



The Child's Lived Experience SEND Briefing: Learning from Case Reviews – children with Disabilities and/or who are Deaf.

Introduction

Research indicates that children and young people (C/YP) with disabilities are at an increased risk of being abused compared to peers who do not have disabilities and are less likely to receive the protection and support they need when they have been abused.

Published case review highlight that professionals often struggle to identify safeguarding concerns when working with children who are deaf and or have disabilities.

This briefing summarises the learning from case reviews published since 2010 and is drawn from an analysis by the NSPCC Information service:

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/deaf-disabled-children/>

In these case reviews children and young people died or suffered serious harm through:

- Suicide
- Killed by a parent or carer
- Adolescents killed by a partner
- Chronic abuse and neglect
- Sexual exploitation
- Peer sexual and physical abuse by other young people in residential care

Key Findings

The number of agencies involved in working with families where the child has complex support needs

- Families were sometimes overwhelmed by the number of professionals working with them and were not always sure about who to ask for support

- Health professionals often had the best knowledge of a family's situation but saw child protection issues as outside their remit and the responsibility of social care
- Different information was shared with different professionals, resulting in no one agency having a complete picture of the family's situation

Barriers to communication

- Disability was sometimes linked to impaired speech or comprehension making it harder for C/YP to express themselves
- Parents were sometimes relied on to interpret what their children were saying, preventing children from confidentially disclosing concerns
- Sometimes disruptive or distressed behaviour was interpreted as a result of their disability without consideration of potential safeguarding concerns
- In some cases letters or written agreements were used with YP to arrange access to services or manage their risky behaviour despite them having limited or no ability to read

Injuries and developmental delay accepted as related to the disability

- In some cases the underlying causes of disabilities were not established and the possibility that abuse has been involved was not considered
- Sometimes parents' explanations of children's injuries being due to their disability was accepted without an exploration of alternative causes
- Sometimes developmental delay was interpreted as a health problem without looking at environmental causes such as neglect

Lower standards of care expected

- Parents were often seen by practitioners as 'doing their best' and professionals were unwilling to challenge or appear critical of parents in cases where C/YP had complex care needs
- Short breaks were sometimes seen as a break for parents, rather than as also an opportunity to provide additional support to the child

Focus on health needs to the exclusion of wider issues

- There was sometimes a failure to recognise the potential impact on the developing parent-child relationship of a baby being kept in hospital for an extended period of time after birth
- In some cases C/YPs needs were seen purely in terms of their disability, with broader issues around safeguarding and child wellbeing not being considered

Young People's capacity to consent or make decisions

- Issues around capacity were not always considered by professionals working with sexually-active YP with learning difficulties. This was as a result of professionals focusing on the chronological rather than the developmental age of the YP
- YP who put themselves in risky situations, including those of being sexually exploited, were seen as making a lifestyle choice. Professionals sometimes reacted with frustration to what they saw as YP's repeated inability to keep themselves safe. This prevented professionals from recognising risky behaviour as a sign that the YP needed further support in order to protect themselves
- YP were sometimes placed in residential care not suitable to their needs which placed them at risk from other residents

Failure to recognise the implications of C/YPs with disabilities heightened dependency on parents for care

- In some case assessment of parenting capacity failed to take account of the additional pressures of caring for a child with complex needs
- In some cases parents struggled to meet the additional needs of their child, for example, failing to attend appointments- which led to withdrawal of services rather than increased support
- In other cases the neglect of their child's medical care was allowed to continue over a long period of time, despite the fact that doing so had long term implications for the child's development
- For some parents full-time care for their child left them socially isolated and without support networks

Perception of disability

- Many of the C/YP had been subject to bullying from other children which had a significant impact on their mental health and emotional wellbeing
- Some YP were depressed, anxious angry or embarrassed about their disability. This resulted in a reluctance to engage with support services, refusal to take medication and low self-esteem. Some YP had developed ways to hide their disability which led to professionals overestimating their ability to support and protect themselves
- In some cases parents did not fully understand the nature or impact of their child's disability. Their child's behaviour was interpreted as innate or wilful

rather than related to their disability. This impacted on the parents' relationship and attitude to the child.

- In some case children were put at risk due to cultural perceptions of disability.

Key Messages for SEND Workforce

Key Messages for Managers

- **Ensure that all practitioners are trained and equipped to use all risk assessment tools and are aware and knowledgeable about the safeguarding issues for C/YP who have disabilities**
- **Ensure that all practitioners are fully aware of the range of services available to families and C/YP with disabilities**
- **Ensure every family has a designated lead professional or service navigator to provide a single point of contact (this is a recommendation of our current Disability Service Review)**
- **Ensure specialist disability services are embedded within the wider universal support services for C/YP and families**

Key Messages for Practitioners

- **Take a forensic approach to assessment; at the outset- consider all information regardless of source**
- **Keep C/YP at the centre of care**
- **Be clear about the nature of the disability and its impact for the C/YP and family**
- **Assess ALL the needs of the C/YP and their family not just those related to disability**
- **See, speak and listen to C/YP. Make sure the voice of the C//YP is heard. Where there are safeguarding concerns speak to C/YP alone. Do not use parents as interpreters**
- **In cases where a child's disability precludes or limits verbal communication facilitate communication by alternative means**
- **Consider what a C/YP may communicate through their actions. Distress or disruptive behaviour should not automatically be attributed to the disability**

- Remember advice should not be considered to have been successfully given unless you have evidence that the C/YP has understood what they have been told and is able to apply it

Key Messages for multi-agency practice

- Ensure that all partners working with the C/YP and family contribute to a holistic child – centred assessment
- Ensure that information is shared both within and across agencies
- Ensure professionals have a shared understanding of the nature of the disability (s) and impact, the services the family are receiving and the risk of harm. This information should be used by all agencies to distinguish between disability and child protection issues
- Where there are safeguarding concerns ensure all partners work together to inform the risk assessment/multi-agency safeguarding plan