



# Suffolk Safeguarding Children Board

## Practice Guidance – Safeguarding Disabled Children

This guidance should be read alongside **Chapter 5 Working Together 2010** and the **DCSF Practice Guidance document Safeguarding disabled children (Murray and Osborne 2009)\***

Disabled children, like all children, have a right to have their views, wishes and feelings taken into account when decisions are made about their lives. This right is set out in Article 12 of the UN Convention on the Rights of the Child (1989) and in a raft of other legislation, regulation and guidance that includes:

The **Children Act 1989** places a duty on local authorities to ascertain the wishes and feelings of a child before making any decisions concerning him or her and to give due consideration to those wishes. It also requires local authorities to identify children in need, support families in caring for children and to develop services around the centrality of a child's best interest.

The **Children Act 2004** established arrangements to promote better outcomes for all children in the areas of physical/mental health and emotional wellbeing; protection from harm and neglect; education, training and recreation; children and young people's contribution to society and social and economic wellbeing.

The **Adoption and Children Act 2002** (section 119) imposes a duty on local authorities to provide advocacy services for looked after children, young people leaving care and children in need who wish to make a complaint under the Children Act 1989 complaints procedure.

The **Special Educational Needs and Disability Act 2001** The legislation requires that all higher education institutions do not discriminate against disabled students and prospective students.

The **Disability Discrimination Act 2005** further amended the 1995 Disability Discrimination Act to create a new duty to promote disability equality for the public sector.

Although affected by a range of legislation the key legislation for promoting the wellbeing of children with disabilities is the Children Act. Local authorities are required to safeguard and promote the welfare of children in need in their area and promote their upbringing by their families by providing a range and level of services appropriate to the children's needs. Children who are disabled, or affected by disability, are included in the statutory definition of children in need.

Section 17(10) Children Act 1989 states:

A child shall be taken to be in need if:-

- They are 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 a local authority
- Their health and development is likely to be significantly impaired or further impaired, without the provision for him of such services; or
- They are disabled

## **Safeguarding**

Practice guidance published by the DCSF in 2009\* outlines that 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, a possible impaired capacity to resist or avoid abuse and maybe speech, language or communication needs can all increase their vulnerability to abuse and or bullying.

Research suggests that children with a disability may be at greater risk than children who do not have a disability and therefore, in addition to the universal indicators of abuse/neglect listed on the LSCB website ([www.onesuffolk.co.uk/scb](http://www.onesuffolk.co.uk/scb))

the following abusive behaviours must be considered

- *Force feeding*
- *Unjustified or excessive physical restraint;*

- *Rough handling;*
- *Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing;*
- *Misuse of medication, sedation, heavy tranquillisation;*
- *Invasive procedures against the child's will;*
- *Deliberate failure to follow medically recommended regimes;*
- *Misapplication of programmes or regimes;*
- *Ill fitting equipment (e.g. callipers, sleep board that may cause injury or pain, inappropriate splinting);*
- *Undignified age or culturally inappropriate intimate care practices.*
- *Institutional abuse – i.e. inappropriate behaviour management*

Professionals need to be alert to how a child may convey anxiety or distress through methods other than verbal communication. A child's behaviour or symptoms may indicate abuse. Consideration should also be given to how non-verbal communication is interpreted, and who by. The child's parents should not be placed in a position to interpret for the child.

Professionals working with disabled children may find it more difficult to identify indicators of abuse due to often quite complex situations with regard to medical conditions, lack of specific knowledge, a lack of specific communication skills to understand the child and often a close working relationship with the child's parents or carers that can cause a reluctance to accept that abuse is taking place.

### **Practice Guidance**

Work with children with disabilities in the context of the Children Act should be based on the following principles:

- Children with disabilities are children first
- 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.

- The aspirations of children with disabilities and their families are no different to anybody else's. Parents want to see their children growing up safe, happy, healthy, well educated and equipped to take their place as adults in the community. Children hope to have access to play services, to live in a safe home and environment, to have a good job when they leave school, good friends, somewhere safe and decent to live, and perhaps a family
- The views of children and parents should be sought and taken into account.
- A primary aim of professionals working with children with disabilities should be to promote access for all children to the same range of services
- 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.
- Services for children with disabilities should be designed and commissioned to minimise the adverse effect of disability on the child and enable them to lead, as far as possible, normal lives. Children who are affected by disability should have access to local community-based resources for non disabled children provided by social work, health and education services, as well as specialist services to meet their needs.
- Wherever possible they should be supported in mainstream nurseries and schools, use generic health services for child surveillance, screening and health promotion and have access to the same range of services as non-disabled children. In addition services should be provided that respond to the assessed additional needs experienced by children and/or their families, in order to assist them in achieving their aspirations.

### **Initial contact and referral**

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 Suffolk Children's Social Care or the Police.

Telephone numbers:

References:

Murray, M. Osborne, C. Safeguarding disabled children – Practice guidance (2009) HM Government DCSF:London

Working Together to Safeguard Children 2010 (2010) HM Government DCSF:London

Acknowledgements:

London Safeguarding Children Board

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