

# Cavendish Church of England Primary School



## Safeguarding pupils with Special Educational Needs and Disabilities

To be read in conjunction with the school's Safeguarding Policy,  
Working Together to Safeguard Children and  
NSPCC 'We have the right to be safe' Protecting disabled children from abuse

Signed on behalf of the Governing Body	
Signed: Headteacher	
Date:	Autumn 2022
Date to be Reviewed:	Autumn 2023

## **Our Vision**

In our school our Christian vision shapes all we do.

*Challenge, Creativity, Compassion: Create a pure heart in me – Psalm 51:10*

Our School Vision Statement reflects this commitment as children and staff are taught to challenge inequality, prejudice, bullying and harm; to respond with compassion and sensitivity to individual need and to respect the rights of all individuals to be safe and nurtured within God's world.

At Cavendish School we understand that children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. For children with profound difficulties, with little or no verbal communication and a possible need for intimate care, their vulnerability is extremely high. Additional barriers can exist in recognising abuse and neglect for these children.

Safeguarding Disabled Children: practice guidance (DFE: 2009) is an important part of the guidance for everyone involved in safeguarding children. Children with special educational needs and disabilities are at higher risk of harm than most children yet keeping them safe can be more of a challenge.

## **Introduction**

1. It is a fundamental principle that children with SEND have the same right as children without disabilities to be protected from harm and abuse and that standard procedure should be followed (See Child Protection and Safeguarding policy.) However, to ensure that the welfare of children with SEND is safeguarded and promoted, it needs to be recognised that additional action is required. This is because children with disabilities 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.
2. Children with disabilities are vulnerable to having poorer outcomes across a range of indicators including low educational attainment, poorer health outcomes and more difficult transitions e.g. into adulthood. They are more likely to suffer family break up and are significantly over-represented in the populations of looked after children and young offenders.
3. Families with children with disabilities are more likely to experience poverty and social isolation, and children with special educational needs are often more vulnerable to school exclusion.
4. Research evidence suggests that children with disabilities are at increased risk of abuse and neglect, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Children with disabilities can be abused and neglected in ways that other children cannot and the early indicators suggestive of abuse and neglect can be more complicated for children with disabilities.
5. Whilst the practice guidance does not identify specific groups of children with disabilities, particular reference is made to children with speech, language, and communication needs. This includes those who use non-verbal means of communication as well as a wider group of children who have difficulties communicating with others.
6. Various definitions of disability are used across agencies and professionals. Whatever definition of 'disability' is used, the key issue is not what the definition is but the impact of abuse or neglect on a child's health, positive development, and wellbeing.

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## **Guidance for Professionals**

1. The reasons children with SEND are more vulnerable to abuse are summarised below:
  - Many children with disabilities are at an increased likelihood of being socially isolated with fewer contacts outside their families than children without disabilities.
  - Their dependency on parents and carers for practical assistance in daily living, including intimate personal care increases their risk of exposure to abusive behaviour.
  - They have an impaired capacity to resist or avoid abuse.
  - They may have hearing, speech, language and communication needs which may make it difficult to tell others what is happening.
  - Children who have mobility problems have a decreased ability to remove themselves from abuse (and bullying) situations. They can't just move away.
  - They often do not have access to someone they trust to make a disclosure.
  - They are especially vulnerable to bullying and intimidation.
  - Looked after children with disabilities are not only vulnerable to the same factors for all children living away from home but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day-to-day physical needs.
2. Where there are safeguarding concerns about a child with SEND, there is a need for greater awareness of the possible indicators of abuse and/or neglect as the situation is often more complex. It is crucial that the disability is not allowed to mask indicators or deter the need for an appropriate investigation of child protection concerns.
3. Following are indicators of possible abuse or neglect, in addition to those indicators in **all** children:
  - A bruise in a site that might not be of concern on another child, e.g. a bruise on the shin might be a concern on a non-mobile child.
  - Not getting enough help with or time for feeding leading to malnourishment, e.g. if insufficient time is given for a child with restricted arm and hand movement to have an adequate lunch, the child could experience hunger or dehydration.
  - Poor toileting arrangements.
  - Lack of stimulation.
  - Unjustified and/or excessive use of restraint rather than adopting the approach of 'no more force or physical contact than is needed'.
  - Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing, over feeding / over medicating.
  - Unwillingness to try to learn a child's means of communication.
  - Ill-fitting equipment e.g. splints, sleep boards, misappropriation of a child's finances.
  - Invasive procedures which are unnecessary or are carried out against the child's will.
  - Poor maintenance of/deactivating equipment, e.g. removing batteries out of an electric wheelchair to restrict liberty solely for the convenience of others.
4. Professionals may be reluctant to act on concerns because of several factors that include:
  - Over identifying with the child's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a child with SEND.
  - A lack of knowledge about the impact of disability on the child.
  - A lack of knowledge about the child, e.g. not knowing the child's usual behaviour.
  - Not being able to understand the child's method of communication.
  - Confusing behaviours that may indicate the child is being abused with other behaviours associated with the child's disability/condition.
  - Denial of the child's sexuality.
  - Being unaware that certain health/medical complications may influence the way symptoms present or are interpreted. For example, some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

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5. Workers in Children's Social Care who are likely to receive initial contacts and/or referrals concerning children with SEND should have received appropriate training to equip them with the knowledge and awareness to assess the risk of harm to the child and know what action to take.
6. Assessment should be undertaken by professionals who are both experienced and competent in child protection work, with additional input from those professionals who have knowledge and expertise of working with children with disabilities. A good question when assessing a child with SEND is: *Would I consider that option if the child did not have a disability?*
7. Extra resources may be necessary especially where the child has hearing, speech, language, communication and/or mobility needs. For example, it may be necessary to obtain an assessment from a teacher, speech and language specialist or physiotherapist as to the best way of working with the child.
8. The child's preferred method of communication must be given the utmost priority
9. The following points should be considered when a referral is received concerning a child with SEND:
  - What is the disability, special need or impairment that affects the child? Ask for a description of the disability or impairment.
  - Make sure that the description of the impairment and any diagnosis are recorded accurately and 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 they want something'?
  - How does the child show they are unhappy?
  - Has the disability or condition been medically diagnosed?
10. The number of carers and professionals involved with the child should be established as well as where the care is provided and when.
11. When a concern is raised/identified, or a referral received the school's Child Protection and Safeguarding Policy is followed with special consideration to:
  - i) At the initial discussion, consideration should be given to appoint a support worker to consider any complex issues arising from the disability. If a facilitator or interpreter is required, they should be involved when planning the investigation.
  - ii) Where an interview with the child with SEND is required, consideration should be given to whether any additional equipment or facilities are required and whether someone with specialist skills in the child's preferred method of communication should be involved.
  - iii) All those involved in an investigation must ensure that they communicate clearly with the child with SEND and the family as well as with each other as there are likely to be a greater number of professionals involved.