|  |  |
| --- | --- |
| **Children/Young People with a Disability** |  |

 **Quick Links:**

|  |
| --- |
| [**Definition**](http://www.proceduresonline.com/sbni/chapters/p_disabled_ch.html#Definition) |
| [**Vulnerabilities**](http://www.proceduresonline.com/sbni/chapters/p_disabled_ch.html#vulnerabilities) |
| [**Indicators**](http://www.proceduresonline.com/sbni/chapters/p_disabled_ch.html#Indicators) |
| [**Protection and Action to be Taken**](http://www.proceduresonline.com/sbni/chapters/p_disabled_ch.html#Protection) |
| [**Issues**](http://www.proceduresonline.com/sbni/chapters/p_disabled_ch.html#Issues) |
| [**Further Information**](http://www.proceduresonline.com/sbni/chapters/p_disabled_ch.html#Further) |
| [**Law**](http://www.proceduresonline.com/sbni/chapters/p_disabled_ch.html#law) |

**Definition**

The Disability Discrimination Act (1995) defines disability as:

“*a physical or mental impairment that has substantial or long-term effect on a person’s ability to carry out normal day-to-day activities*” (p.8).

The Autism Act (2011) further amended this definition of disability to include social and communication impairments related to autistic spectrum conditions.

**Vulnerabilities**

The vast majority of children/young people with a disability are well-cared for by their parents/carers. Many factors can make a child/young person with a disability more vulnerable to abuse than a non-disabled child/young person of the same age. Safeguarding a child/young person with a disability demands a greater awareness of their vulnerability, individuality and particular needs.

Children/young people with a disability may be especially vulnerable to abuse for a number of reasons. Some children/young people with a disability may:

* Have fewer outside contacts than other children/young people;
* Receive intimate care from a considerable number of carers, which may 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 that may make it difficult to tell others what is happening. Those with speech and language difficulties are particularly vulnerable;
* Carers and staff may lack the ability to communicate adequately with the child/young person;
* Be inhibited about complaining for fear of losing services;
* Be especially vulnerable to bullying and intimidation (see [**Bullying**](http://www.proceduresonline.com/sbni/chapters/p_bullying.html));
* Be more vulnerable than other children/young people to abuse by their peers;
* The child/young person’s dependence on carers could result in the child/young person having a problem in recognising what is abuse. The child/young person may have little privacy, a poor body image or low self-esteem;
* A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed/misinterpreted and therefore abuse may not be recognised;
* Lack of/limited access to appropriate ‘keep safe’ strategies dependant on their specific needs that may be available to other children/young people;
* Children/young people with a disability living away from home (see [**Children Living Away from Home with Other Families**](http://www.proceduresonline.com/sbni/chapters/p_ch_living_away.html)) in badly managed settings are particularly vulnerable to over-medication, poor feeding and toileting arrangements, issues around control of challenging behaviour, lack of stimulation and emotional support;
* Parents’/carers’ own needs and ways of coping may conflict with the needs of the child/young person;
* Some adult abusers may target children/young people with a disability in the belief that the children/young people are less likely to disclose and/or the abuse is less likely to be detected;
* Signs and indicators can be inappropriately attributed to the child/young person’s disability;
* Children/young people with a disability are less likely to be consulted in matters affecting them and as a result may feel they have no choice about whether to accept or reject physical and/or sexual abuse.

**Indicators**

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 of food medication, or clothing;
* Misuse of medication, sedation, heavy tranquillisation;
* Invasive procedures against the child/young person’s will;
* Deliberate failure or non-compliance to follow recommended Programmes/Care Plans;
* Failure to address ill-fitting equipment e.g. callipers, sleep boards which may cause injury or pain, inappropriate splinting;
* Misappropriation/misuse of a child/young person’s finances;
* Inappropriate and disproportionate use of restrictive practice, see [**BILD website**](http://www.bild.org.uk/our-services/books/positive-behaviour-support/reducing-the-use-of-restrictive-practices/).
* Children/young people with a disability through their behaviour may place other children at risk of harm. This needs careful assessment of all children/young people involved as to how to best meet their needs.

**Protection and Action to be Taken**

It should be remembered that children/young people with disabilities are children/young people first and foremost, and have the same rights to protection as any other child/young person. People caring for and working with children/young people with a disability need to be alert to the signs and symptoms of abuse. See [**Responding to Abuse and Neglect Procedure**](http://www.proceduresonline.com/sbni/chapters/p_respond_abuse_neg.html) and the [**Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland (Joint Protocol)**](http://www.proceduresonline.com/sbni/files/joint_invest_protocol.pdf).

Children/young people with a disability should not be treated any differently from any other child/young person. For example they should not be left in neglectful/abusive situations because it is felt that the parent, carer or service “is doing their best”.

Where there are safeguarding concerns about a child/young person with a disability a referral should be made in accordance with the [**Referrals Procedure**](http://www.proceduresonline.com/sbni/chapters/p_referrals.html).

Throughout any [**Assessment**](http://trixresources.proceduresonline.com/nat_key/keywords/initial_assessment.html) (see [**Assessment Procedure**](http://www.proceduresonline.com/sbni/chapters/p_assessment.html)), including an [**Article 66 Investigation**](http://trixresources.proceduresonline.com/nat_key/keywords/sec_47_enq.html), all staff must ensure that they communicate clearly with the child/young person and the family. There needs to be appropriate information sharing between the different services involved with the child/young person and family. All steps must be taken to avoid confusion so that the welfare and protection of the child/young person remains the focus. Where there are communication impairments or learning difficulties, particular attention should be paid to the communication needs of the child/young person to ascertain the child/young person’s perception of events and their wishes and feelings.

Safeguarding needs for children/young people with a disability are the same as for all other children/young people:

* Make it common practice to enable children/young people with a disability to make their wishes and feelings known in respect of their care and treatment;
* Ensure that children/young people with a disability receive appropriate personal, health and social education (including sex education);
* Make sure that all children/young people with a disability know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child/young person’s preferred method of communication;
* Recognise and utilise key sources of support including staff in schools, friends and family members where appropriate;
* Develop a culture of openness and joint working with parents and carers on the part of services provided to families;
* Ensure that guidance on good practice is in place and being followed in relation to: intimate care; working with children/young people of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among children/young people; monitoring and challenging placement arrangements for children/young people living away from home.

**Issues**

* Parents/carers are relied upon (whether family or paid carers) as a source of information about children/young people with a disability and to interpret and explain behaviour or symptoms. Staff can potentially feel out of their depth in terms of knowledge of a child/young person with a disability’s impairment, where the familiar developmental milestones may not be appropriate to apply.
* Children’s social services and the Police should be aware of non-verbal communication systems and should contact suitable registered intermediaries, interpreters and facilitators, when deemed necessary. (See **Communicating effectively with Children/Young People and their Family/Carers Who Have Specific Communication Needs where abuse and or neglect is a presenting concern.**).Agencies must not make assumptions about the ability/inability of a child/young person with a disability to give credible evidence, or to withstand the rigours of a Court process.
* Each child/young person 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 the [**Joint Protocol and Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, the use of special measures and the Provision of pre-trial therapy May 2011**](https://www.justice-ni.gov.uk/publications/good-practice-achieving-best-evidence-interview-child-witnesses-northern-ireland) which includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing children/young people with a disability. Participation in all forms of meetings such as[**Child Protection Case Conferences**](http://trixresources.proceduresonline.com/nat_key/keywords/child_prot_conf.html) and [**Core Groups**](http://trixresources.proceduresonline.com/nat_key/keywords/core_group.html) must be encouraged and facilitated. The use of specialist advocates should be considered.

**Further Information**

The Disability Discrimination Act (1995). London: Stationery Office. Available from: [**www.legislation.gov.uk/ukpga/1995/50/contents**](http://www.legislation.gov.uk/ukpga/1995/50/contents). Accessed: 19/02/13.

The Disability Discrimination Order (NI) 2006. London: Stationery Office. Available from: [**www.legislation.gov.uk/nisi/2006/312/pdfs/uksi\_20060312\_en.pdf**](http://www.legislation.gov.uk/nisi/2006/312/pdfs/uksi_20060312_en.pdf). Accessed 25/02/13.

The Northern Ireland Act (1998). London: Stationery Office. Available from: [**www.legislation.gov.uk/ukpga/1998/47/data.pdf**](http://www.legislation.gov.uk/ukpga/1998/47/data.pdf). Accessed 25/02/13.

United Nations Convention on the Rights of the Child (1989). New York and Geneva: United Nations. Available from: [**http://www.ohchr.org/en/professionalinterest/pages/crc.aspx**](http://www.ohchr.org/en/professionalinterest/pages/crc.aspx). Accessed:19/02/13.

United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol (2006). New York and Geneva: United Nations. Available from: [**www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx**](http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx). Accessed: 19/02/13.

United Nations (2011) General Comment No. 13: [**The right of the child to freedom from all forms of violence. CRC/C/GC/13**](http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf). Geneva: United Nations, Committee on the Rights of the Child.

[**Reducing the use of restrictive practices with people who have intellectual disabilities. A practical approach**](http://www.bild.org.uk/our-services/books/positive-behaviour-support/reducing-the-use-of-restrictive-practices/)

[**Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation**](http://www.barnardos.org.uk/cse_learning_and_disability_report_2015a.pdf)

[**Resources, Safeguarding Board for Northern Ireland**](http://www.safeguardingni.org/resources)

[**'We have the right top be safe' - Protecting disabled children from abuse, NSPCC**](https://www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-report.pdf)

[**BILD - all about people website**](http://www.bild.org.uk/)

**Law**

The Children (NI) Order 1995 Section 17 creates a general duty on children’s services authorities to safeguard and promote the welfare of children within their area who are ‘in need’. So far as is consistent with this duty, children’s services authorities must promote the upbringing of such children by their families.

The definition of ‘children in need’ is to be found at Children (NI) Order 1995 Act Section 17 (10), which provides that a child is to be taken as ‘in need’ if:

1. He is 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 an authority under this Part;
2. His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
3. He is disabled,

and "family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

**End.**