Redbridge Safeguarding Children Partnership

Redbridge Safeguarding Children Partnership (RSCP)

Children with a Disability (CWD) Protocol

May 2025

The role of Redbridge Safeguarding Children’s Partnership (RSCP) in relation to this Protocol

The Redbridge Safeguarding Partnership (RSCP) recognises that the presence of a disability increases the vulnerability of children to abuse and neglect. This is a position that is well evidenced in research and reflected across the breadth of legislation, statutory guidance, and agency policies and procedures.

The objective of the RSCP is to agree how the relevant organisations in Redbridge will cooperate to safeguard and promote the welfare of children in Redbridge, and to ensure the effectiveness of what they do.

Disabled children should be seen as children first. Being disabled should not and must not mask or deter an appropriate enquiry where there are child protection concerns. It is the responsibility of the RSCP to ensure that all partner agencies take seriously their responsibilities to protect disabled children and young people.

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1. Introduction

It is a fundamental principle that disabled children have the same rights as non-disabled children to be protected from harm and abuse. To ensure that the welfare of disabled children is safeguarded and promoted, it needs to be recognised that additional action is required. This is because disabled children have additional needs related to physical, sensory, cognitive and/or communication requirements and many of the problems they face are caused by negative attitudes, prejudice and unequal access to things necessary for a good quality of life.

Disabled children are likely to have poorer outcomes across a range of indicators including low educational attainment, poorer access to health services, poorer health outcomes and more difficult transitions to adulthood. They are more likely to suffer family break up and are significantly over-represented in the populations of children looked after and children in contact with the justice system. Where disabled children are looked after they are more likely to be placed in residential care rather than family settings, which in turn increases their vulnerability to abuse.

Research evidence suggests that disabled children are at increased risk of abuse and neglect (Social care commentary: protecting disabled children - GOV.UK, UK Social Work Practice in Safeguarding Disabled Children and Young People - What Works for Children's Social Care). The presence of multiple disabilities appears to increase the risk of both abuse and neglect, yet they are underrepresented in safeguarding systems. They are often found to be less likely to be consulted in routine assessments. Disabled children can be abused and neglected in ways that other children and the early indicators suggestive of abuse and neglect can be more complicated for disabled children.

Whilst the Safeguarding Disabled Children Practice Guidance, DCSF 2009, does not identify specific groups of disabled children, particular reference is made to children with speech, language and communication needs. This includes those who use non-verbal means of communication as well a wider group of children who have difficulties communicating with others.

This Protocol emphasises the critical importance of communication with disabled children including recognising that all children communicate preferences if asked in the right way by those who understand their needs and have the skills to listen to them. Various definitions of disability are used across agencies and professionals.

Whatever definition of 'disabled' is used, the key issue is not what the definition is but the impact of abuse or neglect on a child's health and development, and consideration of how best to safeguard and promote the child's welfare. Children and young people with disabilities should be seen as children first.

Having a disability should not and must not mask or deter an appropriate enquiry where there are child protection concerns (Safeguarding Disabled Children Practice Guidance, DCSF, 2009, and Working Together to Safeguard Children, HM Government, 2023). Safeguarding strategies and activity should therefore acknowledge and address both disabled children's human right to be safe and protected from harm, and the additional action that must be taken for disabled children to access this common human right.

The specific needs and circumstances of disabled children should be addressed at all stages of the safeguarding process as stated in the London Safeguarding Children Procedures and Practice Guidance 7th Edition 2022 (updated 31 March 2025).

2. A Child First

Children with complex needs and disabilities are children, first and foremost. This means that they should be afforded the same opportunities, rights and protections as all other children and young people. Children with disabilities are too often seen in the context of the things that they 'can't' do. Practitioners across all agencies should ensure that their intervention with children with disabilities is child focussed, that it highlights the child's strengths and that support plans, irrespective of context, promote the child's right to achieve their full potential.

Article 12 United Nation Convention of the Rights of the Child (UNCRC) states that children have the right to express their views, feelings and wishes in all matters affecting them and to have their views considered and taken seriously. The voice of children with complex needs and disability is at the core of all safeguarding actions, interventions and the welfare of the child is paramount. In all instances, children and young people should be given the opportunity to communicate their opinions and to be involved in decision making regarding their care.

Professionals should assume children have capacity and involve them in all aspects of their lives, unless assessments indicate otherwise. For young people aged 16 to 17, seeking their consent for care and interventions in all aspects of their lives is essential unless they are deemed to not have mental capacity or be Fraser competent.

3. Recognition

Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and/or neglect than children who do not have a disability.

Disabled Children and Young People and those with Complex Health Needs (Standard 8), (DfE & DH, 2004) and Safeguarding children with disabilities and complex health needs in residential settings, Phase 2 report (The CSPR Panel April Council for Disabled Children, & National Children's Bureau, 2023) states that there are many reasons why children with a disability may be more vulnerable to abuse and require additional vigilance. All practitioners and agencies working with disabled children should have regard to Safeguarding Disabled Children: Practice Guidance (DCSF, 2009).

4. Risks

Disabled children may be especially vulnerable because of several risk factors:

- Multiple care arrangements and a lack of continuity in care, leading to an increased risk that behavioural changes may go unnoticed.
- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than children without a disability; Carers may work with disabled children in isolation.
- Their physical dependency on parents and carers for practical assistance in daily living, including intimate personal care with consequent reduction in ability to be able to stop abuse, increases their risk of exposure to abusive behaviour.
- They have an impaired capacity to resist or avoid abuse.
- They may have speech, language and communication needs which may make it difficult to tell others what is happening. Some disabled children are unable to understand keeping safe strategies.
- They often do not always have access to someone they can trust to disclose that they have been abused and/or neglected.
- They are especially vulnerable to bullying, intimidation and exploitation.
- Parents/carers' own needs and ways of coping may conflict with the needs of the child.
- Parents/carers' needs dominating professional intervention leading to the needs of a child with a disability becoming overlooked.
- Parents, carers and/or professionals may be fearful or reluctant to highlight safeguarding concerns due to concerns this may impact on any short break respite or formal funded arrangements.
- Children with a disability may have needs that are greater than their parent's capacity to meet those needs.

5. Children Looked After (CLA)

Children Looked After (CLA) with a disability are not only vulnerable to the same factors that exist for all children living away from home but are particularly susceptible to possible abuse because of their additional dependency on paid carers, residential or hospital staff for day-to-day physical care needs. In addition to the universal indicators of abuse/neglect, the following abusive behaviours must be considered:

- Force-feeding.

- Unjustified or excessive physical restraint; Restrictive Physical Intervention Policy.
- Rough handling.
- Extreme behaviour modification including the deprivation of fluid, medication, food or clothing.
- Misuse of medication, sedation, heavy tranquillisation.
- Invasive procedures against the child's will.
- Deliberate failure to follow medically recommended regimes.
- Misapplication of programmes or regimes.
- Ill-fitting equipment e.g. callipers, sleep board which may cause injury or pain, inappropriate splinting.
- Removing or lack of maintenance of communication aid.
- Not getting enough help with feeding leading to malnourishment.
- Poor toileting arrangements.
- Lack of stimulation.
- Unwillingness to try to learn a child's means of communication.
- Misappropriation/misuse of a child’s finances.
- Not allowing a child to develop and have social and educational opportunities.
- Undignified age or culturally inappropriate intimate care practices.
- Parents may fabricate and induce illness in their disabled children.
- A bruise in a site that might not be of concern on an ambulant child, such the shin, might be a concern on a non-mobile child.
- Some disabled children live or receive short breaks away from home and this is recognised as likely to increase their vulnerability.

Where a child is unable to tell someone of the abuse, they may convey anxiety or distress in some other way, e.g. behaviour or symptoms and carers and staff must be alert to this.

6. Responses

Disabled children must be responded to as individuals with their own specific needs, feelings, thoughts and opinions. Disabled children are subject to the same procedures for initiating a strategy discussion, as non-disabled children. Where there are concerns about a child with disabilities a referral should be made in accordance with our existing referral processes (see London Safeguarding Children Procedures, CP3 Child Protection s47 Enquiries).

The Local Authority should ensure that those receiving initial contact queries concerning children with a disability are aware of safeguarding issues for these children. Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting/discussion. The strategy meeting/discussion should be convened by local authority children's social care. In addition to Local Authority

Children's Social Care, the police and relevant health professionals must be in attendance, the meeting / discussion may need to involve the other agencies (e.g. schools and nurseries) which hold information relevant to the concerns about the child. It is a statutory responsibility for local authority Children’s Social Care to have lead responsibility for assessing a child’s welfare and undertaking Section 47 enquiries. It is the responsibility of all other agencies involved to be aware of what constitutes a safeguarding concern and to know to whom, when and how to report such concerns. Whilst Section 47 enquiries are being carried out, the first responsibility, as with any investigation into allegations of abuse and/or neglect is to ensure that the child is safe.

As part of the response, the Local Authority has a duty to meet the needs of parents and carers of children with a disability (under the Carers and Disabled Children Act 2000), and this should be included as part of an assessment of the child. If a Local Authority considers that a parent carer of a child may themselves have support needs, it must carry out an assessment, if the parent/carer requests one. Such an assessment must consider whether it is appropriate for the parent carer to provide, or continue to provide, care for the child, considering the parent/carer’s needs and wishes (Working Together to Safeguard Children 2023, HM Government).

When undertaking investigations/assessments into allegations of abuse concerning children with a disability, practitioners need to take into account the following considerations:

- Ensure throughout the process of referral and allocation clear channels of communication are established within all agencies involved with the child. Children with a disability are very likely to be in contact with many different agencies and are more likely to be involved with health workers and a range of therapists. Particular attention needs to be paid to information sharing around a children’s needs, their method of communication, consideration of their vulnerability and concerns about their safety and welfare.
- Where there are abuse allegations relating to a child with a disability, the safeguarding needs of any siblings living in the family home also need to be considered and there must be stringent multi-agency working with the professionals involved with all siblings.
- Where there are allegations of abuse and a child with a disability is the alleged perpetrator, investigations need to be handled with sensitivity. A duty of care should be shown to both the victim and the alleged perpetrator.

- The collating of medical information concerning the health needs of the child is important as it may have a bearing on the outcome of any enquiry/investigation.

- Where there is a need for a medical examination, consideration needs to be given to the most appropriate medical professional who should undertake the examination, the venue, timing and the child’s ability to understand the purpose of the medical procedure.

- As with all Section 47 enquiries, the need for accurate, detailed, contemporaneous recording of information is essential.

When responding to concerns about the welfare of disabled children it is important that there is liaison and a close working relationship between staff working in the health and educational settings and those in the disabled children's service. Any assessments undertaken should ensure that the child remains the focus of these, be they initial or ongoing.

Professionals should never assume that a child with a disability is unable to share their views and participate in an assessment process, including child protection and the criminal justice system. Agencies must consider using appropriate communication methods throughout the assessment process including when a child with a disability requires support to give credible evidence within the assessment and court processes.

Each child should be assessed carefully and helped and supported to participate in the criminal justice process when this is in their best interest and the interests of justice. In criminal proceedings witnesses aged under 17 are automatically eligible for assistance with giving their evidence. Special measures may include screens around the witness box so they do not see the defendant; video recorded evidence in chief and live video links so they may not have to go into the courtroom at all, and intermediaries and aids to communication to facilitate good communication.

Achieving Best Evidence in Criminal Proceedings, Ministry of Justice and National Police Chiefs' Council, 2022, includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing disabled children. Throughout all discussions (including strategy discussions, Section 47 enquiries/children and family/ single assessments, the initial child protection conference and any subsequent child protection review conferences), all service providers must ensure that they communicate clearly with the child and family, and with one another, as there is likely to be a greater number of professionals involved with a child with a disability.

Following any Section 47 enquiries, the need for the child and their family to be provided with ongoing support should be recognised. When undertaking investigations/assessments into allegations of abuse concerning children with a disability, practitioners also need to consider the following:

- Making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment.
- Ensuring that disabled children receive appropriate personal, health, and social education (including sex education).
- Where the parents of a disabled child have a disability themselves, arrangements also need to be put in place to accommodate their needs throughout the investigation/assessment process.
- Making sure that all disabled children know how to raise concerns and giving them access to a range of adults with whom they can communicate. Those disabled children

with communication impairments should always have available to them a means of being heard.

- An explicit commitment to and understanding of disabled children's safety and welfare among providers of services used by disabled children and a culture of openness to ensure that concerns are properly followed up.
- Close contact with families, and a culture of openness on the part of services.
- Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment; anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home.
- The Local Authority Designated officer (LADO) must be involved when an allegation is made about a professional.
- Guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack capacity will be governed by the Mental Health Capacity Act 2005 once they reach the age of 16.
- The number of carers involved with the child should be established, as well as where the care is provided and when. A disabled child's network of carers could include short break foster carers, volunteer befrienders, sitters, personal assistants, community support workers, residential care staff, independent visitors and learning support assistants.
- Children who receive overnight short breaks and residential school should have their care plan reviewed by an Independent Reviewing Officer (IRO).
- The needs of disabled people who have been abused as children, to be able to access therapeutic services should also be given consideration.

7. Assessment

An assessment should be undertaken by professionals who are both experienced and competent in child protection work and who have knowledge and expertise of working with disabled children. A good question when assessing a disabled child is: 'Would I consider that option if the child were not disabled'?

Extra resources may be necessary especially where the child has speech, language and communication needs. For example, it may be necessary to obtain an assessment from a teacher and speech and language specialist as to the best way of working with the child. The child's preferred method of communication must be given the utmost priority.

The following questions should be asked when a referral is received concerning a disabled child:

- What is the disability, special need or impairment that affects the child? Ask for a description of the disability or impairment.
- Make sure that you spell the description of an impairment correctly.
- How does the disability or impairment affect the child on a day-to-day basis?

- How does the child communicate? If someone says the child cannot communicate, simply ask the question: 'How does the child indicate he or she wants something?
- How does the child show s/he is unhappy?
- Has the disability or condition been medically diagnosed?
- The number of carers involved with the child should be established as well as where the care is provided and when.

8. Disabled Children and the Law

The Disability Discrimination Act 2005 (DDA) and the Equality Act 2010 define a person with a disability as someone who has: "a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities."

The Children Act 1989 (Section 17) clarified the position of disabled children as children in need and defined disability using a National Assistance Act 1948 definition as:

- ‘a child is disabled if he is blind, deaf or dumb *(unable to speak because of a verbal impairment)* or suffers from mental disorder of any kind or is substantially and permanently handicapped *(disabled*) by illness, injury or congenital deformity or such other disability as may be prescribed’.

The Children Act 1989 lays down a general duty on Local Authorities to safeguard and promote the welfare of children in their area and so far as is consistent with that duty to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children’s needs.

This means that the needs of children with long term conditions and life-limiting conditions should also be considered as although not thought of as having a disability the vulnerabilities may be similar. Any child with a disability is, by definition, a 'Child in Need' under Section 17 of the Children Act 1989.

9. Intimate Care Good Practice Guidelines

It is recommended that where children require intimate care, good practice guidelines are drawn up within the establishment and disseminated to all staff. Parents/carers should also be made aware of how intimate care for their child will be managed. These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike.

In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner. Staff should be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice within the establishment. For example, if they do not wish to conduct intimate care on a one to one basis, this should be discussed, and alternative arrangements considered.

10. Partnership Working

Throughout all discussions, service providers must ensure that they communicate clearly with the child/young person and family, and with one another, as there is likely to be a greater number of professionals involved with a child with complex needs and disability. The number of carers and professionals involved with a child/young person with complex needs and disability should be established as well as where the care is provided and the relevant information they hold. A child/young person's network of carers could include short break foster carers, volunteer befrienders, sitters, personal assistants, community support workers, residential care staff, independent visitors and learning support assistants.

There is a need for the Children with Disabilities Social Care Team to work closely with their partners such as the Special Education Needs & Disability (SEND) Team and Health professionals to ensure that children have a multi-agency Education, Health and Care Plan (EHCP) which reflects the assessed needs of the child and the support that is in place Children with special educational needs and disabilities (SEND): Extra help, HM Government and this plan is jointly reviewed by all agencies. Joint Commission and integration of services across social care, health and education are crucial. This integrated approach helps the assessment of disabled children. Safeguarding processes are embedded with the EHCP framework to protect children with disabilities and ensure that their needs are fully met.

The involvement of children, young people, and their families in the co-production of EHCPs Ensures that their voices are heard, and their needs are met. This participatory approach is essential for effective safeguarding.

11. Early Help: Stronger Families

Working Together to Safeguard Children (2023) requires local agencies to have in place effective arrangements for the assessment of need for those children who may benefit from early help services. In Redbridge as a Families First for Children Pathfinder, professionals should use the new pathways this development is creating to assess unmet needs and co-ordinate appropriate support.

A key principle of the Pathfinder model is that the delivery of an effective Early Family Help offer is not the responsibility of a single agency - it requires a 'whole-family' approach owned by all stakeholders working with children, young people and families. Families and professionals will now be able to access a range children's services via the new Families First for Children pathways.

12. Allegations of abuse by people in positions of trust

The Revised Guidance for safer working practice for those working with children and young people in education settings 2022, developed by the Safer Recruitment Consortium offers best practice guidance, on safeguarding and promoting the welfare of children/young people, to all those working with children. It is recommended that this guidance is reflected by organisations in their employee codes of conduct.

All those who work with children/young people must have an Enhanced DBS check undertaken to assist employers in making safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children. However, the DBS should not be relied on solely as evidence someone is suitable to work with children. Organisations need to ensure wider safer recruitment checks such as references are undertaken as part of safer recruitment processes.

If allegations are made against an employee, volunteer, or a person in a position of trust, who works with children or young people with complex needs and disability, the employers safeguarding children's policies and procedures and RSCP guidance should be followed.

All organisations who employ staff or volunteers to work with children should have policies and procedures that align with chapter 4 of Working Together to Safeguard Children (2023) and include a named designated person in the organisation who concerns and allegations should be reported to and who is responsible for liaising with the LADO.

This includes referring all allegations about someone who works or volunteers with children to the LADO, within one working day, where the below criteria are met:

- Behaved in a way that has harmed a child or may have harmed a child.

- Possibly committed a criminal offence against or related to a child.

- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

This includes behaviour in somebody’s personal life which would raise a concern about them working with children (transferable risk). Where it is unclear if the above criteria are met, this should be discussed with the LADO and agreed whether a referral is required.

If Social Care, the police or any other professional believes the above criteria is met and is unsure if the employer has made a referral, then they should check with the employer. There should not be an assumption that the allegation will have been reported. Where the above threshold is met the LADO will guide, manage, and oversee any subsequent investigation processes.

Following the 2022 National Safeguarding Children with Disabilities and Complex Health Needs review, it is crucial to ensure effective communication between LADOs in host Local Authorities and those in placing authorities. This is particularly important when a child or young person is placed outside their local area and there are allegations of harm within the host care.

The LADO in the host Local Authority should ensure the Social Worker of the child is invited to any meeting where an allegation which relates to that child is discussed. As part of this discussion the Social Worker should consider the risk to the child and input into decision-making around this.

The review also highlighted the importance of organisations having clear whistleblowing and escalation policies in place, which are promoted amongst staff, to support in the raising of concerns that contribute to the safeguarding of vulnerable children.

It emphasised the necessity for low level concerns about staff to be reviewed internally and reported to the LADO to assist in patterns of behaviour being spotted across individuals and organisations.

13. Preparing for adulthood

Children with complex need and disabilities who are eligible for Social Care support can continue to receive it until adulthood. At this point, they transition to adult-oriented Social Care services. This time can be particularly challenging for young people with disabilities and their families. It involves a change in services and professionals at a time when they are also navigating broader life changes such as educational transitions.

To ensure a smooth transfer to adult services, it's important to plan in advance. If a child or young person is likely to need support after they turn 18, the Local Authority must conduct an assessment to determine if there would be a "significant benefit" to the individual. (Care Act 2014). This assessment is required whether the child is currently receiving any services. Parents can request this assessment, and it is a legal requirement that all young people over the age of 14 with a Statement of Special Educational Needs (SEN) have a Transition Plan.

Children that are currently open to Children's Services should be navigated through the existing transitional and collaborative pathways to ensure timely assessments and interventions are in place. Early assessment is particularly important for young people with complex needs who require significant levels of support from Adult Services.

During the transition period, the Local Authority must continue to provide any Children's Services that the individual was receiving until adult care and support is ready to take over, or until it becomes clear after the assessment that adult care and support is not required. It's crucial to plan early for the transfer to adult services to avoid the risk of a young person going without the care and support they need after turning 18 (Joseph Rowntree Foundation, 2024). Parents/Carers of disabled young people should be supported to navigate the new services and systems in the adult arena, including Mental Capacity Assessments, Deprivation of Liberty and lasting power of attorney Deputies: make decisions for someone who lacks capacity: Overview - GOV.UK. If a young person is on the children's Dynamic Support Register (DSR), they will be transferred to the adult DSR) Dynamic support register and Care (Education) and Treatment Review policy and guide, 2023). If the young person has a diagnosed Learning Disability, they will transfer to the Adult Learning Disability Service.

Further information on preparing for adulthood can be found in the Disabled CLA Transition Protocol 2024 and SEND Partnership Board Paper on Transition to Adulthood.

Version Control

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