KEY POINTS

1. Disabled children are at greater risk of abuse than non-disabled children.
2. There is a lack of systematic data collection or research in the UK relating to child protection or abuse of disabled children.
3. Effective local and national safeguarding strategies need to be seen in the context of the Social Model of Disability.

- Disabled children represent approximately 3% of the total children's population (Department of Health, 2000).
- Available international research indicates that disabled children across the range of impairments are at significantly greater risk of all forms of abuse than non-disabled children.
- From an analysis of over 40,000 children in an American city Sullivan and Knutson (2000) found that disabled children were 3.4 times more likely to be abused or neglected. They were 3.8 times more likely to be neglected; 3.8 times more likely to be physically abused; 3.1 times more likely to be sexually abused and 3.9 more likely to be emotionally abused. Overall, 31% of the total disabled children in this research had been abused.
- Other research has found that disabled children are at increased risk of being abused or neglected. Sullivan et al (1997) found that disabled children were 1.8 times more likely to be neglected; 1.6 times more likely to be physically abused and 2.2 times more likely to be sexually abused. Crosse et al (1993) found that disabled children were 2.8 times more likely to be emotionally neglected; 2.1 times more likely to be physically abused; 1.8 times more likely to be sexually abused and 1.6 times more likely to be physically neglected. Overall they were 1.7 times more likely to be abused or neglected than non disabled children.
- Little research has been undertaken in the UK in respect of disabled children, abuse and protection.
- The Department of Health et al (1999) in ‘Working Together to Safeguard Children’ recognise that the available UK evidence suggests that disabled children are at greater risk of abuse and that the presence of multiple impairments appears to increase the risk of both abuse and neglect.
- Significant numbers of Local Authorities do not collect data in respect of disabled children who are subject to the child protection process. A survey undertaken in England, Scotland, Wales and Northern Ireland (Cooke, 2000) found that only 51%
of local authorities recorded whether an abused child was disabled and only 14% could give a figure.

- Disabled children are over represented in the population of Looked After children. The annual statistics for children who are looked after in England at 31.3.00 show that 9% of the total number of children are looked after by reason of being disabled. This figure excludes planned short breaks for respite purposes. The statistics also state that around a dozen Local Authorities do not use the disability category for any of their looked after children, suggesting the actual figure is higher. The Children in Need Census undertaken in February 2000 reinforces the view of an over representation with 10.3% of looked after children during the week in question being recorded as looked after by reason of being disabled. Additional disabled children would have been recorded under the category of looked after by reason of abuse rather than disability in both sets of statistics.

- The reasons for the larger proportion of disabled children being looked after are not clear. They may reflect a complexity of need and lack of appropriate local services; a failure to adequately assess need; a failure to offer effective family and community based support or concerns about abuse or neglect.

- Adequate statistics of disabled children in residential care do not exist. However, the re-analysis of the OPCS disability survey, Gordon et al (2000) demonstrates that disabled children are more likely to be in residential care than non-disabled children. Based on figures of children in care and manner of their accommodation in 1986, 31% of disabled children in care were estimated to be in residential accommodation compared to 23% of non-disabled children in care. Furthermore it was estimated that 5.7% of the total population of disabled children were in local authority care compared to a rate of 0.55% for the population as a whole. It should be noted that the OPCS survey included children with behavioural difficulties within the disability criteria. Although the numbers have probably decreased since 1986 it is likely that relative differences remain.

- 'People Like Us' Department of Health (1997) considered the position of disabled children in residential accommodation and concluded that they are extremely vulnerable to abuse of all kinds, including peer abuse, and that high priority needs to be given to protecting them and ensuring that safeguards are rigorously applied.

- Many disabled children attend residential schools on education placements and are not afforded the protection of being 'looked after'. When children are 'looked after' the extent to which local authority responsibilities are undertaken varies considerably (Abbott et al, 2000).

- The evaluation of local responses to the Quality Protects Programme, Year 3, (Department of Health, 2001) found there is a wide variation in the degree to which disabled children are involved in developments relating to their care. Also that many local authorities admit that work to consult and involve disabled children is at an early stage.

- Valuing People (Department of Health, 2001) states there are few examples of real partnerships between health and social care or involving people with learning disabilities and carers and that inter-agency support is often poorly co-ordinated.

- The focus on services to disabled children in recent years, particularly the Quality Protects programme has led to some improvements in services.
- Children with high levels of support needs in particular tend to experience frequent barriers to accessing services and community provision and in the communication process (Morris, 2001).
- Disabled children and families from black and minority ethnic groups are less likely to receive services they need (Chamba et al, 1999). The Analysis of Quality Protects MAPs year 3 found few systematic accounts of councils meeting the particular needs of black and minority ethnic disabled children and concluded this appeared to be a relatively underdeveloped area of work.

**Vulnerability of Disabled Children**

Research into risk factors for abuse of disabled children is very limited. However, a number of reasons for increased vulnerability are referred to in key or relevant publications as listed at the end of this section under 'Disabled Children and Child Protection':

- Society devalues and disempowers disabled people. Attitudes lead to a created vulnerability.
- Disabled children and their families face many barriers to their full participation in society which limits their capacity both to contribute towards and access community resources and services, including preventative services.
- Lack of awareness amongst carers, professionals and the general public of the vulnerability of disabled children and indicators of abuse.
- Beliefs that disabled children are not abused or beliefs that minimise the impact of abuse. These can lead to the denial of, or failure to report abuse.
- General lack of communication and consultation with disabled children over their experiences, views, wishes and feelings and the lack of choice and control they have over many aspects of their lives.
- Lack of appropriate or poorly co-ordinated support services can leave disabled children and their families unsupported and physically and socially isolated. Isolation is widely considered to be a risk factor for abuse.
- Structural and skills gap between professionals working with disabled children and those in child protection leading to barriers to an effective child protection system.
- Lack of comprehensive and multi-agency assessments and planning in relation to indication of need at an early stage. This leading to both a failure to promote the child's welfare and failure to identify early indications of possible abuse.
- Assumptions are sometimes be made about disabled children e.g. their mood, injury or behaviour. This can result in indicators of possible abuse being mistakenly attributed to the child's impairment.
- Disabled children's dependency on an abusing carer can create difficulties in avoiding or communicating about abuse especially if this is a key person through whom the child communicates.
- Some disabled children may have learned from their care or wider experience to be compliant and not to 'complain'.
- Lack of effective sex education or safety and awareness work with disabled children.
Disabled children may:
- receive intimate personal care, possibly from a number of carers, which may increase the risk of exposure to abusive behaviour
- have an impaired capacity to resist or avoid abuse
- have communication difficulties or lack of access to an appropriate vocabulary which may make it difficult to tell others what is happening
- not have someone to turn to, may lack the privacy they need to do this, or the person they turn to may not be receptive to the issues being communicated
- be inhibited about complaining because of a fear of losing services
- be especially vulnerable to bullying and intimidation
- be more vulnerable than other children to abuse by their peers

Disabled children living away from home are particularly vulnerable. In addition to the risk factors that exist for all children, disabled children are at risk of particular forms of abuse e.g. over-medication, poor feeding and toileting arrangements, lack of stimulation and issues around control of challenging behaviour lack of information, lack of emotional support (Department of Health, 1997).

**Safeguarding**

Research into effective safeguarding for disabled children is again very limited. However, the following issues are either identified in the references listed below or are considered to be essential components of any safeguarding strategy.

An effective strategy must consider the social and environmental context in which disabled children live.

**i) Society level**
There needs to be a shift in values and attitudes and awareness so that:
- Disabled people are recognised and valued as equal citizens with equal rights
- Individuals recognise and act on their responsibility towards removing the barriers for disabled people in participating fully in society
- The safeguarding of disabled children becomes a priority

**ii) Community level**
Safeguarding of disabled children requires supportive and safe environments that empower disabled children. This includes:
- A choice of safe and accessible community and leisure services
- Effective networks and support systems
- Flexible support that is responsive to individual need and which places a value on the views of the disabled child
- Policies and practices within schools and other establishments that safeguard, respect and empower disabled children. These should include clear child protection and other relevant procedures and guidelines e.g. intimate care, management of behaviour;
recruitment and screening of staff; staff training and supervision and consultation with disabled children and young people

iii) Carer level
- Improved co-ordinated and inter-agency planned support for carers
- Holistic assessments of need that attach a value to the child's religious and cultural needs
- Consultation with disabled children in matters related to their care
- Awareness raising of carers to the vulnerability of disabled children, indicators of abuse and of their potential role in safeguarding
- Early and comprehensive multi-agency assessments of need that consider possible underlying causes of any presenting causes for concern.
- Communication with the child and the taking of active steps to remove barriers and promote communication
- Training, supervision and appraisal of staff

iv) Individual level
- Empowerment of child or young person through seeking their views wishes and feelings, ensuring choice, provision of opportunities
- Sex Education and safety and awareness work

Investigation

Concerns for the welfare of a child should be acted upon in the same way as with any other child 'Working Together to Safeguard Children' (Department of Health et al. 1999). However, barriers exist within the child protection system for disabled children and active steps should be taken to minimise these. Specifically this requires a consideration of:
- all sources of available information and thorough planning involving key professionals who are able to advise. In particular to consider the communication method of the child and on other matters that will help enable the child to give a full account of what has occurred
- the child's particular needs throughout the investigation and beyond
- a strategy for further monitoring and assessment when an investigation proves inconclusive

The special measures made available through the Youth Justice and Criminal Evidence Act (1999) should help enable disabled children give evidence. Many of these are due to be introduced in July 2002. The use of intermediaries to assist with communication may be particularly enabling although the use of these is to be the subject of pilot projects before being introduced.
'Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children' (Home Office et al, 2002) was published on 24th January 2002. This contains specific guidance in relation to disabled children.

**Therapeutic**

The therapeutic needs of disabled children are frequently minimised or even sometimes disregarded. Furthermore, a gap often exists in the provision of appropriate services. This is particularly pertinent for learning disabled children. Access to therapeutic support is as essential for disabled children as for any other. Without this, emotions can show themselves in other ways e.g. self-harm, challenging behaviour. Such behaviours can sometimes then become problems in themselves to be 'managed' with a failure to address the underlying causes.

**Policy**

- To ensure the specific needs of disabled children in relation to their particular vulnerability to abuse and neglect are understood and responded to effectively.
- A national safeguarding strategy for disabled children is required to raise awareness of disabled children and abuse and to promote their safeguarding. This needs to be developed in the context of the Social Model of Disability and Diversity principles and should be informed by consultation with disabled people.
- Further research is needed into the vulnerability and abuse of disabled children and the potential role of support services in preventing abuse.
- Systematic collection and analysis of data is required in respect of disabled children who are subject to the child protection process.
- Local multi-agency safeguarding strategies should be developed within the context of national guidance to promote the safeguarding of disabled children and ensure the effective implementation of child protection policies and procedures.
- The training needs of staff should be reviewed to ensure that child protection staff have skills in working with disabled children and those staff who are working with disabled children are aware of child protection issues. Managers should also receive training to ensure they are able to provide effective supervision.
- The accessibility of support services should be reviewed and promoted in consultation with disabled young people.
- Advocacy services should be developed for disabled children and young people to promote their individual needs and independent visitor schemes should be established for disabled children who are looked after.
- Policies and guidance should be developed for all professional staff in a care role with disabled children to ensure care is provided in a sensitive, empowering, respectful and safe way. The rights of children and young people should be clearly recognised.
- Sex education and safety awareness programmes with specific relevance for disabled children should be developed and made available.
• Therapeutic support should be available to all disabled children who need this. Community and Mental Health Services need to become more accessible.
• A review should be undertaken of the effectiveness of the special measures under the Youth Justice and Criminal Evidence Act (1999) and the guidance for vulnerable and intimidated witnesses in respect of disabled children. This should identify unmet access needs and provide further guidance and recommendations as appropriate.

References


**Disabled Children and Child Protection**


**Related Reading**


**Resources:**

**Writing with Symbols 2000.** Widgit
An integrated word and graphics processor for children and adults who have difficulty using text. Includes Rebus, Mayer-Johnson PCS and Makaton
Widgit Software Ltd.
26 Queens Street
Cubbington
Leamington Spa
CV32 7NA
Tel: 01926 885303
www.widgit.com

**Access first.** People First
A guide on how to give written information for people with learning difficulties. Includes video and computer discs with pictures to use
People First
3rd Floor
299 Kentish Town Road
London
NW5 2TJ
Tel: 020 7485 6660
www.peoplefirstltd.com

**Picture Bank.** CHANGE
Picture bank with CD Rom. Includes guidance on communicating with people with learning difficulties
CHANGE
Block D
Hatcham Mews Business Park
Hatcham Park Mews
London
SE14 5QA
Tel: 020 7639 4312
www.changepeople.co.uk

**I'll go first. The planning and review toolkit for use with children with disabilities.** The Children's Society (1999).
Guidance and toolkit designed to enable children and young people to communicate their views
The Children’s Society
Edward Rudolf House
Margery Street
London
WC1X 0JL
Tel: 020 7841 4436
www.childrenssociety.org.uk

Includes foundations for good practice in communicating with children, practical approaches, booklet of resources and books for child centred practice. Aims to be fully inclusive of disabled children throughout.

**Two Way Street.** NSPCC, Joseph Rowntree Foundation and Triangle (2001).
Training video aimed at all professions who encounter children through their work. It has been developed in consultation with a group of disabled children. Accompanied by handbook giving advice and guidance on video and communication

Training pack accompanying the Department of Health Framework for assessing children in need.

NSPCC National Training Centre
3 Gilmour Close
Beaumont Leys
Leicester


Secrets. National Deaf Children's Society Addresses the personal safety needs of deaf children. Illustrated with colourful and child-friendly images. Secrets aims to encourage deaf children to think carefully and helps them make choices in potential harmful situations, encouraging them to seek help quickly from a responsible adult.

National Deaf Children's Society 15 Dufferin Street London EC1Y 8UR Tel: 020 7490 8656 www.ndcs.org.uk

Sources of Further Information

<table>
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<tr>
<th>Organisation</th>
<th>Contact details</th>
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<tbody>
<tr>
<td>NSPCC Child Protection Helpline</td>
<td>42 Curtain Road  London EC2A 3NH Helpline: 0808 800 5000 Textphone:0800 056 0566 e-mail: <a href="mailto:help@nspcc.org.uk">help@nspcc.org.uk</a> Website: <a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a></td>
<td>Free 24-hour service which provides counselling, information and advice to anyone concerned about a child at risk of abuse.</td>
</tr>
<tr>
<td>NPPCC Cymru/Wales Child Protection Helpline</td>
<td>Helpline: 0808 100 2524 Textphone 0808 100 1033 e-mail: <a href="mailto:helplinecymru@nspcc.org.uk">helplinecymru@nspcc.org.uk</a></td>
<td>Fully qualified bilingual telephone councillors providing counselling, information and advice. Free Welsh/English bilingual helpline service open: Mon, Tues, Wed and Thurs 11am</td>
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<tr>
<td>Organization</td>
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<tr>
<td>NSPCC Asian Child Protection Helpline</td>
<td>Helpline: 0808 096 7719</td>
<td>Multilingual service for the UK's Asian communities. Languages: Gujarati, Hindi, Punjabi, Bengali/Sylheti and Urdu and English. Open: Mon - Fri 11am - 7pm - 6.30pm</td>
</tr>
<tr>
<td>Childline</td>
<td>Freephone: 0800 1111 <a href="http://www.childline.org.uk">www.childline.org.uk</a></td>
<td>Free 24-hour helpline for children and young people in trouble or danger.</td>
</tr>
<tr>
<td>VOICE UK</td>
<td>The College Business Centre Uttoxeter New Road Derby DE22 3WZ Telephone: 01332 202555 <a href="http://www.voiceuk.clara.net">www.voiceuk.clara.net</a></td>
<td>Support and information to learning disabled adults and children who have experienced any form of crime or abuse, to their families and carers. To work with and through other agencies to promote best practice.</td>
</tr>
<tr>
<td>Ann Craft Trust</td>
<td>Centre for Social Work, Law and Social Sciences Building University of Nottingham University Park Nottingham NG7 2RD Telephone: 0115 9515400 <a href="http://www.nottingham.ac.uk/sociology/act">www.nottingham.ac.uk/sociology/act</a></td>
<td>National Association working with staff in the statutory, independent and voluntary sectors in the interests of learning disabled people who may be at risk from abuse. Information, advice, support and training.</td>
</tr>
<tr>
<td>Respond</td>
<td>3rd Floor 24-32 Stephenson Way London NW1 2HD Helpline: 0845 606 1503 <a href="http://www.respond.org.uk">www.respond.org.uk</a></td>
<td>Range of services to victims and perpetrators of sexual abuse who are learning disabled. Training and support to those working with them.</td>
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<tr>
<td>Triangle</td>
<td>Unit 310 91 Western Road Brighton East Sussex BN1 2NW Telephone: 01273 241015 <a href="http://www.triangle-services.co.uk">www.triangle-services.co.uk</a></td>
<td>Training, consultancy and services for disabled children and young people. Particular focus on communication and children's rights.</td>
</tr>
<tr>
<td>PROdisCA</td>
<td><a href="http://www.prodisca.com">www.prodisca.com</a></td>
<td>Training, consultancy and practice development to protect disabled children and adults from</td>
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| Image in Action | Chinnor Road  
Bledlow Ridge  
High Wycombe  
HP14 4AJ  
Tel: 01494 481632 | Groups for young people and adults with learning difficulties across a range of issues from social skills to relationships and safer sex. Training sessions for staff, consultation and advice on planning sex education and development of resources. For geographical reasons direct work is only available in London and the South East |
| People First | 3rd Floor  
299 Kentish Town Road  
London  
NW5 2TJ  
Tel: 020 7485 6660  
www.peoplefirstltd.com | Organisation run for and by people with learning difficulties to gain self-advocacy skills. Information, training and advice on issues relating to people with learning difficulties including accessible information. |
| CHANGE | Block D  
Hatcham Mews Business Park  
Hatcham Park Mews  
London  
SE14 5QA  
Tel: 020 7639 4312  
www.changepeople.co.uk | Organisation for people who are learning disabled and also have a sensory impairment. Run by disabled people. Guidance and training on issues relating to learning difficulty and sensory impairment including communication. |

This Information Briefing is based on a review of research and literature. It reports the findings and views of a range of authors. These views are not necessarily the views of the NSPCC.