

GUIDANCE

Safeguarding Children with Disabilities

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1. Introduction

Where there are concerns about the welfare of a disabled child, they should be acted upon in the same way as with any other child. Expertise in both safeguarding and promoting the welfare of child and disability has to be brought together to ensure that disabled children receive the same levels of protection from harm as other children. The process for managing individual cases in this section applies to all those who may experience harm.

Nevertheless available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

The NSPCC 2014 Report 'We have the right to be safe – Protecting disabled children from abuse' identifies key issues about safeguarding and disabled children. A copy of the report can be found [here](#).

2. Vulnerabilities

Disabled children may be especially vulnerable to abuse for a number of reasons because they may:

- have fewer outside contacts than other children;
- receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour, and make it more difficult to set and maintain physical boundaries;
- have an impaired capacity to resist or avoid abuse;
- have communication difficulties which may make it difficult to tell others what is happening;
- be inhibited about complaining because of a fear of losing services;
- be especially vulnerable to bullying and intimidation; and/or
- be more vulnerable than other children to abuse by their peers.

In addition to the universal indicators of abuse/neglect, the following abusive behaviours must be considered:

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification including the deprivation 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;
- Non-compliance with programmes or regimes;
- Failure to address ill-fitting equipment e.g. callipers, sleep boards which may cause injury or pain, inappropriate splinting;
- Misappropriation/misuse of a child's finances.

3. Communication Needs

Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings.

In every area, Children's Social Work Service and the Police should be aware of nonverbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators.

Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interests and the interests of justice.

In criminal proceedings witnesses aged less than 17 are automatically eligible for assistance with giving their evidence. The special measures they may be provided with include: screens around the witness box so they do not see the defendant, video recorded evidence in chief and live video links so that they may not have to go into the courtroom at all, and intermediaries and aids to communication to facilitate good communication.

4. General Principles for Safeguarding Disabled Children

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves. Measures should include:

- making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
- making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;
- an explicit commitment to, and understanding of disabled children's safety and welfare among providers of services used by disabled children;
- close contact with families, and a culture of openness on the part of services; and
- guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment; anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home.

5. Acting on Concerns

Concerns about the welfare of a disabled child should be acted upon in the same way as any other child in accordance with the ERSCP Effective Support Guidance. The same thresholds for action apply. Expertise and resources in both safeguarding and promoting the welfare of children and in working with disability have to be brought together to ensure that disabled children receive the same levels of protection from harm as other children. Other specialist workers or teams may become involved in the investigative process, therefore, for example disabled children's teams, in accordance with local arrangements.

6. Challenging carers

Carers are relied upon (whether family or paid carers) as a source of information about disabled children and to interpret and explain behaviour or symptoms. Professional staff can potentially feel out of their depth in terms of knowledge of a disabled child's impairment, where the familiar developmental milestones may not apply. When assessing risks to a disabled child, an additional/different approach is required because of their vulnerability. Disabled children should not be left in situations where there is a high level of neglect or other forms of abuse, because a professional feels the parent, carer or service "is doing their best". Carer will need to be challenged in the same way as carers of non-disabled children.

7. Assessment Process

Communications throughout the single assessment process, including a section 47 enquiry, all service providers must ensure that they communicate clearly with the disabled child and the family and with one another as there is likely to be a greater number of services and staff involved than for a non-disabled child. All steps must be taken to avoid confusion so that the welfare and protection of the child remains the focus. Where there are communication impairments or learning difficulties, particular attention should be paid to the communications needs of the child to ascertain the child's perception of events and his or her wishes and feelings. The children's social care services and the police should be aware of non-verbal communication systems and should know how to contact suitable interpreters and facilitators. Agencies must not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully and supported where relevant to participate in the criminal justice system when this is in their interests as set out in achieving best evidence which includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing disabled children.