



# **Safeguarding Disabled Children and Young People**

# Child in Need

## **A child shall be taken to be in need if:**

- He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development , without the provision for him of services by the local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- He/she is disabled

Children Act 1989 (section 17)

# Definitions of Disability

“A physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities”



Equality Act (2010)

# Disability may include



- Learning disability
- Physical, hearing and/or visual impairment
- Speech/language difficulty
- Medical/mental health condition

# Learning disability or difficulty?

## **Learning disability**

A significant, lifelong condition that starts before adulthood, affects development and leads to help being required to:

- Understand information

- Learn skills

- Cope independently

## **Learning difficulty**

Any learning or emotional problem that affects, or substantially affects, a person's ability to learn, get along with others and follow convention (e.g. ADHD/Dyslexia)

[www.mindroom.org](http://www.mindroom.org)

# Vulnerability to Abuse

**Disabled children are 3-4 times more likely to experience**

- **Neglect**
- **Physical Abuse**
- **Emotional Abuse**
- **Sexual Abuse (including sexual exploitation)**



*But the signs and indicators may vary according to nature of the child's disability*

# Why are disabled children more vulnerable?

They may

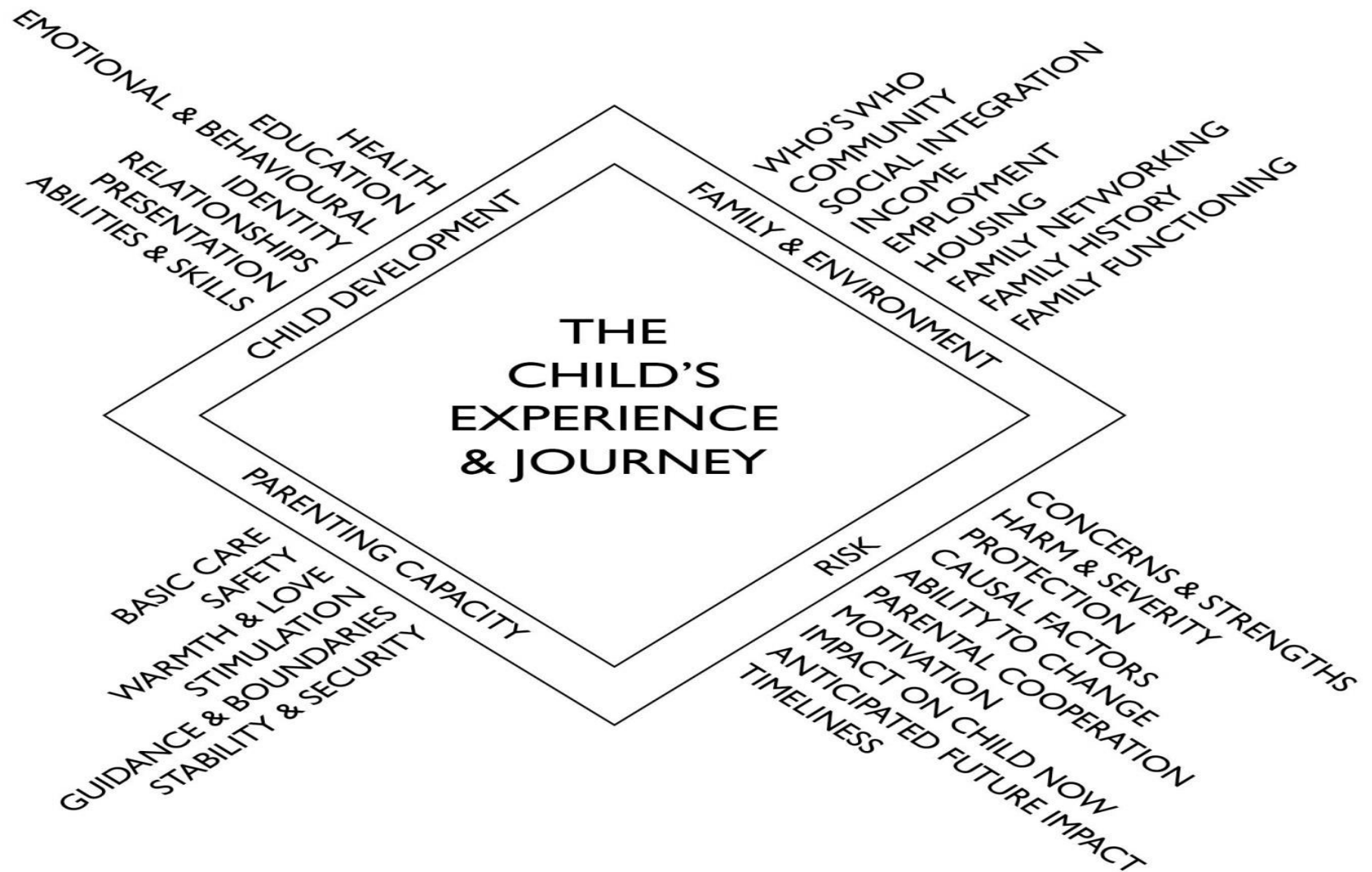
- be in contact and/or receive care from numerous people
- be isolated/have few opportunities for developing knowledge of sexual and personal relationships
- be 'schooled' to compliance and eager to please
- have low self-esteem and/or be less assertive
- have limited communication
- be less physically able to resist or run away

# Impact on Families

- Parents generally provide higher amounts of care than other parents
- Families are more likely to experience poverty
- Families may have higher financial outgoings, lower incomes and higher levels of debt
- Families may face the greatest risk of living in unsuitable housing



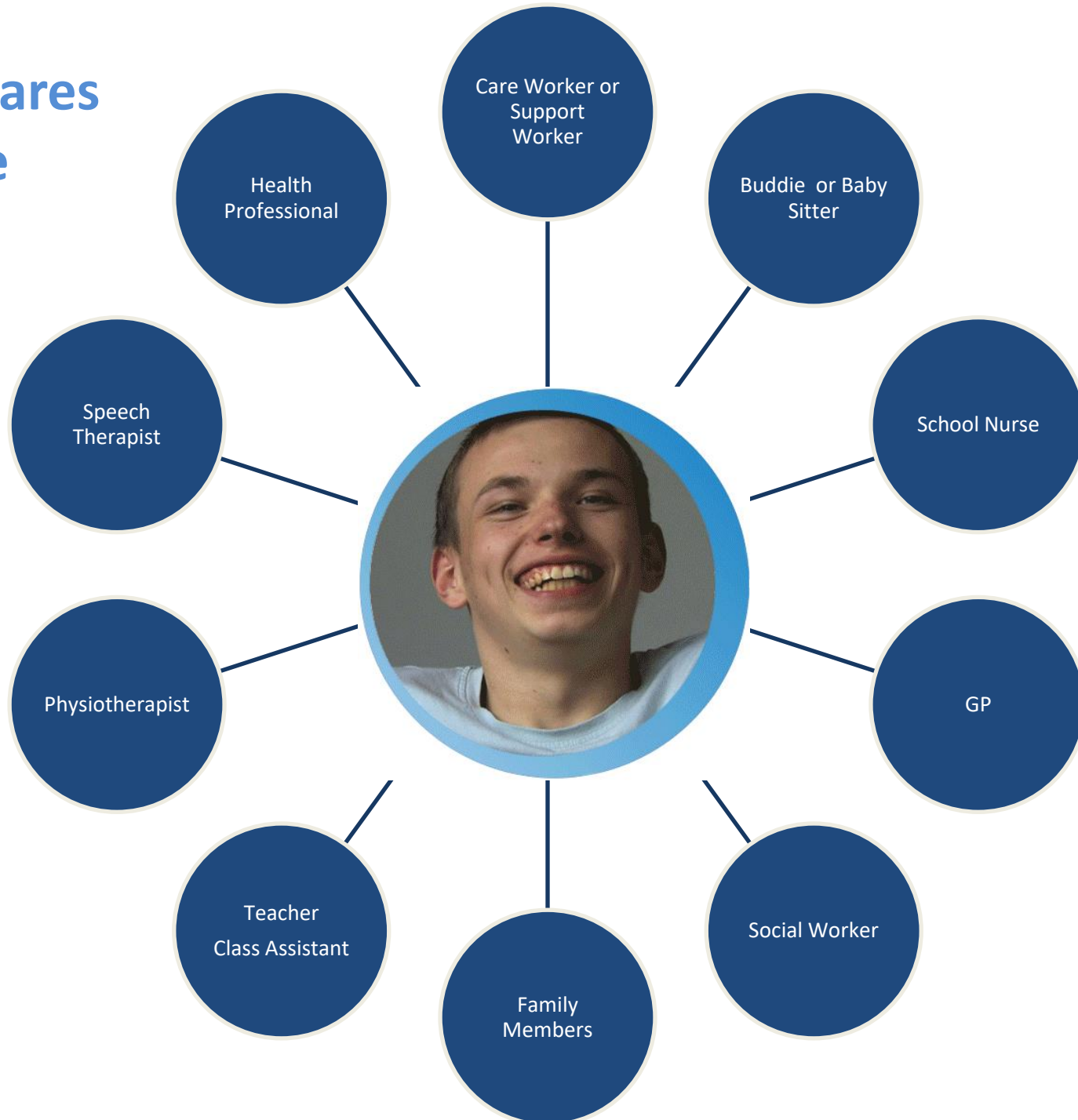
# North East Region Framework for Assessment



‘Accepted’ safety messages may be very confusing or even impossible for disabled children

- Shout
- Say no
- Run away
- Tell a grown up
- Don’t go with a stranger
- Don’t go in a strange car
- Don’t take sweets or food from strange grown ups
- Grown-ups shouldn’t touch the private parts of your body or ask you to touch theirs

# Who cares for the child?



# Defining intimate care

- Intimate means very private and closely personal, and personal means individual to that person. Intimate and personal care terms are often interlinked. What is regarded as intimate versus personal is likely to be defined by the individual person.
- It may be useful to define intimate care as those care tasks associated with personal hygiene, bodily functions and bodily products, which demand direct or indirect contact with or exposure of the sexual parts of the body as defined culturally by the individual.
- Personal care can therefore be defined as those care tasks which do not involve contact or exposure of sexual parts of the body as defined culturally by the individual and which are often associated with personal presentation.

NHS Brighton and Hove (2011)

# Disabled children's agenda for keeping safe

- **Employ the right kind of staff:**

With a good sense of humour

With good attitude towards children

Who try to understand children

Who do not shout at children

Who have been closely vetted

- **Allow children and young people to have a range of positive experiences.**
- **Give them a choice about which adults to approach for support.**
- **Help them become independent and confident**
- **Develop a culture of openness**
- **Make sure all, especially younger ones, know what their rights are**

# Reflective Questions for Practitioners

- Would I draw this conclusion if the child were not disabled?
- Would I have taken any further protective action if this child were not disabled?
- Have I taken full account of the child's communication needs? Could I make use of specialist expertise to aid communication?
- What is the child's behaviour communicating?
- Are there gaps in my knowledge about this child's disability or additional needs? What do I need to know to make a proper assessment?

# References and Reading

DCSF (2009) Safeguarding Disabled Children: practice guidance

<https://www.education.gov.uk/publications/eOrderingDownload/00374-2009DOM-EN.pdf>

DfE (2015) SEN Code of Practice 0-25

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Council for Disabled Children

<http://www.councilfordisabledchildren.org.uk/>

Ofsted (2012 )Protecting Disabled Children: thematic inspection

<http://dera.ioe.ac.uk/15374/1/Protecting%20disabled%20children%5B1%5D.pdf>

Miller, D and Brown, J (2014) *[We have the right to be safe': protecting disabled children from abuse](#)*. London: NSPCC

Sidebotham, P; Brandon, M; Bailey, S; Belderson, P; Dodsworth, J; Garstang, J; Harrison, E; Retzer, A; and Sorensen, P (2016) *[Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014: final report](#)*. London: Department for Education

# Local contacts if you have a concern

- **One Call** 01670 5364000
- **Out of hours** 0845 600 5252

