

d/Deaf children and children who have disabilities: learning from case reviews

**Summary of key issues and learning for improving practice when working
with d/Deaf children and children who have disabilities**

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Introduction

This briefing highlights learning from a sample of case reviews published by local safeguarding partnerships between 2016 and 2023 where d/Deaf children or children who have disabilities died or suffered serious harm. These case reviews do not reflect the experiences of all children who experience serious harm. Concerns can go unidentified or unreported; and not all identified cases will result in a review.

Research suggests that d/Deaf children and children who have disabilities are particularly vulnerable to abuse and neglect compared with their peers (Jones et al. 2012; IICSA, 2022). The Child Safeguarding Practice Review Panel's (the Panel's)

phase 1 and 2 reports on safeguarding children with disabilities in residential settings also found that children were subject to serious levels of abuse (CSPRP, 2023).

Case reviews analysed for this briefing highlight how professionals didn't always recognise or understand the signs of abuse when working with d/Deaf children and children who have disabilities. Indicators of abuse and neglect were often attributed to children's additional needs, rather than explored in more detail. These findings were also reflected in the Panel's 2022/23 annual report (CSPRP, 2024).

The specific and individual needs of d/Deaf children and children who have disabilities, and the ways in which these needs can make them more vulnerable to abuse, need to be appropriately recognised and understood. Professionals who are unfamiliar with a child's additional needs should draw on the expertise of other professionals who have in-depth knowledge and understanding of that child and their individual needs.

The children and young people involved in the case reviews used for this briefing had several different conditions, including:

- chronic illnesses, such as asthma
- learning disabilities
- global developmental delay
- motor disabilities, such as cerebral palsy
- d/Deafness
- life-limiting or life-threatening conditions
- neurological conditions, such as epilepsy
- developmental disabilities, such as autism (National Autistic Society, n.d.).

Reasons case reviews were commissioned

In the case reviews in this sample, children died or were seriously injured through:

- neglect
- physical abuse
- child sexual abuse
- unexpected death.

Children sometimes experienced more than one type of abuse.

Key issues

Professional consideration of children's additional needs and lived experience

Professionals didn't always consider the impact that additional or complex needs may have on children's lives and how they may make them more vulnerable to harm.

- Professionals sometimes misinterpreted or didn't consider indicators such as speech delay, distressed behaviour, or unexplained bruises as potential indicators of abuse or neglect. This meant opportunities to intervene were sometimes missed.
- In some cases, professionals didn't look beyond a child's diagnostic label and consider their lived experience, such as how their learning needs might impact the likelihood of exploitation. This meant the level of risk children faced was sometimes underestimated.
- Health professionals sometimes responded to a child's reported symptoms without assessing them in the context of their additional needs. This led to unnecessary medical intervention and safeguarding concerns being missed.
- Practitioners' unconscious biases sometimes impacted their ability to recognise potential signs of abuse. For example, one child with complex needs and behaviours was called 'difficult' and their experience wasn't explored further.

- The lived experiences of children were inaccurately represented when practitioners used imprecise or unclear language to share information, such as using the term 'learning difficulties' to describe a child's additional needs.
- When working with families in which multiple children had additional needs, professionals sometimes over-focused on the presentation of the child with the greatest additional needs. This sometimes distracted them from recognising wider safeguarding concerns within a family.

Engaging with d/Deaf children and children who have disabilities

Case reviews highlighted how some services and professionals were able to engage with children in a way that considered their lived experiences and communication needs. Professionals were less able to do this when there was a lack of resources.

- Professionals didn't always seek out or centre children's perspectives, feelings and opinions. They missed opportunities to adapt communication, such as by drawing on specialists who understood the communication needs of the child.
- Services sometimes couldn't provide equipment in a timely fashion. The potential safeguarding implications of children being left without a way to express themselves or physically move about weren't always considered.
- Practitioners didn't always pursue why a child wasn't brought to appointments and didn't always offer the necessary practical support to help children access healthcare appointments.

Recognising caregiver capability and support needs

The link between the needs of caregivers and their ability to appropriately manage their children's additional needs wasn't always explored by practitioners.

- For some parents, full-time care for their child left them socially isolated and without support networks. Practitioners sometimes failed to recognise this and the impact it had on a parent's ability to safely care for their child.
- Professionals didn't always think about the interplay between d/Deafness and disability and other adversities. This meant some opportunities to support families facing issues such as poverty or domestic abuse, were missed.
- Professionals didn't always consider parents' understanding, feelings or beliefs around their child's additional needs and sometimes overestimated parents' ability to meet these needs.
- Insufficient resources and high workloads meant that professionals weren't always available to support a child's needs and caregivers didn't always get the support they needed to safely care for their child.

Professional confidence, information sharing and service provision

When there was a lack of professional training, proactive information sharing or resources, professionals weren't always equipped to identify and respond to safeguarding concerns.

- There was a lack of 'joined-up' processes between health and child protection. Key information wasn't shared between practitioners, which sometimes led to the safeguarding needs of children going unmet.
- In the absence of a Lead Professional, the co-ordination and communication of important information between practitioners was sometimes left to children's caregivers. This led to inaccurate or insufficient information being shared.
- Professionals lacked the confidence to challenge parents or question their knowledge, sometimes due to feeling that parents knew the most about their child's additional needs.
- Professionals working across a range of disabilities and d/Deafness often don't get the support they need to enable them to effectively support children and families.

- As identified in case reviews and by the Panel, professionals were sometimes unable to identify suitable residential care placements to meet a child's additional needs, partly because there is a national shortage of suitable child placements/homes. This left children at risk of harm (CSPRP, 2023).

Learning for improving practice

Working with d/Deaf children and children who have disabilities

It's important for practitioners to consider the specific needs of d/Deaf children and children who have disabilities, how their needs might impact their day-to-day lives, and how children are supported by those caring for them.

- Professionals need to recognise the different ways safeguarding risks may manifest for d/Deaf children and children who have disabilities and consider the cumulative impact of risk factors on their health and wellbeing.
- When a child doesn't have the cognitive ability to make or express their wishes, professionals should record how they have determined the child's best interests and opinions.
- Professionals should consider the possible safeguarding concerns when caregivers override their child's opinions or wishes, such as when they refuse treatment for their child. Professionals should document the event and seek the reasons for why it happened.
- Professionals should use accurate, specific and child-centred language when talking about a child's needs.
- Specialist equipment should be provided in a timely manner. If this isn't possible, professionals should seek the feelings, wishes and opinions of the child on what help can be given until the proper equipment can be provided.

- Practitioners should be aware of how children may communicate through actions and behaviour. Some children are non-verbal and may communicate through their body language and eye gaze. Actions and behaviours should not be automatically attributed to a child's additional needs.
- Professionals should ask children about their needs, wishes and feelings, and find out how their additional needs impact their lived experience. This can create opportunities for children to share any concerns they may have.
- Professionals should consider providing an advocate for children so that their feelings, wishes and opinions can be gathered and important information shared.

Informed and inclusive plans and assessments

Assessments and plans for d/Deaf children and children who have disabilities need to consider their additional needs, their lived experience, and opportunities and barriers.

- Practitioners shouldn't solely rely on the child or their caregiver to gain an understanding of the child's additional needs. Practitioners should work with a specialist to conduct assessments based on the needs of that individual child.
- When working with d/Deaf children and children who have disabilities, their specific needs and increased vulnerability should be considered when making decisions about thresholds and whether thresholds need to be different.
- Practitioners should recognise that because of the heightened dependence on caregivers, neglect may be more of a risk to health and life than in non-disabled children. If neglect is a concern, protection plans need to be proactive.
- Assessments need to consider not only the caregivers but also other visitors to the house, such as personal assistants, to ensure that a comprehensive risk assessment takes place as part of effective planning for the child.
- Children's feelings, wishes and opinions should be included in assessments and plans. Plans should allow for a range of formats such as drawings, British Sign Language (BSL) and videos.

Engaging caregivers

Professionals need to recognise the heightened dependency that some d/Deaf children and children who have disabilities have on their caregivers. Building a relationship is important in helping to identify when caregivers might require support.

- Professionals should be aware that parents may require additional specialist support to care for their child with complex needs. An assessment may be useful in understanding a parent's ability to meet the needs of their child.
- The systems in place for accessing support may be overwhelming for caregivers of children with complex or additional needs, especially if caregivers are vulnerable. Practitioners should help families to access the services that will best support their child.
- Practitioners should regularly review a child's medicine and its storage with caregivers to identify if additional support is needed. This also ensures any patterns of concern, such as misuse of medication, are recognised. This should be part of the Education, Health and Care Plan (EHCP).
- Practitioners should always follow up on any missed appointments and consider the reasons why a child wasn't brought. Patterns of incidence can then be identified and addressed.

Awareness and training

It's important that professionals at all levels have the knowledge and understanding needed to confidently support d/Deaf children and children who have disabilities. Professionals should also recognise that not all disabilities are visible.

- Practitioners working in specialist roles with d/Deaf children and children who have disabilities need support to safeguard them effectively.

- Practitioners should seek supervision where possible to help them to consider any safeguarding concerns and whether caregivers need additional help with their child's caring needs or support to engage with services.
- Professionals should be aware that babies born with conditions that affect their physical development will have different growth patterns than those typically seen on centile charts. Professionals should seek advice from specialists who understand the baby's development to identify any concerns.
- Health practitioners involved in distributing medication need to have training and knowledge around d/Deafness and disability and around the signs and risks of a parent being unable to meet the additional or complex needs of their child.

Interagency cooperation

Practitioners should be able to share their knowledge about d/Deaf children and children who have disabilities in a way that professionals from other services can understand.

- Medical and child protection processes should be co-ordinated so that: information is shared effectively; both services have a clearer picture of the child's experiences; and both services can contribute to the plans and arrangements for the child.
- Appointing Lead Professionals to co-ordinate work across services for d/Deaf children and children who have disabilities can ensure a single point of contact and a strategic view of the provision of support.
- Child protection meetings should include discussion of children's specific and individual needs. Participation should be sought from services and specific professionals who understand the needs of these children and their families.
- When a child is non-verbal or has limited means of communication, professionals should seek out specialists to assist with communication methods.

Learning from previous case review briefings

- Professionals working with sexually active young people with learning needs didn't always consider their ability to consent. There was a focus on the young person's chronological, as opposed to their developmental, age.
- Some d/Deaf children and children who have disabilities were depressed, anxious, angry or embarrassed about their needs. This resulted in low self-esteem and feeling unable to engage with support services.

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A list of the case reviews analysed for this briefing is available on the [NSPCC Library Catalogue](#).

<<http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=3702F102-0DF3-45C7-AB77-1A85F666ADE0&DataSetName=LIVEDATA>>

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