



Safeguarding Disabled Children Guidelines

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1. Introduction

This guidance defines the wide range of children and young people who may be regarded as having a special educational need or disability (SEND). It outlines the reasons why disabled children may be more vulnerable to abuse. The guidance informs how abuse may be identified, the importance of communication with children, and if concerns are identified, what action should be taken.

The document should be read alongside *Working Together to Safeguard Children 2018* <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> which sets out the core legal requirement to keep children safe and how all agencies should work together to both safeguard and promote children's welfare. It should also be read alongside the Framework for the Assessment of Children in Need and their Families (2000), which provides a framework to assist in determining whether a child is in need under the Children Act 1989 and deciding how best to provide help. However, the Framework for the Assessment of Children in Need has been incorporated into the Working Together document.

Research tells us that disabled children and young people are at increased risk of abuse – *'We have the right to be safe - Protecting disabled children from abuse'* (NSPCC Miller and Brown, 2014).

Disabled children are entitled to the same levels of protection and assessments of their needs as any child.

A disabled child or young person is first and foremost a child or young person. This acknowledgement is essential for recognising the possibility of abuse in disabled children.

Disabled children may have needs relating to physical, sensory, or cognitive impairments. They are more vulnerable than their non-disabled peers for a number of reasons including negative attitudes and access to services and resources. A fundamental principle underlying this guidance is that disabled children have the same human rights as non-disabled children to be protected from harm and abuse.

Safeguarding strategies and activity should therefore acknowledge and address both disabled children's human right to be safe and protected from harm, and the additional action that has to be taken in order for disabled children to access this common human right. The specific needs and circumstances of disabled children should be addressed at all stages of the safeguarding process.

The London Child Protection Procedures should be used in support of this document. <http://www.londoncp.co.uk/>

2. The role of Enfield Safeguarding Children's Partnership in relation to this guidance –

The objective of the Enfield Safeguarding Children's Partnership is to agree how the relevant organisations in Enfield will cooperate to safeguard and promote the welfare of children in Enfield, and to ensure the effectiveness of what they do.

Disabled children should be seen as children first. Being disabled should not and must not mask or deter an appropriate enquiry where there are child protection concerns. It is the responsibility of the Enfield Safeguarding Children's Partnership to ensure that all Board members take seriously their responsibilities to protect disabled children and young people.

3. Context

This guidance is written within the context of local and national initiatives and legislation, - Aiming High for Disabled Children 2007 which culminated in the Short Break Duty - The Breaks for Carers of Disabled Children Regulations 2011 - and the Children and Families Act 2014 which encompasses the wide reaching Special Educational Needs/Disability (SEND) reforms. The Children and Social Work Act 2017, to improve support to looked after children and care leavers and to promote the welfare and safeguarding of children.

The Joint Service for Disabled Children (JSDC) brings together Social Care, Health and Education who collaborate with the Voluntary Sector and work in partnership with parents, including Our Voice Parent Forum, Enfield Advisory Service for Autism (EASA), and Enfield National Autistic Society (ENAS) and with disabled children and young people, to develop and deliver a range of innovative family support services and short breaks.

All disabled children and young people are supported to be active participants in planning and decision making. Emphasis is laid on Early Help Services acknowledging the additional responsibilities and stress that families may experience in bringing up a disabled child.

The JSDC reports and is accountable to the SEND Partnership Board chaired by the Director of Education. All boards have parental representation via the various parent forums and pro-actively engage with young people to ensure their views are represented.

The work of the JSDC is supported and enhanced by partner agencies represented on all the Boards. Multi-agency colleagues work collaboratively and within a spirit of co-production to ensure best practice and to raise the profile of disabled children and young people.

Essential to this work is ensuring that generic and specialist safeguarding training is planned and delivered to all partners as part of a regular rolling programme supporting professional development.

4. Disability

“Disability” will include children with profound, severe, moderate, or mild needs including: -

- Physical or learning disability
- Hearing or visual impairment
- Autistic Spectrum Disorder (ASD)
- Children who have behaviours of concern as a result of their learning disability
- Children who have complex health needs and who may have palliative, life limiting or a life-threatening condition

This list is not exhaustive, and the guidance will apply to any child with an increased vulnerability whether this is temporary or permanent.

5. Vulnerability

A disabled child is as vulnerable to physical, emotional, sexual abuse and neglect as any other child. The safeguarding risks may present from within the family, but increasing awareness demonstrates that disabled children are also at risk in the wider community from

grooming for child criminal exploitation, child sexual exploitation and child trafficking. The following factors may raise this level of risk:

Dependency

- A disabled child may be dependent on their abuser to meet basic needs
- A need for intimate care from multiple carers can lead to confusion over 'good' and 'bad' touch and increased risk of exposure to abusive behaviour
- It is possible that a child may become accepting of others touching their body
- Families may find it hard to challenge professionals/carers, or be reluctant to complain for fear of losing services

Provision of services

Disabled children may be more vulnerable to abuse due to sustained pressure on families, unmet need, isolation, and stress. Parents and carers own needs and ways of coping may conflict with the needs of the child. Research tells us that parents of disabled children are more likely to live in poverty "6.8 million people in poverty are living in families that include a disabled adult or child. This means that nearly half (48%) of people in poverty live in a family where someone is disabled" (Social Metrics Commission, 2019). Furthermore, all children with disabilities and their families are likely to experience housing difficulties, not just those with physical disabilities (Joseph Rowntree Foundation).

- An increased likelihood that the child and their family are socially isolated due to inadequate and poorly co-ordinated support services
- Limited access to community resources and services leads to isolation
 - Increased stress on families of disabled children
 - Reduced opportunities for children to disclose abuse
 - Reduced opportunities for others to identify indicators of abuse
 - Lack of training about safeguarding disabled children can mean staff don't recognise signs of abuse, or when practices are abusive
- Disabled children are more likely to spend time away from their families than non-disabled children for example in short-break services or in residential schools, and often these are not close to family
- Lack of personal, social and sex education means that disabled children may not know that what is happening to them is wrong

Communication barriers

- A disabled child may be dependent on their abuser to help them communicate
- There may be a lack of access to assistance, methods/tools, or vocabulary to enable a disabled child to communicate what is happening to them
- A limited number of people have the ability to communicate effectively with the child, which can hinder disclosure
- Lack of choice and participation in decision making, and failure to consult and listen to disabled children can result in disempowerment
- Lack of access to independent facilities and children's advocacy services

Factors associated with impairment

- Self-injurious and repetitive behaviours, behaviours of concern, or physical symptoms may be seen as part of a child's disability rather than an indicator of abuse.
- Due to a physical disability a disabled child may not be able to escape, resist or avoid an abusive situation
- Due to a learning disability a child may not understand that what is happening to them is wrong.
- With regards to exploitation, a disabled child may find it harder to make friends and so be all the more willing to do things suggested by an abuser, so that they can be part of a friendship group, or have a relationship. A child may be coerced, manipulated, or deceived into criminal activity (Child Criminal Exploitation), or sexual activity (Child Sexual Exploitation).
- Vulnerable to financial abuse because of the support they may need managing money.

Attitudes and Assumptions

- Professionals and others (e.g. family members or friends) don't believe that anyone would harm a disabled child and may not be vigilant to indicators of abuse
- Professionals are reluctant to challenge parents because of the added stresses associated with caring for a disabled child
- Assumption that a disabled child would not be able to provide credible evidence for criminal investigation
- Disabled children who are not supported to fully participate in society and make choices about their life can develop low self-esteem, which directly increases their vulnerability to abuse
 - They may believe that they won't be listened to, so are less likely to report abuse
 - They may feel like they deserve what is happening to them
 - They may be at risk of being coerced by someone who pretends to care about them, or makes them feel important
- Negative attitudes increases the vulnerability to disabled children to bullying and intimidation

Personal Safety Programmes and Personal Social and Sex Education

A lack of provision of appropriate personal safety, and sex and relationships programmes may increase a disabled child or young person's vulnerability.

- Disabled children may not understand that a behaviour is abusive
- They may find it harder to communicate, or make sense of, their feelings
- A lack of appropriate training/learning materials exacerbates disabled children's vulnerability
- Some sex offenders may target disabled children in the belief that they are less likely to be detected
- Disabled children may be particularly vulnerable to grooming or abuse online due to an increased dependence on technology to help them interact with the world and

make friends. Devices, such as mobile phones and tablets, may also be used by parents/carers to manage behaviour.

- [CEOP Safety Centre](#)

Bullying

Disabled children are at increased risk of being bullied. Negative attitudes towards disabled people, the fact that they may come across as 'different', and because physically they may not be able to protect themselves, all contribute to this vulnerability. The assumption that disabled children are not bullied also increases their vulnerability. In reality, a high proportion of disabled children are bullied, leading to low self-esteem, poor mental health, withdrawal, and a feeling of not being valued. It also has an impact on the development of healthy relationships and social skills.

6. Examples of Abuse

Practitioners must not ignore the universal indicators of abuse – as outlined in point 5 - but in addition the following abusive behaviours should be considered:

- Inappropriate feeding (too much, too little, too late).
- Rough handling, for example unjustified or excessive physical restraint not carried out in accordance with good practice guidelines.
- Extreme behaviour modification including the deprivation of liquid, medication, food, clothing, or socialisation
- Failure to respond to the developmental needs of the child (including sexual development)
- Misuse of medication, including sedation
- Failure to attend appointments
- Failure to follow medical care plan
- The inappropriate use of invasive procedures
- Poorly fitting equipment or inappropriate use of aids to restrict movement
- Not using, or learning the child's methods of communication
- Forced marriage
- Modern slavery
- Female Genital Mutilation (FGM)
- Child criminal exploitation
- Abuse perpetrated on-line
- Domestic violence

This list is not exhaustive

7. Communication

The right to communicate – children, adults, disabled and non-disabled – is underpinned by the Human Rights Act 1998 – UN Rights of the Child.

It is essential to understand that all disabled children communicate, but when a child has a disability the following factors need to be considered: -

Disabled children find it easier to communicate given the right resources, support and in the presence of someone who knows them well. This may not necessarily be a parent

Practitioners must familiarise themselves with the child's method of communication or use a facilitator known to the child. It is essential that all those working with disabled children are supported and trained to acquire the necessary communication skills

When a child is unable to tell someone they are being abused, they might convey anxiety or distress through changes in behaviour. It is the responsibility of carers and practitioners to be aware and sensitive to changes in children's behaviour

No assumptions should be made about any disabled child's ability to share in decision – making, give consent, refuse examination, assessment, or treatment. Non – verbal communication is as valid as verbal communication

8. Disabled children can also be abusers

Society may be reluctant to recognise that some disabled young people may abuse other children. It is only by recognising and responding to indicators of abuse that appropriate intervention and services can be effectively provided. Disabled children, like other children, can be both victims and perpetrators of abuse. This is particularly true with child criminal exploitation, where disabled children can be exploited and groomed to abuse other young people. Any assessment of need should be aware of this factor.

9. How to make a child protection referral of a disabled child or young person.

On the Enfield Council website, click on Children & Family Services which directs you to the Children's Portal ([Children, Young People and Families Portal \(enfield.gov.uk\)](https://enfield.gov.uk/children-young-people-and-families-portal)). Click on Make A Referral and then click on the Child Protection icon.

If you have a safeguarding concern that cannot wait for completion of a referral form you should call the MASH on **0208 379 5555**. You must have a safeguarding concern in order to make a child protection referral.

Once the referral is received if the child has an existing open referral and an allocated social worker MASH will direct the new referral to the appropriate team.

10. What Happens Next

Checks are made to see if the family are currently known or have been known to social care.

A duty Manager will decide whether the information meets the threshold for a Section 47 (S47) enquiry (Child Protection); if the child is suffering or likely to suffer significant harm; and whether the concerns require an urgent strategy discussion with the police. A Strategy Meeting may be called to facilitate multi agency discussions about any risks posed and to form a plan.

If it is agreed that a S47 be initiated a Child and Family Assessment will be started. It is important to note that a disabled child is likely to be in contact with a large number of professionals who may be vital sources of information. An Initial Child Protection Conference will be convened if safeguarding concerns are validated.

Signs of Safety is the assessment model that is used in Enfield. It is a strengths-based model as opposed to a deficit-based model and looks at what families can do, supporting them to do

these things well. Consequently, any professionals actively involved with the child and their family will be contacted to contribute to the assessment to ensure a proper understanding of the child and family's strengths and needs.

Any allegations made against professionals are dealt with by the Local Authority Designated Officer (LADO).

<https://cp.childrensportal.enfield.gov.uk/web/portal/pages/ladoref#h1>

11. How we reduce risk

Effective, timely support to families can help to reduce the risk to a disabled child. A range of short breaks and family support is available in addition to robust multiagency working arrangements and the commissioning of services. Frameworks such as Positive Behaviour Support (PBS) and other family interventions provide strategies for managing behaviours of concern that can be challenging for families. Comprehensive staff training that addresses the specific issue for disabled children is also critical.

Working with key stakeholder groups including Our Voice Parent Carer forum and All About Us, a group that seeks the views of children and young people, we ensure the views, knowledge, and experiences of those who we support inform and shape our practice.

Keeping disabled children and young people living in their local community, ideally at home, helps to keep them safe. Being close to family and friends means that they can continue to enjoy family life. It is easy for people to visit them, or for them to spend time in the family home, or go out to places they know and enjoy. When children live many miles from home, it is difficult for family members to visit regularly, this can impact children's quality of life, well-being, and behaviour, and it means that abuse may go undetected.

A 2022/23 report, 'Safeguarding children with disabilities and complex health needs in residential settings' looked at what went wrong in three residential care settings in Doncaster where disabled children suffered very serious abuse and neglect. Outcomes highlight, amongst other things, the need for quality leadership and safeguarding culture in residential settings; a skilled workforce to enable children's communication and respond appropriately and effectively to behaviours that challenge; and improved advocacy for children with disabilities.

12. Training

Good training and programmes of continuing professional development are pre-requisites to effective safeguarding and to promoting the welfare of disabled children whatever the organisational structure and responsibilities. There is also a need for specialist training that focuses specifically on safeguarding issues for disabled children.

A comprehensive training strategy should include the following elements:

- Issues relating to disabled children including factors that increase their vulnerability to abuse must be included in basic safeguarding training across multi-disciplinary settings
- Staff working in universal services should receive disability specific safeguarding training

- Interagency specialist training relating to safeguarding disabled children should be available
- The needs and experiences of disabled children to be addressed in workshops or seminars on specific safeguarding issues
- The local workforce strategy should incorporate training in communication skills and methods as well as disability equality and deaf awareness training for staff across the children's workforce
- The local workforce strategy should incorporate training on how to respond appropriately and effectively to behaviours that challenge.
- The establishment of agreed standards as to the content of safeguarding courses, including specialist training
- The establishment of training pathways for all staff involved in safeguarding children, which ensures staff are not allocated cases involving disabled children until they have received appropriate training
- The diversity, culture, religion and ethnicity of disabled children and their families to be incorporated into all safeguarding training
- Disability equality training is relevant to all service providers, and is particularly helpful in enabling them to fulfil their duties under Equality Legislation

The following core elements should be incorporated into training concerning safeguarding disabled children:

- Challenging attitudes towards disabled children and abuse or neglect
- Increasing knowledge of the needs and circumstances of disabled children and of the nature of their vulnerability to abuse or neglect
- Increasing knowledge of relevant legislation, guidance and procedures and their application to disabled children
- The teaching of skills to support communication with disabled children, to carry out comprehensive assessments of their needs, and effective enquiries and investigations of abuse or neglect

All safeguarding training delivered by the Enfield Safeguarding Children's Partnership will include perspectives of and issues affecting disabled children where appropriate. All training is offered from an inclusive and diversity aware standpoint.

Specialist training on issues affecting disabled children is also offered to particular groups of workers or specialist services on a single agency basis. All Enfield Safeguarding Children's Partnership agencies working with disabled children should develop their own training plans where necessary to address issues of disability and safeguarding.

Further information on safeguarding children and Enfield Council policy:

Enfield Safeguarding Children's Partnership
www.enfield.gov.uk/safeguardingenfield

Enfield Children's Services Procedures Manual
<https://enfield.proceduresonline.com/index.html>