

Safeguarding Disabled Children

← Factors Potentially Increasing Vulnerability →									
Discrimination & Assumptions	Communication	Impairment-related factors	More time away from home	Lack of choice / participation	Bullying & Harassment	Isolation	Criminal Justice Systems	Parents / Carers	Dependency
<ul style="list-style-type: none"> - Impact of double-discrimination e.g. race & disability or parents / carers with a physical / learning disability -Disability protects e.g. no-one would stoop so low -More likely to make false allegations 	<ul style="list-style-type: none"> -Adults do not understand child's means of communication - Augmentative systems or tools such as word boards may not include words relating to abuse -May be unable (children) or unwilling (parents / carers) to complain because of fear of losing services -Insufficient co-ordination or sharing of expertise 	<ul style="list-style-type: none"> -Impaired capacity to resist or avoid abuse - Behaviours such as self-harming or repetitive behaviours may be misconstrued and associated with impairment as opposed to abuse 	<ul style="list-style-type: none"> -A third of disabled children in residential care found to be isolated from parents -Poor track record of residential establishments in responding to complaints 	<ul style="list-style-type: none"> -Lack of access to 'keeping safe' strategies and education (adult, child and peers) - Lack of consultation & / or action following - Assumptions around asexuality limit education and blur boundaries around sexual abuse in particular¹ 	<ul style="list-style-type: none"> -Evidence of increased victimization of disabled children / those with visible medical Conditions -Particular vulnerability to peer abuse 	<ul style="list-style-type: none"> - From other children & adults may make abuse and neglect remain hidden for longer -Fewer 'outside' contacts or access to independent facilitators / advocates -Increased pressure on parents / carers 	<ul style="list-style-type: none"> -Concerns about 'evidence' may result in a lack of action to safeguard -Fear of impediment or lack of skills / training may cause practitioners to fail to listen properly or to check-out concerns 	<ul style="list-style-type: none"> -Too much focus on needs and support at the expense of risk i.e. danger of collusion e.g. Fabricated or Induced Illness, forced marriage, Female Genital Mutilation² -Complexity / co-morbidity e.g. learning disability, drugs, alcohol, dv, MH issues 	<ul style="list-style-type: none"> -Multiple carers blurs boundaries and affords access to more adults -Basic & intimate care needs / possible dependence on abuser -Child may come to 'accept' what is inappropriate / abusive

¹ Research indicates that around 1/6 of child sexual abuse is perpetrated by adolescents with a learning disability and it is estimated that 1 in 30 cases of sexual abuse involving disabled people is reported, compared with 1 in 5 of the non-disabled population.

² Research has shown, for example, that disabled children are particularly vulnerable to forced marriage &, by definition, 'disability' may be a central issue in cases where Fabricated or Induced Illness is suspected.

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Avoid Assumptions	Communicate Effectively	Recognize Abuse	Empower	Counter Bullying	Be Inclusive	Clarify Roles	Be Child-Centred	Draw Boundaries
<p>-Do we understand & embrace a social model of disability?</p> <p>-Does everyone accept that disabled children are particularly vulnerable to all forms of abuse & neglect & is the possibility always considered, however remote or unpalatable?</p> <p>-Do we actively counter the possibility & / or impact of double-discrimination?</p>	<p>-How do we communicate effectively with <i>individual</i> young people?</p> <p>-Do any alternative and augmentative systems provide a sufficiently wide 'vocabulary'?</p> <p>-Are links and transition arrangements between safeguarding / CWD & children's/ adult services clear?</p> <p>-Are we trained to & clear about how we should listen to & <i>hear</i> disabled children?</p>	<p>- Are staff trained to recognize signs and symptoms of abuse³ ?</p> <p>-What might that behavior mean? Who knows what is 'normal' for this child, here & now?</p> <p>-Do we understand specific issues such as FII, honour-based violence, forced marriage etc?</p> <p>-Do we have are systems in place for reporting & recording any changes, events & welfare concerns which map & build 'pictures' chronologically?</p>	<p>-Help children to establish a positive self-identity as a disabled child</p> <p>-Committed, creative and flexible approach to raising awareness among disabled children</p> <p>- Are strategies to empower & encourage participation tailored to meet individuals skills, needs & abilities?</p>	<p>- Unequivocal anti-bullying policies and procedures in place e.g. what bullying behavior might consist of</p> <p>-How do we raise awareness, draw boundaries & consult with children, parents & carers?</p> <p>-Do we consult on & audit what we do? How does this shape future practice?</p>	<p>-Awareness-raising & education for adults (including non-professionals) & peers</p> <p>-Do we appoint / use independent advocates and visitors?</p> <p>-Do parents, carers & children have access to appropriate complaints and whistle-blowing procedures?</p> <p>-What does 'assessment' mean for this child / family?</p>	<p>-Are investigative processes left to investigative agencies & professionals?</p> <p>- From whom would we seek advice in any case where doubt or a lack of clarity remained?</p> <p>-Do we consult with others who have specific training, skills & knowledge?</p> <p>-Do the <i>right people</i> conduct assessments at the <i>right time</i> & with access to the <i>right information</i>? Do we assess <i>with</i>?</p>	<p>-</p> <p>-What would this child say / think / feel?</p> <p>-How do we strike appropriate balances between partnership / empathy / support and a willingness to question & challenge</p> <p>-How will we know that this child is safe?</p> <p>-What do SCRs tell us & how do we take account of them?⁴</p>	<p>-Is the number of carers kept to a minimum?</p> <p>- Are staff provided with induction training around safe & acceptable practice e.g. behavior management, intimate care, whistle-blowing & allegations?</p> <p>-Is there an ongoing culture of vigilance?</p> <p>-Are whistle-blowing & managing allegations procedures in place & known by all?</p>

³ Research indicates that the identification of the abuse of disabled children is most likely to come from observations of physical signs, behaviour or mood changes (DCSF, 2009, para.4.16, page 54).

⁴ Serious Case Reviews: www.dcsf.gov.uk/research (see DCSF-RR129 for example).



Safer Children

Safer Staff

Safer Organisations