Learning Outcomes

To recognise signs and symptoms of children and young people who are, or may be, neglected.

Audience   Groups 2-4, 6 (Working Together 2010)   **Time**   30 minutes

Key Reading

Department for Education (2011) Support and aspiration: A new approach to special educational needs and disability. A consultation. London: Department for Education.

Kennedy, M. and Wonnacott, J. (2005) "Neglect of disabled children". In J. Taylor and B. Daniel (eds) Child Neglect. Practice Issues for Health and Social Care, pp.228-248. London: Jessica Kingsley Publishers.

Miller, D. And Raymond, A. (2008) 'Safeguarding disabled children.' In Baginsky, M. Safeguarding Children and Schools. London: Jessica Kingsley Publishers.

Murray, M. and Osborne, C. (2009) Safeguarding Disabled Children. Practice Guidance. London: Department for Children, Schools and Families.

Stalker, K. and McArthur, K. (2010) 'Child abuse, child protection and disabled children: a review of recent research'. Child Abuse Review, n/a. doi: 10.1002/car.1154.

Vaccari, C. and Marschark, M. (1997) "Communication between parents and deaf children: Implications for socio-emotional development'. Journal of Child Psychology and Psychiatry 38(7) 793-801.

Links to Common Core

Common Core 2 Child and young person development (knowledge: understand how babies, children and young people develop). Know that development includes emotional, physical, intellectual, social, moral and character growth, and know that they can all affect one another.

Common Core 3 Safeguarding and promoting the welfare of the child (skills: personal skills). Understand the different forms and extent of abuse and their impact on children's development.
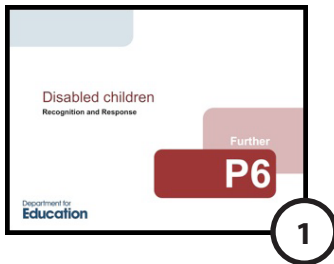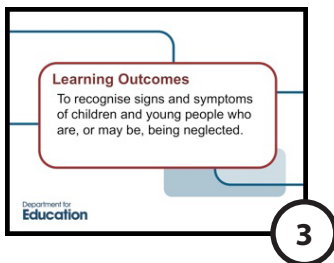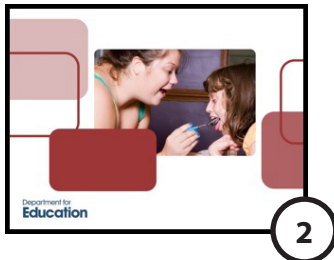
It should be acknowledged that participants attending the course might have a disabled child or family member with a disability. With all groups, there needs to be sensitivity in covering issues of potential neglect of disabled children.

As stated in the consultation document published by the Department for Education (2011):

Compared with their peers, children and young people who are disabled or who have SEN are considerably more likely to be at risk of poorer outcomes. They are less likely to achieve well at school and are four times less likely to participate in higher education. Pupils with SEN are more than twice as likely to be eligible for free school meals than their peers; and pupils at School Action Plus are 20 times more likely to receive a permanent exclusion and seven times more likely to receive a fixed-period exclusion than pupils with no identified SEN. Looked after children are three-and-a-half times more likely to have SEN compared with all children.

(Department for Education 2007, p22)
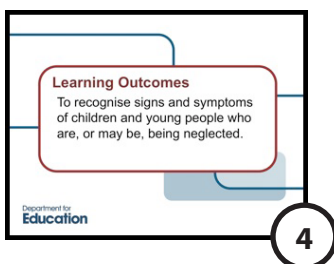
The evidence that disabled children are at increased risk of being abused and neglected is extensive (Sullivan and Knutson 2000; Kennedy and Wonnacott 2005).

Furthermore, Cross et al. (1993) point to the 'created' vulnerability for disabled children that comes from a range of social factors including lack of structural supports, poor access to many services and stereotypical and discriminatory attitudes. When considering the developmental needs of disabled children, it is crucial to assess all factors taking an ecological approach that may contribute to a heightened risk of the disabled child's development being compromised and not just focusing on the impact of the impairments.

Slide 5

Ways disabled children can experience abusue

Physical abuse	• failure to provide treatment • over-use of medication • forcing treatment that is painful • inappropriate use of physical restraint
Emotional abuse	• lack of communication or stimulation • teasing, bullying or blaming a child because of their impairment • forcing treatment that is painful • inappropriate use of physical restraint
Sexual abuse	• young person engaging in sexual activity within an unequal relationship without the level of awareness of the full meaning of the behaviour
Neglect	• Failure to support a child's treatment or support needs

(Miller and Raymo...)

This table is taken from Miller and Raymond (in Baginsky (ed) 2008) – their chapter covers particular issues for schools in relation to the abuse and neglect of disabled children.

Slide 6

Ways disabled children can experience abusue

Physical abuse	• failure to provide treatment • over-use of medication • forcing treatment that is painful • inappropriate use of physical restraint
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Sexual abuse	• young person engaging in sexual activity within an unequal relationship without the level of awareness of the full meaning of the behaviour
Neglect	• Failure to support a child's treatment or support needs

(Miller and Raymo...)

Kennedy and Wonnacot (2005) use a social model of disability as their starting point, whilst incorporating attention to the need to assess parental capacity. There is a risk that compromised development for a disabled child is attributed to the disability rather than neglect.

Practitioners can focus on the provision of practical support and be distracted from noticing when there is a breakdown or absence of parental care. Practitioners need to be alert to what may be contributing to neglect within the child's environment, family circumstances and social attitudes to disability, and address the availability of appropriate service provision.

There can be a paradox in the message that disabled children should be considered simultaneously as no different from other children, but also as having additional needs. The importance message for practitioners is that they need to apply the same care to assessing developmental needs in all domains and consider whether the children are attaining their potential. Kennedy and Wonnacott (2005) give a series of questions that can be asked when considering whether a disabled child is experiencing neglect.

Slide 7

Practices which harm disabled children

Evidence from practice

• Parents who will not allow equipment the child might need
• Denial of equipment by service providers
• Threats of abandonment/exclusion
• Body integrity compromised
• Verbal abuse/degrading comments
• Denial of treatments/alternative harmful regimes

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This and the subsequent few slides are fairly self-explanatory – they set out a range of ways in which disabled children's needs may be neglected.

Discussion point: have you come across this situation within your practice? How does this make you feel towards the families?

The examples have been collated from practice by Margaret Kennedy – a consultant with expertise in neglected children. Some participants may find it difficult to accept that a disabled child's needs are neglected in this way. Other participants may express anger towards parents who neglect their children in this way. However, it is important, again, to set these issues within the wider context of social attitudes and structural disadvantages that affect the parents as well as disabled children.

further

Disabled children

N6 3

Practices which harm disabled children

Failing to provide adequate food
- Not allowing/neglecting thickened feeds
- Not attending to special diets
- Not supervising healthy diet
- Not allowing tube feeds or gastrostomies
- Not feeding enough to keep light for lifting
- Devising own idiosyncratic feeding regime
- Delaying developmental food markers i.e moving from bottle to cup, for convenience
- Not feeding at all or too little for health and development

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As above

Practices which harm disabled children

Failing to provide adequate clothing
- Poor, inadequate or secondhand clothing (not because of poverty)
- Age inappropriate clothing
- Nappies/incontinence pads when not needed or appropriate

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Practices which harm disabled children

Failing to provide adequate shelter
(including exclusion from home or abandonment)
- Boarding school when home and local facilities available
- Respite care used too frequently with 'abandonment' motive
- Locked into bedroom for long periods
- Excluded from family functions/ rituals/holidays

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Practices which harm disabled children

Failing to protect a child from physical harm or danger
- Not allowing adaptations to the home
- Not allowing wheelchairs in or outside the home
- Not allowing communication aids to enable child to be alert to harm/danger
- Not allowing sign language/makaton, for example, that would enable child to alert others to danger
- Inadequate parenting
- Excessive surgery for 'normality'/cosmetic purposes

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Practices which harm disabled children

Failing to ensure adequate supervision
- Inadequate parenting

Failing to ensure access to appropriate medical care or treatment
- Not allowing surgery when indicated
- 'Do not resuscitate' directives when not appropriate
- Refusing tube feeding/gastrostomies when medically indicated
- May include neglect of, or unresponsiveness to, a child's basic emotional needs

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Neglect of children's need for equipment
- Denial of wheelchairs in the home on the basis they do not fit the décor or may ruin the flooring
- Rejection of household adaptations
- Rejection of external 'markers' of a child's impairment, such as hearing aids, sticks, crutches, splints, boots

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further

Disabled children

N6 4

Slide 14

How might parents neglect a disabled child?

The parents of other children may overtly reject the disabled child

Parents may fail to accept the impairment of the child

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Kennedy also highlights the ways in which some parents may wish to avoid the child having visible signs of being disabled. For the child this means that their needs for communication or moving around independently may not be addressed. Again, many parents may believe that it is in the child's best interests to appear as 'normal' as possible.

An overly critical approach from professionals will not be helpful, rather professionals need to develop a good working relationship with parents whilst simultaneously ensuring that someone in the network has established good communication with the child. This is especially important when parents are the main mediators of communication with the child.

Kirsten Stalker has published extensively about communication and disabled children – details of her publications can be found at:

http://www.strath.ac.uk/humanities/courses/socialwork/staff/stalkerkirstenprof/

Slide 15

'Parents are **not** to blame for these attitudes but they must take responsibility for changing them. The professionals who propound them must stop since these very **attitudes** are leading to the abuse of disabled children.'

(Kennedy 2004)

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This slide is a reminder that parents should not be blamed nor judged, rather they need understanding and support whilst the needs of the child should be held central.

Slide 16

Important factors in attachment

- Parental sensitivity, emotional attunement, mind-mindedness, emotional responsivity, affect regulation
- Understanding and interpretation of child's mental states and needs
- Child's ability to communication own mental states and needs

(Howe 2005)

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Many participants will be familiar with attachment theory and the importance of a secure attachment in a child's life. Neglect is frequently associated with insecure attachments because of the absence of a consistent, sensitive and responsive relationship with a parent or carer. For example, the mind-minded parent is more likely to treat their children as individuals with minds. Here participants are reminded that a secure attachment is also vital for a child who is disabled.

Even when a child is clearly very dependent upon a parent or carer it should not always be assumed that the attachment pattern is secure – the same careful attention to the quality of the relationship is as important as it is for any child. If a child's need for a secure attachment is not being met they are likely to be at elevated vulnerability to the effects of separations and other trauma.

Attachment and deaf children.

Attachment and disability. David Howe is the author of a number of key texts about attachment and participants who are interested in this area can be directed to his work.

This diagram underlines the importance of supporting parents in accepting that they have a disabled child.

Communication – the authors note that barriers to communication are risk factors for disabled children. For example, they may not be able to contribute to discussions in schools if their communication aids do not include the appropriate words or concepts. They need a vocabulary to enable them to communicate about sensitive issues.

Consultation – 'We know that children and young people who feel secure and valued, and who are routinely involved in decisions that affect them, are more likely to seek support when they are anxious as they will have an expectation that they will be believed and that their concerns will be acted on' (p. 74). Disabled children need to be involved in drawing up their care plan – and schools and other settings need to create an ethos of listening, consulting and valuing the children and young people's views.

Complaints procedures – within schools the provision of clear messages about what to do and who to speak to if worried about something happening either within the school or elsewhere is helpful. They highlight the value of peer supporters and advocates.

Anti-bullying – bullying is a major risk for children in the general population, children with a disability are at elevated risk of bullying and therefore schools need to ensure that their anti-bullying policies are suitable for all children, including disabled children. They need to address the specific issues that disabled children may face.

Someone to turn to – schools can play a vital role in bridging the gap between disabled children and sources of help and support such as helplines or advocacy services. Schools can ensure the child has the vocabulary to communicate, has access to accessible information, has opportunities to contact sources of help in private, develops links with outside support agencies and provides a range of opportunities for children to speak to staff about any concerns.