



## TEA-BREAK GUIDE



### WHO is affected and definitions

**CA '89 Section 17 ( 11) states** that a child is disabled if they are: blind , deaf, or non-verbal, or suffer from a `mental disorder of any kind', or are `substantially and permanently handicapped by illness, injury or congenital deformity, or such other disability as may be prescribed'. Social services departments have a general duty under Section 17 (10) of the Children Act 1989 to safeguard and promote the interests of `children in need'... are `unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority', or whose `health or development is likely to be significantly impaired or further impaired without the provision of such services by a local authority

**Definition from *The Disability Discrimination Act 2005 (DDA)*** A physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities (according to the act `substantial' means `more than minor or trivial' and `long term' means that it `have lasted or more likely to last more than a year')

### WHAT does research tell us happens

Disabled children and young people are at an increased risk of being abused compared with their peers who are not disabled (Jones et al, 2012; IICSA, 2022) and they are also less likely to receive the protection and support they need when they have been abused. Professionals sometimes have difficulty identifying safeguarding concerns when working with disabled children (NSPCC, 2016; Taylor et al, 2014)

### WHY does this happen

It is important to recognise that the parents of children with disabilities are often treated sympathetically by professionals, because of the very real additional challenges they face in caring for their children; however this should not detract from the need to focus on the wellbeing of the child and safeguarding matters. It is really important that professionals understand the child's complex needs and how this impacts upon their daily life to accurately reflect on risk factors. To achieve this interagency working is key, drawing upon the knowledge of the experts in the child's network. Additionally consideration needs to be carefully given when working with a child's parents who may also have a disability, we need to ensure our practice being delivered in a way that the parent needs it to be. It is also essential to be self-aware in our practice and be confident to ask curious questions which are respectful to families.

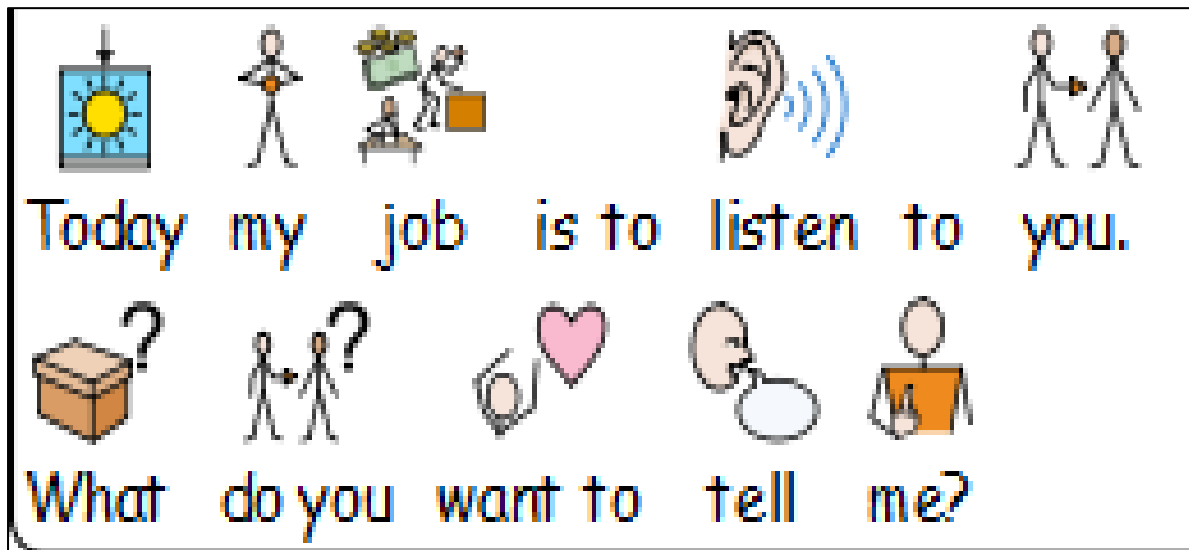
### WHEN does this occur?

When there is a.....

- Lack of understanding and training about safeguarding disabled children
- Limited personal safety programs and personal, social and sex education for disabled children and young people

- Misplaced levels of empathy with the parent due to their caring role at the cost of listening to children; with higher thresholds of abuse applied as a result of interpreting the stresses of caring role and a reluctance to challenge the parent/carers who presents as the experts of their child/ren
- Communication barriers; limited knowledge of tools and methods for practitioners to gain child's voice, lack of teaching/resources which enable a child to make disclosures via their tools, less worth/credibility given to the voice of the disabled child even when they do disclose as a result of limiting the reliability of their voice as a result of their diagnosis
- Practitioners unwillingness to think the unthinkable, attitudes and assumptions, limited evidence of social graces being explored and reflected upon
- Dependency- this can be a range of issues – Parent being reliant on child's disability allowance e.g. mobility and 'keeping' them more disabled, perhaps not supporting their development needs. Or parents and carers can become over reliant on professionals or services to support
- Factors associated with impairments- could be related to excusing the stress placed on parents with managing the child's disability/behaviour as being understandable and maybe not identifying the fine line between harm and support needed
- Isolation
- Intersectionality
- Spending greater periods of time away from home with a greater use of direct payments and personal budgets plus lack of participation or choice in services

## HOW do we change our practice

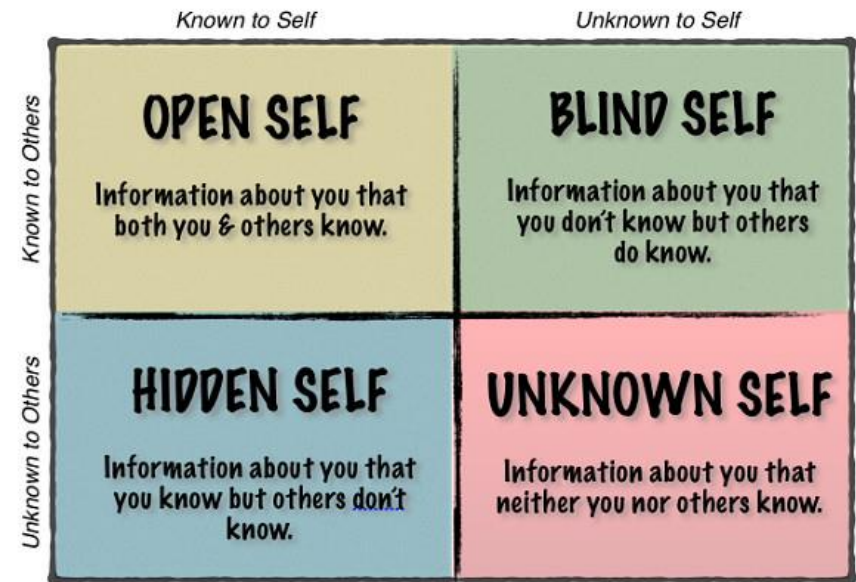


- Gather voice of the child.
- Consider that you will need to communicate and gather the child's voice in different ways, you may need to use communications tools or work with somebody like a teaching assistant or speech therapist that has good communication with the child or young person.
- Remember observations are important when considering the child voice and world
- Think what's life like for the child / young person
- Consider are the child's needs and difficulties related to their disability or other factors like neglect
- Triangulate information – speak with other professionals who may have more understanding of the child's needs for example teachers or medical professionals

- Gain an understand of any disability that the child has and how these impact on their life, are the difficulties they face links to their disability, or do we need to consider other factors?
- Don't be afraid to ask other for advice, speak with the experts or consult with specialist teams.
- Be aware of our own bias's

## Johari window

The Johari Window is a framework for understanding conscious and unconscious bias that can help increase self-awareness and our understanding of others.



## Links:

**Physical Disability Awareness – Talk to me** [TALK TO ME | Physical Disability Awareness – YouTube](#)

**Disability in the Family – A Mother's Story** <https://www.youtube.com/watch?v=RBbul6FnBvE>

**'Disability in the Family – A Father's Story'** <https://www.youtube.com/watch?v=Se57GpoJmr0>

<https://www.gov.uk/government/publications/protecting-disabled-children-thematic-inspection>

<https://www.researchinpractice.org.uk/search/?query=communication%20with%20children%20and%20young%20people%20with%20speech%20and%20language%20&practiceArea=&topic=&contentType=&page=1>

[Safeguarding d/Deaf and disabled children | NSPCC Learning](#)

[https://northamptonshirechildcare.proceduresonline.com/p\\_child\\_disability.html](https://northamptonshirechildcare.proceduresonline.com/p_child_disability.html)

[https://northamptonshirechildcare.proceduresonline.com/p\\_direct\\_payment.html](https://northamptonshirechildcare.proceduresonline.com/p_direct_payment.html)

[https://northamptonshirechildcare.proceduresonline.com/p\\_short\\_breaks.html](https://northamptonshirechildcare.proceduresonline.com/p_short_breaks.html)

[https://www.proceduresonline.com/northamptonshire/scb/p\\_ch\\_par\\_learning\\_diff.html](https://www.proceduresonline.com/northamptonshire/scb/p_ch_par_learning_diff.html)

[https://www.proceduresonline.com/northamptonshire/scb/p\\_disabled\\_ch.html](https://www.proceduresonline.com/northamptonshire/scb/p_disabled_ch.html)