **Allegations of Abuse by an Employee or Volunteer Against a Disabled Child**

- 3.21 In the event of allegations being made against an employee or a volunteer involving a disabled child, the safeguarding children policies and procedures of the agency or *All Wales Child Protection Procedures 2008* (Part 4) need to be instigated, in line with disciplinary procedures, where appropriate

### **Disabled Young People Who Are Accused of Abuse**

- 3.21 Studies of adolescent sexual offenders have found that between a third and a half are children and young people with learning disabilities. This group are also overrepresented amongst those being treated for harmful sexual behaviour. It is not clear why this is but one relevant factor is that many of the young perpetrators have also been abused themselves – and children and young people with learning

disabilities are particularly vulnerable to abuse. Successful interventions with young abusers require specialist treatment and it is important that disabled young people are not denied access to such treatment. Multi-agency assessment and joint-working will be particularly important for this group of young people

### 3.22 Legal Options in Relation to Deprivation of Liberty and Children or Young People

The table below sets out the circumstances in which you can use the following legal options in cases where a child may be deprived of their liberty.

Age of child or young person	Consent of person with parental responsibility	Court of Protection	Children Act 1989, section 25 secure order	Deprivation of Liberty Safeguards (DoLS)	Mental Health Act 1983	High Court (inherent jurisdiction)
15 or under	Yes – but see notes below.	No.	Yes – but see notes below.	No.	Yes – but the child needs to meet the criteria for the MHA and the placement must be authorised to accept MHA detentions.	Yes. This is a fallback option when others are not available.
16-17	No.	Yes – in any placement if the person lacks capacity.	Yes.	No.	Yes – but the child needs to meet the criteria for the MHA and the placement must be authorised to accept MHA detentions.	Yes. This is a fallback option when others are not available.
18 and over	No.	Yes – in any placement (not covered by DoLS) if the person	No.	Yes – but only if the person is living in a care home or hospital and lacks capacity.	Yes – but the person needs to meet the criteria for the MHA and the placement	Yes. This is a fallback option when others are not available.

		lacks capacity.			must be authorised to accept MHA detentions.	
--	--	-----------------	--	--	--	--

**Notes on the table:**

Parental consent – if a child under 16 is not under a formal Care Order a Local Authority may in some cases rely on parental consent if it is given in the proper exercise of parental responsibility. Technically in law such consent would mean the restrictive care arrangements were not a deprivation of liberty for the purposes of article 5 of the European Convention on Human Rights. If an accommodated child under the age of 16 is the subject of an interim care order or a care order, it is extremely unlikely that a parent could consent, and in those circumstances a local authority cannot consent to a deprivation of liberty so court authorisation is required (A Local Authority v D and others [2015] EWHC 3125 (Fam)). A secure order under section 25 of the Children Act 1989, underpinned by the need to prevent significant harm, applies only to looked-after children (under a care order or voluntarily accommodated under section 76 of the SSWBA 2014) and where the purpose of the accommodation is to restrict liberty. If the child were to be accommodated in a children’s home (a registered children’s home, a community home, or a voluntary home), the home would require the approval of the Welsh Government, for such use. In addition, a child under 13 years of age requires Welsh Government approval.

**4. Research and Statistical Evidence on Safeguarding Disabled Children and Young People**

**How Common is the Abuse of Disabled Children?**

- 4.1 Research evidence suggests that disabled children are more vulnerable to abuse than non- disabled children. A large scale American study that examined records of over 40,000 children found that disabled children were 3.4 times more likely to be abused or neglected than non-disabled children. Disabled children were 3.8 times more likely to be neglected, 3.8 times more likely to be physically abused, 3.1 times more likely to be sexually abused and 3.9 times more likely to be emotionally abused. Overall, the study concluded that 31% of disabled children had been abused, compared to a prevalence rate of 9% among the nondisabled child population
- 4.2 Smaller scale studies in the US have also reported significant levels of abuse of deaf children<sup>1</sup> and children with Autism and Asperger’s Syndrome
- 4.3 Research in the UK has been limited but a number of studies have indicated similar levels of abuse and neglect to that found in the US<sup>2</sup>. Higher levels of maltreatment of disabled young people than their non-disabled peers were found in a study of 3000 young people aged 18 –24
- 4.4 In relation to sexual abuse by people who were known to the child but not family members 22% of disabled young people reported experiencing sexual abuse compared to 15% of the sample as a whole

- 4.5 There is a widespread lack of local and national data on disabled children who are subject to safeguarding children procedures. Cooke and Standen surveyed local authorities across the UK and found that only a third of authorities had specific guidelines for safeguarding disabled children and only 50% recorded whether an abused child had a disability. Despite 50 % of authorities reportedly collecting this data only ten were able to provide figures on the number of reported cases of abuse of disabled children. Practice was very variable. A detailed analysis of one local authority (Morris, 1999)<sup>3</sup> identified that although disabled children made up only 2% of the local child population they accounted for 10% of children on the Child Protection Register. There is also very limited data regarding the characteristics of children who have been the subject of serious case reviews. Brandon et al (2009) found 14 children (8%) of their full sample of 189 children who had been subject to a serious case review were disabled prior to the incident leading to the serious case review. This figure is a slight increase in the figure of 8 children (5%) in the previous study of 161 children (Brandon et al 2008)
- 4.6 Of the 14 children in the 2009 study, those who were noted to have a disability prior to the incident ranged in age from 2 months to 17 years old. A small number of families had more than one child with a disability or complex health needs and their families' struggle to cope with the children's complex needs was apparent. An eleven-year-old child who died whilst in foster care had severe disabilities and complex health needs, but also unexplained injuries. One example of the small number of cases where a parent killed themselves and their child, included a mother who caused her own, and her disabled son's death, and one of the teenage suicide cases included a young woman with Asperger's syndrome. Another young man with autistic spectrum disorder and learning disabilities was the perpetrator of harm to a child <sup>4</sup>
- 4.7 Safeguarding of disabled children can involve a large number of professionals, a serious case review in 2014 highlighted the number of professional that may be involved and the pressures this can have on the family. It suggested that a lead professional should perhaps be involved under these circumstances and it is important to remember that a lead agency or practitioner should coordinate these complex and challenging families dynamics  
<http://www.kingstonandrichmondscb.org.uk/about-kingston-lscb/learning-improvement-case-reviews-41.php>

### **Why are Disabled Children more Vulnerable to Abuse?**

- 4.8 Attitudes and assumptions within society and amongst those working with children can lead to a view that abuse does not happen to disabled children and in turn this undermines the safeguarding of disabled children at all levels. Research by Kennedy (1992)<sup>6</sup> identified beliefs that disabled children were less likely to be damaged by abuse than other children. A failure to acknowledge and promote disabled children's human rights can lead to abusive practices being seen as acceptable. For example tying up or locking a child in a room would be recognised as abusive for a non-disabled child but may be seen as acceptable for a disabled child.

### **Negative Attitudes and Assumptions Can Lead to Institutional Discrimination**

- 4.9 Attitudes about disability are a contributory factor in the lack of reporting of abuse to disabled children. Estimates suggest that only one in thirty cases of sexual abuse of disabled people is reported compared to one in five of the nondisabled population and

a Norwegian study of children being examined in paediatric hospitals for possible sexual abuse reached similar conclusions <sup>7</sup>

*During a holiday away from a residential special school a child returned home and shared a bed with a male lodger. He displayed significant changes in his behaviour when he returned to school and he had bruising. His mother explained that they needed the lodger for his financial contribution and that her son's injuries were self-inflicted during epileptic fits. The school staff did not consider that the boy could be at risk of sexual abuse and never made a referral. The school nurse expressed concern about that his 'sharing a bed' with the lodger was 'inappropriate' but didn't feel there was anything else she could do as the boy wouldn't be able to go home otherwise. (Source: National Working Group on Child Protection and Disability. It doesn't happen to disabled children. NSPCC 2003)*

- 4.10 A reluctance to challenge carers has been found together with a sense of empathy amongst practitioners with parents and foster parents who are felt to be under considerable stress. Precey and Smith<sup>8</sup> have considered the contentious issue of the fabrication or induction of illness in disabled children and those with complex health needs by a parent. Parents have been known to deliberately exaggerate the effects of their child's impairment by falsely describing symptoms, seeking unnecessary treatment or inappropriately using medication<sup>9</sup>

*An advocate was asked to get involved by a local school who were worried a child was being overmedicated by this family. The school has observed the parents struggling to manage the boy's behaviour and particularly at the beginning of each week found the boy to be very drowsy and unable to relate to his surroundings. This has been reported to the social worker who was not prepared to raise the issue with the family saying they had enough to contend with as it was. The advocate eventually helped the parents see the impact over medication was having and got advice for the parents on managing their son's behaviour (Source: The Children's Society)*

- 4.11 Dependency on a wide network of carers and other adults is the everyday experience of some disabled children in order that their medical and intimate care needs such as bathing and toileting can be met. The large number of adults involved and the nature of the care needs both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.

*Child protection enquiries and care and support planning need to take into account that a disabled child may be dependent on an abuser for personal care and/or for communication assistance. They may be less able to tell someone what is going on because of this dependency. (Source: National working Group on Child Protection and Disability. It doesn't happen to disabled children NSPCC 2003)*

- 4.12 Communication barriers mean that many disabled children including deaf children have difficulty reporting worries, concerns or abuse. Some disabled children do not have access to the appropriate language to be able to disclose abuse; some will lack access to methods of communication and/or to people who understand their means of communication. Even if a child can find the confidence and the means to tell about abuse, many of the avenues open to abused children such as telephone help-lines and school based counselling are inaccessible to many disabled children. There is significant vulnerability for children who use alternative means of communication and who have a limited number of people who they can tell, since these same people may

be the abusers. There is often a lack of access to independent facilitators or people familiar with a child's communication method.

- 4.13 Lack of participation and choice in decision-making can disempower disabled children and make them more vulnerable to harm as can a failure to consult with and listen to disabled children about their experiences. Disabled children may have learnt from their care or wider experience to be compliant and not to complain. Morris<sup>10</sup> found that disabled children's privacy was often not respected nor was there any encouragement to make choices for themselves, which in turn undermined their opportunities to develop confidence and self-esteem
- 4.14 Factors associated with impairments can lead to greater vulnerability to abuse. Behaviours indicative of abuse such as self-mutilation and repetitive behaviours may be misconstrued as part of a child's impairment or health condition.<sup>11</sup> It is of vital importance that professionals are adequately trained and alert to recognise indicators of potential abuse or changes in children, which might indicate that something is wrong, and to understand particular behaviours associated with impairments. See Section 3 for more information about possible indicators of abuse and neglect

*A seven year old boy's constant masturbation was 'explained' by his autism and his attempts to touch adults sexually were initially attributed to his confusion about boundaries. Several years later his father was convicted of sexual assault of all three children in the family. (Source: Triangle)*

- 4.15 Isolation from other children and adults means that many disabled children struggle to tell others about their experiences making it easier for abuse and neglect to remain hidden. Having few contacts outside the home, and inadequate and poorly co-ordinated support services for both disabled children and their families can increase isolation. The National Working Group on Child Protection and Disability note that disabled children (and others close to them) may not communicate about abuse because of a fear of losing the services on which they depend (NSPCC, 2003<sup>19</sup>)

*A seventeen year old girl was visited at different times of the day and on different days of the week by her advocate. On each occasion the girl was found in a sparse day room sitting alone with a pile of Lego bricks on a tray in front of her. When challenged about this the staff showed the advocate an activity timetable. However there remained no evidence of any other activity taking place, no choice for the young woman and she was not able to describe any other things she had done, places she had visited or people who had visited her. (Source: The Children's Society)*

- 4.16 Double discrimination faces many disabled children from black and minority ethnic groups and refugee and asylum seeking children. They can experience additional difficulties and challenges in accessing and receiving services and often those they do receive are not sensitive to their culture and language or relevant to their needs. Robert and Harris<sup>13</sup> draw attention to the risk of disabled children from refugee and asylum seeking families being severely isolated and hiding their impairment through fear of being different or of this adversely affecting their immigration status. Disabled children and young people are particularly vulnerable to forced marriage because they are often reliant on their families for care, they may have communication difficulties and they may have fewer opportunities to tell anyone outside the family about what is happening to them. Parents may want to find a carer for their child in the future, or are under pressure to follow cultural norms. Some disabled young people do not have the



capacity to consent to marriage. Some may be unable to consent to consummate the marriage – sexual intercourse without consent is rape

*Nina was born blind and at the age of 16 she continued to be incontinent and had no feeling in her fingers or toes. At the time she attended the local school with support from a classroom assistant who assisted children with visual impairment. During a one-to-one session, Nina disclosed to the assistant that she was going to Pakistan to be forced to marry. She explained that she didn't want to go or get married and she asked for help. The assistant arranged for the local police to meet Nina on her way home. Again, she stated that she didn't want to get married and she wanted help. The police officer organised for her to be taken to accommodation for young people with disabilities. Nina stayed in the care of the local authority for several months and started to have contact with her family again. Eventually she was persuaded to return home and, despite her earlier protests, agreed to go to Pakistan with them. The police were later notified that she died from "food poisoning" and she was buried in Pakistan. (Source: The Forced Marriage Unit)*

*A thirteen year old Arabic speaking boy whose parents were from Somalia was placed in a residential special school. When an advocate visited him for the first time it became clear that he had no opportunity to practice his Muslim religion and no effort had been made to meet his cultural dietary needs. His sense of isolation was acute both from his family and his culture. The advocate immediately referred the boy for an Arabic speaking independent visitor. (Source: The Children's Society)*

- 4.17 Spending greater periods of time away from home, particularly in residential settings, is a risk factor for abuse and Utting<sup>14</sup> noted that this risk is compounded in the case of disabled children. Researchers<sup>15</sup> have examined the particular vulnerability of disabled children in residential care linking this to characteristics of institutional life, problems in management and staffing and separation of children from parents and others whom they trust and who are able to understand their communication methods. The welfare of disabled children at residential schools (especially those with 52 week provision) and in health units has been questioned given the wide variation in practice of notifying the responsible local authority of the child's placement.

*On a visit to a disabled teenager in residential care an advocate asked to take the young man out to the local park. He was told that two care staff would have to accompany him. The young man was strapped by each arm to a member of staff, the rationale being given that the young man would run away. On further investigation by the advocate it transpired this practice had been going on for several years without review. The advocate challenged the approach and after much perseverance the young man was allowed to visit the park with his advocate without being strapped to anyone. (Source: The Children's Society)*

- 4.18 Practices within The Criminal Justice System can create barriers during child protection investigations relating to disabled children. In the past the evidence of disabled children was rarely given in court because those involved in investigating allegations often assumed that disabled children would not be able to give credible evidence in criminal proceedings. However, research clearly indicates that children with learning disabilities can provide forensically relevant information if appropriate methods are employed

*The foster parent of a thirteen year old boy with autistic spectrum disorder noticed on a visit home from residential school, bruising to his body and a black eye and on another occasion a*

*fractured hand. The school had no record of any injuries and there was no explanation provided about how he had sustained them. His foster parent believed he could have indicated how he had been hurt. However because the child was not able to communicate verbally, a witness statement was not taken. (Source: National Working Group on Child Protection and Disability. It doesn't happen to disabled children. NSPCC, 2003)*

*A fifteen year old boy in a residential placement was hit by a member of staff and disclosed this to another staff member. The Local Authority, the police and the boy's advocate were contacted and the staff member concerned removed while the investigation took place. The advocate and staff at the home advised the Police about the young man's method of communication and the advance preparation that would be needed. The advocate was asked to accompany the young man to the interview. It immediately became clear no preparation had been done and the interview was not conducted in a child focused manner. As a result the Police were unable to obtain a full account of the incident from the young person. The advocate gave feedback to the police about the inappropriate way the interview had been conducted. The case was eventually dropped. (Source: The Children's Society)*

- 4.19 Limited personal safety programmes and personal, social and sex education for disabled young people results in them being less aware about abusive behaviour and less able to communicate about abuse. Oosterhoon and Kendrick<sup>16</sup> reported on the challenges for teaching staff of teaching abstract concepts of sexuality, sex education and abuse. Some awareness raising and keeping children safe materials are built on assumptions about a child's abilities such as 'Say no, go run and tell' and could be counterproductive for disabled children. Some children's dependence upon others for intimate care requires the education to be tailored to meet the needs of the child and a focus, on for example appropriate and inappropriate touching
- 4.20 Higher levels of bullying of disabled children have been found in a number of recent studies and in some instances the severity of bullying or harassment of disabled children could be classified as assault or abuse. The experience or anticipation of being bullied can shape a young person's sense of self and social relationships and can have a corrosive and damaging impact on their self-esteem, mental health, social skills and progress at school. For some disabled children bullying can be an insidious and relentless pressure that can dominate their lives, leaving them feeling depressed and withdrawn. The lack of self-esteem resulting from bullying can create can in itself make disabled children more vulnerable to abuse

*A twelve year old girl with learning disabilities was being physically bullied for over three months before any action was taken, despite telling parents and teachers at the start. 'He would push and swear at me, say mean things and walk up and slap me'. (Source: National Childrens Bureau, Bullying and Disability Spotlight Briefing 2007)*

- 4.21 Greater use of direct payments and personal budgets, whilst supporting empowerment and choice, does carry some risks of children being harmed if the minimum requirements in respect of checks and references on those providing personal care have not been followed up
- 4.22 The local authority cannot insist that the person employed through Direct Payments should have a Disclosure and Barring Service (DBS) check, prior to their employment

4.23 Requesting a DBS check, together with the taking up of references, whilst not guaranteeing that a person is suitable to work with children, does offer a degree of reassurance about a carer's suitability to undertake such work

4.24 In situations where the family decides not to accept the local authority's advice about best practice some local authorities are asking the family to sign a statement stating that the issue has been discussed with them and they are aware of the risk involved. Such statements do not of course absolve the local authority of their duties to safeguarding the welfare of children

## 5. References

1. Sullivan, P. Vernon, M and Scanlan, J. (1987) *Sexual Abuse of Deaf Youth*. American Annals of the Deaf, 1, pp256-262.
2. Kennedy, M. (1989) *The abuse of deaf children*. Child Abuse Review, 3 (1), pp3-7; Wescott H.L (1993) *The Abuse of Children and Adults with Disabilities*. NSPCC. London; Spencer, N., Devereux, E., Wallace, A., Sundrum R., Shenoy, M., Bacchus, C. and Logan, S. (2005) *Disabling Conditions and Registration for Child Abuse and Neglect: A Population-Based Study*. Paediatrics, 116, pp609-613.
3. Morris, J. (1999) *Disabled Children, Child Protection Systems and the Children Act 1989*. Child Abuse Review, 8, pp91- 108.
4. Brandon, M., Bailey, S., Belderson, P., Gardner R., Sidebotham, P., Dodsworth, J., Warren, C., Black, J. (2009) *Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005-07*. DCSF Research report DCSF - RR129
5. Pinney, A. (2005) *Disabled children in residential placements*. Available to download from : [www.everychildmatters.gov.uk/resources-and-practice/RS00014/](http://www.everychildmatters.gov.uk/resources-and-practice/RS00014/)
6. Kennedy, M. (1992a) *Children with Severe Disabilities: Too Many Assumptions*. Child Abuse Review, 1, pp185-187.
7. Kvam, M. (2000) *Is sexual abuse of children with disabilities disclosed? A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian Hospitals*. Child Abuse and Neglect, 24, pp1073-1084.
8. Precey, G. and Smith, K. (2004) *The Fabrication or Induction of Illness in Children with Complex Needs: Views from Practice*. Practice, Vol 16, 4, pp283-297.
9. HM Government (2008) *Safeguarding Children in whom illness is fabricated or induced: Supplementary guidance to Working Together to Safeguard Children*. Department for Children, Schools and Families. tes
10. Morris (1998) *Still Missing? Vol 1. The Experiences of Disabled Children Living Away from their Families*. Who Cares? Trust. London.
11. Wescott H. L and Jones D.P.H. (1999) Annotation: The Abuse of Disabled Children. *Journal of Child Psychology and Psychiatry*, 40, pp497 – 506.
12. National Working Group on Child Protection and Disability, Ed. Morris, J. (2003) *It Doesn't Happen to Disabled Children: Child Protection and Disabled Children*. NSPCC. London.
13. Robert, K. and Harris, J. (2002) *Disabled people in refugee and asylum seeking communities*. Bristol: The Policy Press.
14. Utting, W. (1997) *People Like Us: The Report of the Review of Safeguards for Children Living Away from Home*. HMSO London.
15. Paul, A. and Cawson, P. (2002) Safeguarding Disabled Children in Residential Settings: What We Know and What We Don't Know. *Child Abuse Review*, Vol 11, pp262-281.
16. Oosterhoorn R and Kendrick A (2001) *No Signs of Harm: Issues for Disabled Children Communicating about Abuse*. Child Abuse Review, Vol 10, pp243-253.