

FACTSHEET: Disabled Children

Under the Children Act 1989 (s17 (10)), a child or young person who is disabled is automatically a Child in Need. This is because without the input of identified services, they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired. The Equality Act 2010 defines a disabled person as someone who has “a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities”; this may include some long term illnesses as well.

Disability and Vulnerability

Disabled children and young people are more vulnerable to abuse for a range of reasons which include:

- May be socially more isolated
- Dependent on their carers for day to day assistance including intimate care
- They may have communication difficulties
- Be more vulnerable to bullying and intimidation
- May experience a lack of continuity of care so patterns of changes are missed
- Maybe fearful of making a complaint in case of loss of services
- May not have any one person to trust
- May not be believed
- May not be aware of good and bad touching by parents/carers

Practitioners should be aware of the impact on the whole family and any siblings as well.

Some families with a disabled child may be vulnerable to anti-social behaviour and bullying in their neighbourhood and other discrimination and hate crimes. All such concerns should be taken seriously by agencies.

Making a referral for safeguarding concerns

Where there are any concerns about the safety and welfare of a disabled child a referral should be made to Children’s Social Care following the procedure for “Making a Referral following the Identification of Safety and Welfare Concerns” in the Sheffield Children Safeguarding Partnership Procedures Manual; **chapter 1.2**.

Key Messages

- Support to parents and carers must be balanced to take in to account the needs and safety of the child
- The diagnosis of disability at birth may require additional support to parents to protect the child
- Be aware that certain health and medical complications may influence the way symptoms present or are interpreted
- Ensure good communication and consultation with children with disabilities; their voice must be heard
- Ensure clear lines of communication between the practitioners involved in a child’s care
- Good collaborative working between all parties is essential.

Section 47 Enquiries and Core Assessments

It is usual for a practitioner from the Children with Disabilities Social Work team to take the lead in any **Section 47** enquiry involving a child already known to them. Where the child is not known to the Disabilities Social Work team, case management rests with the relevant Children’s Social Care team unless a decision is made to transfer the case to the Disabilities Team.

Specialist services involved with the child or able to provide advice should participate in any assessments and analysis of risks in the child protection process such as **Child Protection Conferences**.