

SAFEGUARDING DISABLED CHILDREN AT
SPRINGWOOD HEATH PRIMARY SCHOOL

‘EVERY CHILDHOOD IS WORTH FIGHTING FOR’

Introduction:

The NSPCC state that research shows that disabled children are at an increased risk of being abused compared with their non-disabled peers (Sullivan and Knutson 2000; Kvam 2004; Spencer et al. 2005; Jones et al. 2012). They are also less likely to receive the protection and support they need when they have been abused (Ofsted 2009, 2012; Brandon et al. 2012; Taylor et al. 2014).

Published case reviews highlight that professionals often struggle to identify safeguarding concerns when working with deaf and disabled children. The learning from case reviews emphasises the importance of child focused practice. It highlights the need for a holistic approach to supporting disabled children and their families. It stresses the importance of considering all a child's support needs, rather than just those related to their disability.

Main Key Issues from case reviews:

- Families were sometimes overwhelmed by the number of professionals working with them. They weren't always sure who to ask for support. They weren't always able to build up a relationship with an individual practitioner.
- Disability was sometimes linked to impaired speech or comprehension, making it hard for children to express themselves. Parents were sometimes relied on to interpret what their children were saying, preventing children from confidentially disclosing concerns.
- Sometimes children's disruptive or distressed behaviour was interpreted as a result of their disability without consideration of potential safeguarding concerns
- Sometimes parents' explanations of children's injuries being due to their disability were accepted without any exploration of alternative causes
- Sometimes developmental delay was interpreted as a health problem without looking at possible environmental causes, such as neglect.
- Parents were often seen by practitioners as "doing their best". Professionals were unwilling to challenge or appear critical of parents in cases where their children had complex care needs.
- Short breaks were sometimes seen as a break for the parents, rather than as also an opportunity to provide additional support to the child.
- In some cases children's needs were seen purely in terms of their disability. Broader issues around safeguarding and child wellbeing were not considered.

- In some cases assessments of parenting capacity failed to take into account 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 attending appointments and administering medication. This sometimes resulted in the 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.
- Many of the children and young people involved in the case reviews had been subject to bullying from other children. This had a significant impact on their mental health and emotional wellbeing.
- 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 towards their child.
- In some cases, disabled children were put at additional risk due to cultural perceptions of disability. For example, disability was seen as a punishment from god, or something that could be "cured". This impacted on the parents' ability to accept their child's disability or develop a positive relationship with their child.

Indicators of possible abuse

Physical abuse: bruises or injuries that are either unexplained or inconsistent with the explanation given or visible on the soft parts of the body where accidental injuries are unlikely. Delay in seeking medical treatment, multiple bruises in clusters, scalds with upward splash marks, cigarette burns and human bite marks. There may also be changes in a child's behaviour, such as fear of parents being approached for an explanation, aggressive behaviour, flinching when approached or touched, reluctance to get changed or withdrawn behaviour. Disabled children may experience other forms of abuse such as the failure to provide medication or treatment for a child, forcing of treatment that is painful for the child or inappropriate use of physical restraint.

Emotional abuse: This can show itself through developmental delay due to a failure to thrive and grow. However, children who appear well cared for may still be emotionally abused by being taunted, put down or belittled. They may lack love, affection or attention and be denied opportunities for play and social interaction. Indicators can include sulking, hair twisting, rocking, being unable to play, fear of making mistakes, speech disorders and self-harm. For deaf or disabled children, emotional abuse could also include lack of communication, consistent failure to seek their views, unrealistic expectations and blaming the child for their impairment and for related difficulties.

Sexual abuse: Usually, it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. It is not easy for children to tell about abuse and, if they do, it is important they are listened to and taken seriously. Physical signs of sexual abuse can include pain or itching in the genital

area, bruising or bleeding near the genital area, sexually transmitted infection, vaginal discharge or infection, stomach pains, discomfort when walking or sitting down. Abuse can also show itself in sudden and unexplained changes in behaviour, fear of being left with a specific person or persons, nightmares, running away from home, sexual knowledge beyond the child's developmental level, bed-wetting, eating problems, self-harm, talking about secrets and acting in a sexually explicit way.

Neglect: This can have lasting and damaging effects on children. Signs may include, constant hunger, being constantly dirty or "smelly", loss of weight or being constantly underweight, and inappropriate clothing for the conditions. The child may complain of being tired all the time, have few friends, talk about being left alone or unsupervised or the parent/carer may fail to seek medical assistance/appointments. Neglect of a deaf or disabled child can include, failure to respond to the child's treatment, dietary or care needs or to provide adequate supervision or stimulation, failure to adapt to a child's communication method and failure to remove potential hazards which a child may not be aware of or may not be able to avoid.

At Springwood Heath Primary School these case reviews have supported our improved Safeguarding practice. This includes:

Holistic, child-centred approach

- Assessing all the needs of the child and their family, not just those related to the disability. Therefore many of our parents/carers are engaged through the EHAT process. (Early Help Assessment Tool). We have 3 Lead Professionals within school.
- We ensure that our parents understand and are supported to meet the additional needs of caring for their disabled child.

Hearing the child

- At Springwood Heath we place great importance to listening to our children and giving them opportunities to communicate through verbal and non-verbal means.
- Where there is a safeguarding concern we will ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide.
- We understand that for some children they will communicate through their actions therefore distressed or disruptive behaviour will not automatically be attributed to their disability.
- Staff take time to communicate effectively and to listen without making assumptions.
- Any personal safety resources are tailored to the child's needs, understanding and are continually reinforced e.g. knowing how to deal with unfamiliar places and people who are not always safe/unsafe.

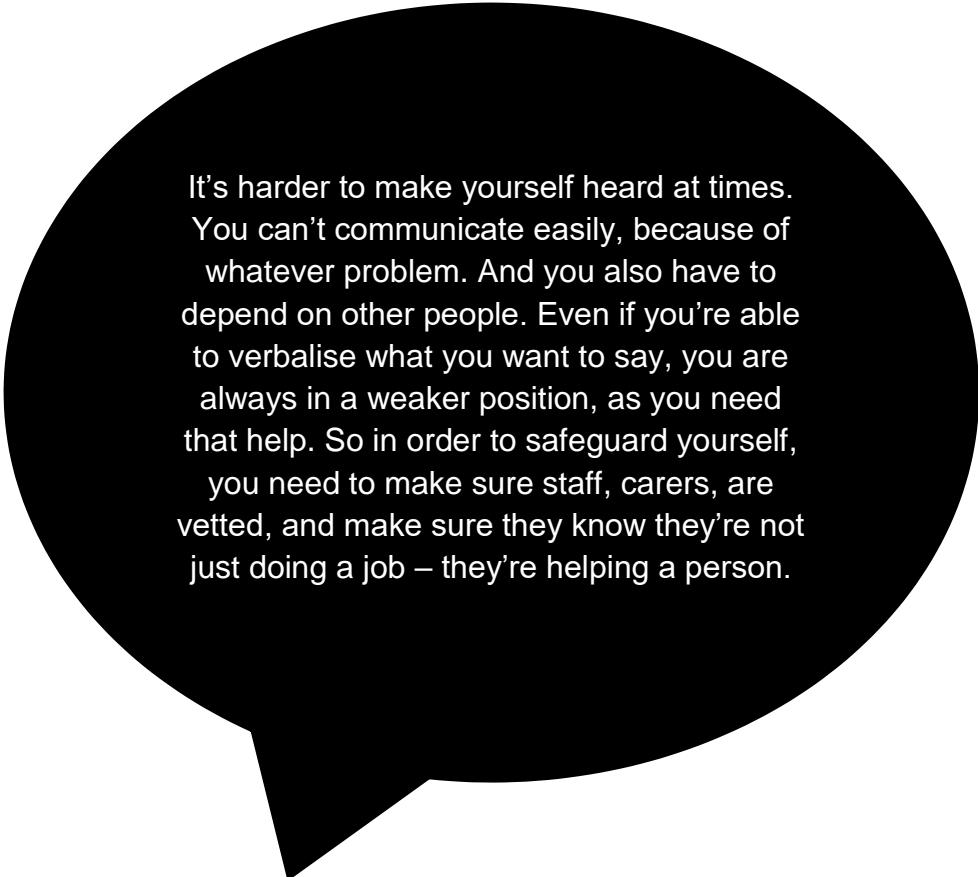
Awareness and training

- Through whole school Safeguarding training, staffs are aware of safeguarding issues for disabled children and who to speak to if they have concerns.

Information Sharing/ Interagency cooperation

- Information about disabled children is shared both within school and across the agencies that work with them.
- The Safeguarding Leads/EHAT Lead Professionals have a shared understanding of the nature of disabilities, the services the family are receiving and the risk of harm in order to distinguish between disability and child protection.

Every child and family has their own complexities and needs. We ALL understand that at Springwood Heath Primary School it is vital that everyone who works with disabled children understand how to protect them against people who would take advantage of their increased vulnerability.



It's harder to make yourself heard at times. You can't communicate easily, because of whatever problem. And you also have to depend on other people. Even if you're able to verbalise what you want to say, you are always in a weaker position, as you need that help. So in order to safeguard yourself, you need to make sure staff, carers, are vetted, and make sure they know they're not just doing a job – they're helping a person.

NSPCC Ambassador