

Deaf and disabled children: learning from case reviews

Summary of risk factors and learning for improved practice when working with deaf and disabled children

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Research shows that disabled children are at an increased risk of being abused compared with their non-disabled peers (Sullivan and Knutson 2000; Kvam 2004; Spencer et al. 2005; Jones et al. 2012). They are also less likely to receive the protection and support they need when they have been abused (Ofsted 2009, 2012; Brandon et al. 2012; Taylor et al. 2014).

Published case reviews highlight that professionals often struggle to identify safeguarding concerns when working with deaf and disabled children.

The learning from case reviews emphasises the importance of child focused practice. It highlights the need for a holistic approach to supporting disabled children and their families. It stresses the importance of considering all a child's support needs, rather than just those related to their disability.

Reasons case reviews were commissioned

This briefing is based on case reviews published since 2010 which have highlighted lessons for working with deaf and disabled children.

Children and young people involved in these case reviews had a number of different conditions, including:

- deafness
- learning difficulties
- social and emotional developmental delay
- neurological conditions
- life limiting medical conditions.

In these case reviews, children died or suffered serious harm in a number of different ways:

- [suicide](#)

- killed by a parent or carer
- adolescents killed by partner
- chronic [abuse and neglect](#)
- [sexual exploitation](#)
- peer [sexual](#) and [physical abuse](#) by other young people in residential care.

Key issues around deaf and disabled children in case reviews

The number of agencies involved in working with families where the child has complex support needs

- Families were sometimes overwhelmed by the number of professionals working with them. They weren't always sure who to ask for support. They weren't always able to build up a relationship with an individual practitioner.
- Health professionals often had the best knowledge of a family's situation but saw child protection issues as outside their remit and purely as the concern of social services.
- Different information was shared with different professionals, resulting in no one agency having a complete picture of the family's situation.

Barriers to communication

- Disability was sometimes linked to impaired speech or comprehension, making it hard for children to express themselves.
- Parents were sometimes relied on to interpret what their children were saying, preventing children from confidentially disclosing concerns.
- Sometimes children's disruptive or distressed behaviour was interpreted as a result of their disability without consideration of potential safeguarding concerns.
- In some cases letters or written agreements were used with young people to arrange access to services or manage their risky behaviour despite them having limited or no ability to read.

Injuries and developmental delay accepted as related to the disability

- In some cases the underlying causes of disabilities were not established and the possibility that abuse had been involved was not considered.
- Sometimes parents' explanations of children's injuries being due to their disability were accepted without any exploration of alternative causes.
- Sometimes developmental delay was interpreted as a health problem without looking at possible environmental causes, such as neglect.

Lower standards of care expected

- Parents were often seen by practitioners as "doing their best". Professionals were unwilling to challenge or appear critical of parents in cases where their children had complex care needs.
- Short breaks were sometimes seen as a break for the parents, rather than as also an opportunity to provide additional support to the child.

Focus on health needs to exclusion of wider issues

- There was sometimes a failure to recognise the potential impact on the developing parent-child relationship of a baby being kept in hospital for an extended period of time after birth.
- In some cases children's needs were seen purely in terms of their disability. Broader issues around safeguarding and child wellbeing were not considered.

Young people's capacity to consent or make decisions

- Issues around capacity to consent were not always considered by professionals working with sexually active young people with learning difficulties. This was often due to professionals focusing on the young person's chronological, as opposed to developmental, age.
- Young people who put themselves in risky situations, including those being sexually exploited, were seen as making a lifestyle choice. Professionals sometimes reacted with frustration to what they saw as young people's repeated inability to keep themselves safe. This prevented professionals from recognising risky behaviour as a sign that young people needed further support in order to protect themselves.
- Young people were sometimes placed in residential care not suitable to their needs which placed them at risk from other residents.

Failure to recognise the implications of disabled children's heightened dependency on parents for care

- In some cases assessments of parenting capacity failed to take into account the additional pressures of caring for a child with complex needs.
- In some cases parents struggled to meet the additional needs of their child, for example attending appointments and administering medication. This sometimes resulted in the withdrawal of services rather than increased support. In other cases the neglect of their child's medical care was allowed to continue over a long period of time, despite the fact that doing so had long term implications for the child's development.

- For some parents full time care for their child left them socially isolated and without support networks.

Perceptions of disability

- Many of the children and young people involved in the case reviews had been subject to bullying from other children. This had a significant impact on their mental health and emotional wellbeing.
- Some young people were depressed, anxious, angry or embarrassed about their disability. This resulted in a reluctance to engage with support services, refusal to take medication and low self-esteem. Some young people had developed ways to hide the disability, which resulted in professionals over-estimating their ability to protect and support themselves.
- In some cases parents did not fully understand the nature or impact of their child's disability. Their child's behaviour was interpreted as innate or wilful rather than related to their disability. This impacted on the parents' relationship and attitude towards their child.
- In some cases, disabled children were put at additional risk due to cultural perceptions of disability. For example, disability was seen as a punishment from god, or something that could be "cured". This impacted on the parents' ability to accept their child's disability or develop a positive relationship with their child.

Learning for improved practice

Holistic, child-centred approach

- Professionals should assess all the needs of the child and their family, not just those related to the disability.
- Professionals should ensure that parents understand and are supported to meet the additional needs of caring for a disabled child.

Hearing the child

- Professionals should make sure the child's voice is heard. Where there are safeguarding concerns children should be spoken to alone and parents should not be used as interpreters.
- In cases where a child's disability precludes or limits verbal communication efforts should be made to facilitate communication by other means.

- Practitioners should also consider how a child may communicate through their actions. Distressed or disruptive behaviour should not automatically be attributed to the disability.
- Educational personal safety resources should be tailored to the child's needs. Advice should not be considered to have successfully been given unless there is evidence that the child or young person has understood what they have been told and is able to apply this.

Awareness and training

- Professionals across all agencies should be aware of safeguarding issues for disabled children.
- Practitioners should be aware of the range of services available to families and disabled children. Families and children should be referred to these services accordingly.

Information sharing

- Information about disabled children should be shared both within and across the agencies that work with them.
- Professionals should have a shared understanding of the nature of disabilities, the services the family are receiving and the risk of harm. This information should be used by all agencies to distinguish between disability and child protection issues.

Interagency cooperation

- Agencies should work together to create a multi-agency safeguarding plan.
- Every family should be designated a lead professional to coordinate work across services and provide a single point of contact.
- Specialist disabled children services should be embedded within wider support services for children and families.

References

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Kvam, M.H. (2004) Sexual abuse of deaf children. A retrospective analysis of the prevalence and characteristics of childhood sexual abuse among deaf adults in Norway. *Child Abuse and Neglect* 28, 3, 241–251. Ofsted 2009, 2012.

OFSTED (2009) [Learning lessons from serious case reviews: year 2 \(PDF\)](#). Manchester: OFSTED.

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Sullivan P.M., and Knutson J.F. (2000) Maltreatment and disabilities: a population based epidemiological study. *Child Abuse and Neglect* 24, 10, 1257–1273.

Taylor, J. et al (2014) [An Investigation into the Relationship between Professional Practice, Child Protection and Disability](#). Edinburgh: The Scottish Government.

Further reading

OFSTED (2011) [The voice of the child: learning lessons from serious case reviews](#). Manchester: OFSTED

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

Contact the NSPCC's Knowledge and Information Service with any questions about child protection or related topics:

Tel: 0808 800 5000 | Email: help@nspcc.org.uk | Twitter: [@NSPCCpro](https://twitter.com/NSPCCpro)

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