

# Neglect of Children with Additional Needs and Disabilities



Developing effectiveness, competence, and  
confidence in safeguarding practices



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# Welcome and housekeeping

➤ Who are we?



# Aims of the session

- For practitioners to identify why children are vulnerable and understand your role in safeguarding practice when working with children and families where they have additional needs or disability has been identified as a factor.

# Learning objectives

- Ascertain why disabled children are more vulnerable to abuse
- Understand the importance of the child's voice and lived experience.
- Develop effectiveness, competence and confidence in safeguarding practice

# Why Disabled Children are vulnerable

- Factors associated with impairments
- Communication barriers
- Isolation
- Lack of participation & choice
- Dependency
- Refugees / Asylum Seekers
- Children living away from home
- Personal care needs
- Many carers
- Long journeys to school
- Low self esteem / lack of friends
- Challenges with sex education
- ACES
- Lack of understanding & training
- Reluctance to challenge
- Frequent separation of parent / carer and infant
- A child who is challenging to care for
- Poor attachment
- Trio of Vulnerability
- Double discrimination
- Societal values & attitudes



# Abuse of disabled children may include...

- Sexual abuse
- Intrusive medical care
- Denying access to medical care
- Lack of stimulation
- Segregation & isolation
- Withholding of medication / overmedicating / misuse
- Invasion or lack of privacy
- Physical abuse, restraint
- Neglect
- Ignoring developmental needs, too much focus on disability
- Force feeding
- Failure to provide adequate food or assistance to eat
- Emotional abuse
- Bullying & teasing
- Financial abuse
- Failing to follow therapeutic advice
- Lack of support
- Exposure to inappropriate experiences
- Fabricated / Induced illness
- Radicalization



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# Voice of the child

- The voice of children must be recorded and taken into account no matter what their age or ability to communicate directly.
- This can be done by:
  - ✓ Direct engagement
  - ✓ Observation
  - ✓ Discussion with parents, family members, carers or agencies
  - ✓ Analysis of information held to consider what the impact might be on the child.

*Cumbria CSCP, 2015. Munro 2013*



# Voice of the child

- It is every professional's responsibility to capture the voice of the child and their lived experiences at every contact, in order to achieve a meaningful analysis of the child/young person's views and feelings.
- Consider matters that affect them and those that impact on their families.
- Have a full understanding of their situation and the options available to them for the future.
- Do not forget – good record keeping.





# Communication Needs

- No distractions
- Face to face
- Interpreter / signing
- Communication aids
- Allow time for response
- Supportive other
- Open questions
- Non-verbal cues



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# Professional curiosity and Challenge

## Skills of professional curiosity

- Look, listen and ask direct questions
- Be able to hold a difficult conversation
- Respectful scepticism and challenge are healthy
- How do family members interact?
- Observing verbal/non-verbal cues
- Gather evidence that supports your concern
- Remain open minded and expect the unexpected
- Consider other professionals
- Escalation



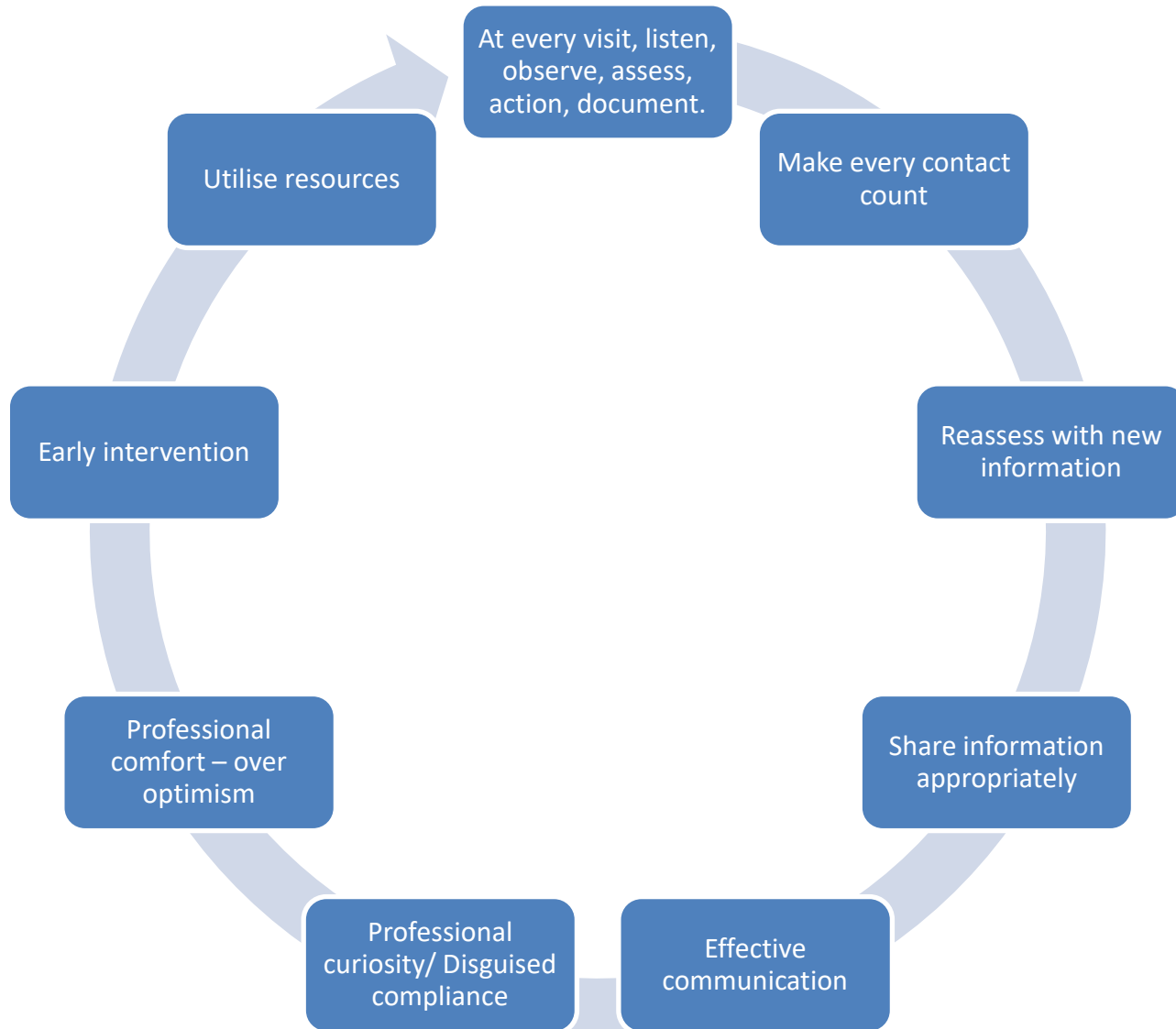
## Barriers to professional curiosity

- Disguised compliance
- Professional optimism
- Normalisation
- Accumulating risk
- Professional
- Confirmation bias
- Knowing 'not knowing'

*Cumbria CSCP, 2022*

*(<https://content.govdelivery.com/accounts/UKCCC/bulletins/326a223>)*

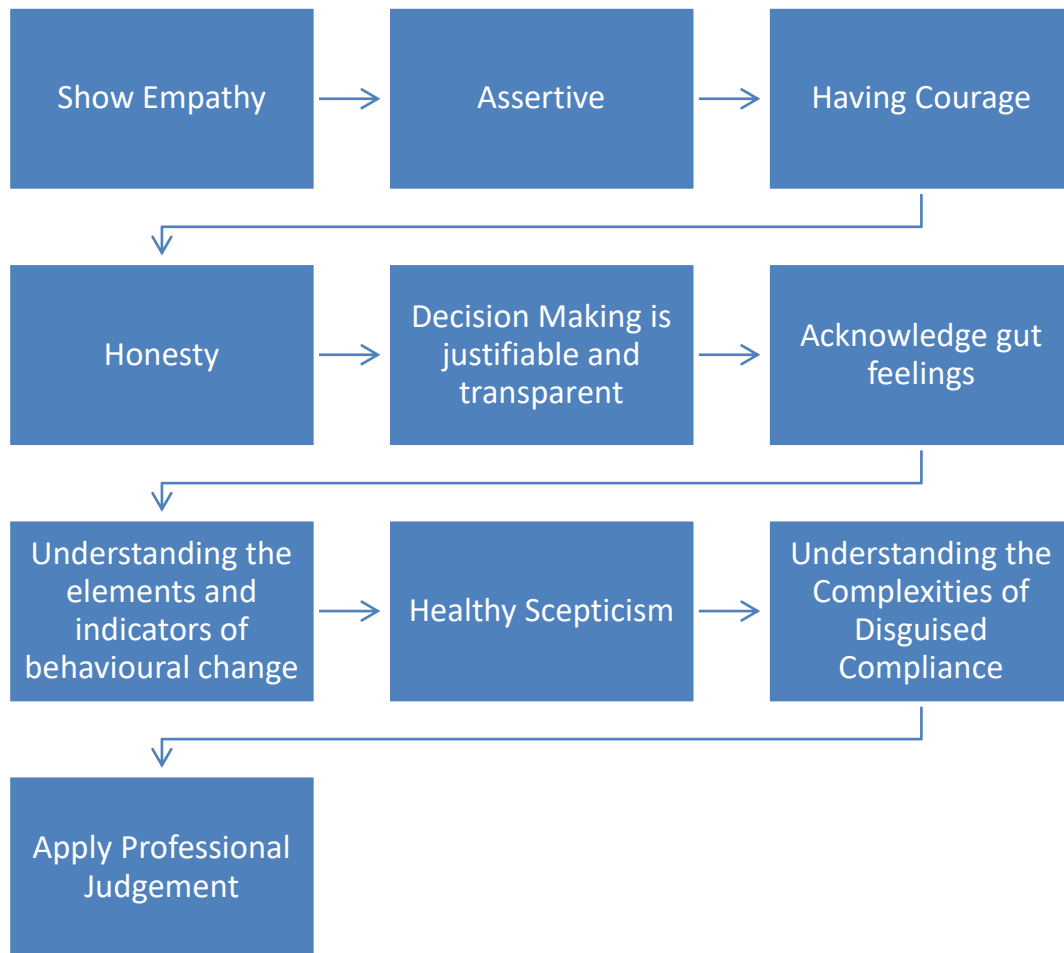
# Key components of effective practice



- Use professional interpreters never family members, friends or children
- Be aware of your own safety needs.
- Understand RHRT and thresholds
- Be aware of and provide information on the laws around safeguarding
- Be familiar with local child protection procedures and use as appropriate
- Speak to peers/manager/safeguarding

# Effective practice

## Professional curiosity



## Disguised compliance

- Deception or manipulation when reporting children's health problems.
- Don't take information at face value – need evidence – **assess, examine, observe**
- Practitioner fear challenging parents for fear of confrontation – **be curious**
- Hostile and aggressive families, parental focused – **remain child centred**



# BCHC training updates: Right Help Right Time (Dec 2021)



- Birmingham's threshold guidance
- Helps practitioners identify risk & level of need
- Advises what support is available
- Collective framework on how agencies should work together



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# How to safeguard effectively

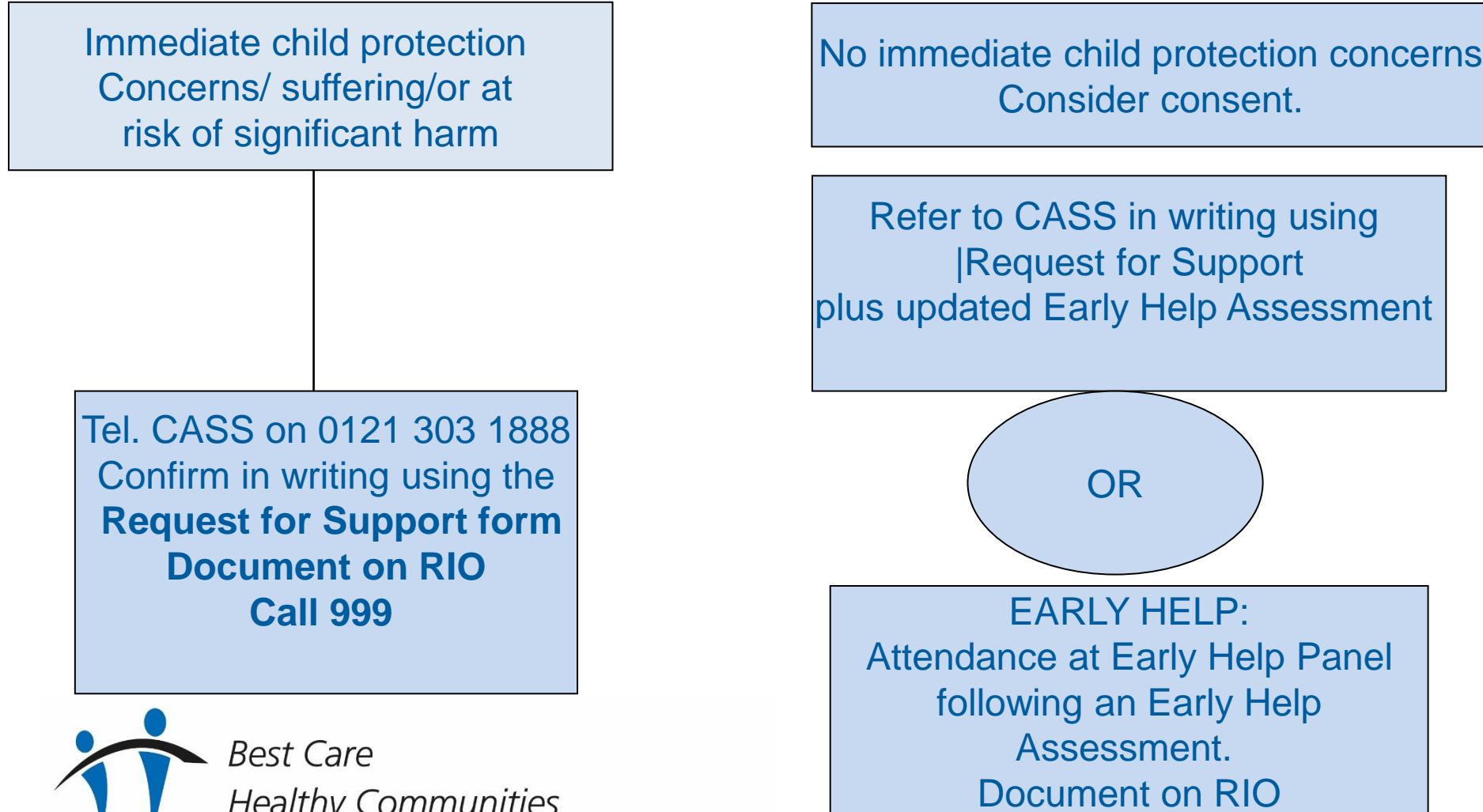
- Clarity of responsibility
- Good communication and effective working relationships
- Information sharing
- Effective training.
- Resources are considered and available to meet the communication needs of disabled child during assessments.
- Safeguarding Policies/Procedures to incorporate the specific needs of disabled children in all settings.
- Positive strategic relationships between children's and adult's services aid safe transitions.
- Access to sex education for disabled children and young people



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# MASH

## Social Care Referral Pathways



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# Death of Kaylea Titford October 2020 'Shocking and prolonged neglect over lockdown'

[Cysur | CYSUR 3 2021 Child Practice Review](#)



**When she died she was lying in a filthy bed,  
surrounded by junk, with maggots "feeding on her  
body"**



# Key themes and learning from CSPR

Lack of real understanding of the child's lived experiences

Failing to act on and refer the early signs of abuse and neglect

Poor record keeping and information sharing

Failing to listen to the views of the child and concentrating on the needs of the parents linked to disguised compliance

Failing to re-assess concerns when situations do not improve.

A lack of challenge to those who appear not to be taking action.

Barriers and challenges in the safeguarding systems.

Not knowing who lives in the household, unknown males, family dynamic

Lack of professional curiosity



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# Safeguarding Contact details

- Safeguarding Children Team  
0121 466 7090  
Duty Named Nurse: Monday- Friday 09.00-17.00.  
Email: [bchc.safeguarding@nhs.net](mailto:bchc.safeguarding@nhs.net)
- Birmingham Children's Trust: 0121 303 1888  
Out Of Hours: 0121 675 4806  
Email: EMAIL: [CASS@birminghamchildrenstrust.co.uk](mailto:CASS@birminghamchildrenstrust.co.uk)

# Thank you

Any questions?



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