



Swindon Local Safeguarding Children Board

Learning from Case Reviews: July 2018

Disabled Children

- ✓ The [LSCB Website](#) provides local information, guidance and links to a number of [multi-agency child protection training courses](#), (including a course on Safeguarding Disabled Children)
- ✓ The [South West Child Protection Procedures](#) provides further reading, information and guidance about disabled children
- ✓ [Safeguarding Disabled Children Practice Guidance](#)

Procedures for escalating concerns are not always followed. It's OK to disagree, if you believe that what is happening is not in the best interests of the child you must speak up.

The safety of individual children is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child. **Everyone should feel able to challenge decision-making** via the [LSCB Escalation Policy](#) - practitioners should see this as their right and responsibility in order to promote the best multi-agency safeguarding practice.

There can be a view that once concerns are shared this somehow lowers the risk for the child, practitioners may not see a reduction in risk after sharing their concerns and the next level of the Escalation Policy **must** be instigated. Chronologies and case recording provide little evidence to suggest that pre-escalation discussions between professionals take place, or indeed the subsequent stages of the escalation policy are initiated in line with timescales.

Professionals do not always understand the impact of a child's disability. It is important for professionals to **understand what a disability means for each individual child and their family.**

It is important to understand terminology; children are often referred to as having a learning difficulty, when in fact they have a learning disability, which can be difficult to identify and have a very different impact for each individual child. A Learning Disability is defined by the World Health Organisation as 'a condition of arrested or incomplete development of the mind occurring during and continuing beyond the developmental period (age <16)'. There is a reduced level of intellectual functioning resulting in a diminished ability to adapt to the daily demands of the normal social environment and leave a child more vulnerable to abuse.

Sometimes a disability is interpreted as a health problem without looking at possible environmental causes, such as [neglect](#). It is important to **get to know the child**, use the correct terminology and **explore what the disability means to the child and their family.**

Abuse of disabled children often goes undetected and is under-reported. Disabled children are more vulnerable to abuse and over 3 times more likely to be abused than non-disabled children. It is important for professionals to **understand the impact a disability has on a child** and what constitutes best practice. Sometimes explanations of children's injuries being due to their disability are accepted without any professional challenge or exploration of an alternative cause. Broader issues around safeguarding are not always considered or reported - parents are often seen by practitioners as "doing their best" and **professionals are often unwilling to challenge or appear critical of parents in cases where their child has a disability.**

Disabled Children: Learning from Case Reviews

This briefing summarises what recent case reviews have told us about risk factors and learning for improved practice when working with disabled children. This briefing is aimed at anyone working with children and families in Swindon and provides key findings, recommendations and links to guidance.

[The Equality Act 2010](#) states: "A person (P) has a disability if:

- (a) P has a physical or mental impairment, and
- (b) The impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

[Factors that Increase Risk and Lessen Protection for Disabled Children, Miller, D. and Brown, J. \(2014\) 'We have the right to be safe': protecting disabled children from abuse. \[London\]: NSPCC](#)

- ✓ **Attitudes and assumptions** – reluctance to believe disabled children are abused, minimising the impact of abuse or attributing indicators of abuse to the child's impairment
- ✓ **Barriers** to the disabled child and their family accessing support services
- ✓ **Issues relating to a child's specific impairment** – e.g. dependency on a number of carers for personal or intimate care; impaired capacity to resist/avoid abuse, difficulties in communicating; and an inability to understand what is happening or to seek help
- ✓ **Limited opportunities** for disabled children to seek help or support from someone else
- ✓ **A lack of professional skills, expertise and confidence** in identifying concerns in relation to disabled children and the lack of an effective child protection response.

Disabled Children are less likely to receive the protection and support they need when they have been abused.

Recent case reviews have told us that families of disabled children are sometimes overwhelmed by the number of professionals working with them and are unsure who to ask for support. Sometimes the support is not even offered. Professionals working with victims of abuse should identify situations that place children at greater risk and ensure appropriate safety measures are in place to reduce the risk. **Support should be offered to all victims of abuse and specialist support should be sought out if required.**

Disabled Children should be able to express their views and expectations; professionals should always make sure the child's voice is heard.

Communication difficulties may mean that a child is less involved in decision making and their voice is not always heard. It is important for **practitioners to use appropriate means of communication** and **seek out specialist support to facilitate communication** by other means if required. Practitioners should also consider how a child may communicate through their actions; distressed or disruptive behaviour should not automatically be attributed to the disability and other reasons for this behavior should be explored.

Parents are sometimes relied on to interpret what their children are saying and this may prevent children from disclosing their concerns. **Where there are safeguarding concerns children should always be spoken to alone and parents should never be used as interpreters.**

Professionals should consider all the needs of the child and their family, not just those relating to the disability. In some cases children's needs were seen purely in terms of their disability - it is important to **establish child focused practice** and ensure a holistic approach is in place to support disabled children and their families. **Joined up working between teams that support adults and teams that support their children is essential** to ensure children are kept safe.

Concerned about a child? Contact the Multi-Agency Safeguarding Hub (MASH); 01793 466903 / fcp@swindon.gov.uk