Neglect & Children with a Disability Practitioner Briefing

Welcome to this briefing aims to help practitioners and their managers understand neglect for children with disabilities. The messages in this briefing are just as important for those practitioners working with adults who are parents.

Research indicates that a child with a disability is more at risk of being abused than child with not. It is estimated that child with a disability is over 3 to 4 times more likely to be abused or neglected. They are more likely to be abused by someone in their family, and the majority of them could be abused by someone who is known to them.

Barriers to seeking help

- Some children with disabilities may not recognise the abuse and/or they might not be able to ask for help.
- They may rely on their abuser to meet their needs, making it even more difficult to speak out. Those they could potentially turn to for help, may not be familiar with the child's method of communication.
- Parents/carer/practitioners may miss signs of abuse/neglect, mistaking them as part of the child's condition
- Practitioners may not be trained to spot the signs of abuse and neglect
- Children with disabilities and their families may feel isolated or without support due to a limited number of accessible services, meaning they may not know where to find help.
- Abusers may try to excuse their behaviour, blaming it on the difficulties of caring for the child.
- Practitioners who work to support the parents' ability to meet their child's additional needs may overlook parental behaviours that are not adequate.
- Practitioners might not have the specialised skills to properly communicate with the child, or to accurately assess or understand their needs.
- Children with disabilities may have a limited range of trusted adults to confide in. They may fear that if they raise concerns within their immediate network, confidentiality will not be maintained.
- They may not have access to a private/safe area to discuss their concerns or be able to use a telephone/computer without help.
- Sources of information and advice external to the child's network may not be accessible.

Common forms of abuse

- Failure to provide treatment or providing inappropriate treatment.
- Not allowing adaptations/equipment a child might need.
- Not following dietician advice e.g. feeding orally when the child should be PEG fed.
- Threats of abandonment/exclusion e.g. from family events, over-use of 'respite', unnecessary schooling away from home, restricting visitors/peers.
- Not feeding enough, in order to keep the child light for lifting.
- Excessive surgery and/or forcing treatment that is painful.
- Inappropriate use of physical restraint, rough handling and extreme behaviour modification.
- Lack of communication or stimulation.
- Teasing, bullying, or blaming the child because of their impairment.
- Having too high/low expectations of the child.
- Misappropriation/misuse of a child's finances.

Factors that increase risk

- Barriers to the provision of support services that lead to the child with disability and their family being isolated.
- There might be additional emotional, physical, and financial demands.
- Impairment-related factors, such as dependency on a number of carers for personal assistance, which can expose children with disabilities to a wide range of carers, some of whom may search out vulnerable children. Secondly, the children may become very reliant on a small number of carers, which may inhibit their seeking help.
- Impaired capacity to resist/avoid abuse e.g. restricted mobility, communication impairments and an inability to understand what is happening or to seek help.
- Reluctance to challenge parents/carers and practitioners.
- Children with disabilities are less likely to receive sex education or information about their own bodies so may be unable to distinguish between types of touch or be aware of personal safety issues.
- There is a common failure to consult with, and listen to, the child and provide additional support to facilitate communication.
- Possible indicators of abuse can be assumed to relate to the child's impairment.
- Many children with a disability undergo more medical procedures and take more medication than other children. This can increase risks such as misuse of medication, infliction of pain during medical procedures and withholding necessary care or medication.
- They may be especially vulnerable to bullying and intimidation, and/or be more vulnerable than other children to abuse by their peers.
- The speed of multi-disciplinary decision making can also contribute to poorer outcomes for children with more complex support needs.
- Children living away from home are particularly vulnerable, as family contact may be reduced.

Recognising signs of neglect and what to look for -

- Parent/carer does not recognise the identity of a child with a disability, and as a result is negative about the child.
- Parent/carer does not ensure health needs relating to disability are met and leads to a deterioration in the child's condition.
- Parent/carers' own issues impact on their ability to respond to urgent health needs of a child with a disability.
- Parent/carer is hostile when asked to seek help for the child and is hostile to any advice or support.
- Parent/carer does not support child with the use of communication aids – not attending follow-up appointments or maintaining equipment.
- Parent/carer not following dietician advice e.g. risk of aspiration by feeding orally.
- Parent/carer overmedicating the child.
- Equipment to care for the child safely is not present in the home, despite recommendations from practitioners.
- A change in behaviours that do not appear to be the norm for the child and may be indicative of harm from another e.g. acting out sexualised behaviours with toys.

Impact of abuse - In the general population, child victims of abuse are at high risk of multiple problems, including depression, anxiety, and low self-esteem. Consequences of abuse may be more pronounced in children with disabilities because of their already vulnerable physical and psychological state.

SERIOUS CASE REVIEW 2020 - serious sexual abuse of eight children, several of whom had disabilities including one child with serious physical and learning difficulties, by members of their family. The children had all come to the attention of statutory services over a number of years due to neglect by their carers.

John: Serious Case Review - Multiple unexplained injuries to John a disabled 2-year who was not independently mobile and was pre-verbal. He was known to health services for his developmental needs and social care as a child in need following incidents of domestic abuse. Learning included: John's disability needs were a distraction leading to a lack of focus on the vulnerabilities/risks to him following the DA incidents; the daily lived experience of John and his siblings was not central or captured in all the work partners undertake to promote their health and wellbeing.

Child Z: Serious Case Review - 13-year-old born with a disability that resulted in complex needs/restricted mobility, died from complications arising from his medical condition. A history of disagreement between parents and practitioners over his care/treatment including putting in place mobility adaptations. Learning included: importance of a multi-agency approach for Child in Need status for children with disabilities; the neglect of children with complex needs; identify the Lead Practitioner for children with complex needs; provide appropriate support available for parents of disabled children to help them come to terms with their child's condition or disability.

Further sources of information;

NSPCC - Supporting children with special educational needs and disabilities and Guidance on protecting d/Deaf and disabled children and young people from abuse

Access the Pan Bedfordshire Child Protection Procedures and register for updates