

Safeguarding Disabled Children: A Resource for Local Safeguarding Children Boards

This web-based Resource will be updated as appropriate. We would also be grateful for any feedback on the material presented here, including any additions or amendments that could improve on its usefulness.

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This Resource was commissioned by the Department for Education and Skills. It will be updated when *Working Together to Safeguard Children* is published in spring 2006. Examples given are from Area Child Protection Committees although we realise many are now operating as Local Safeguarding Children Boards.

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Jenny Morris
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Introduction

Why is this Resource needed?

While disabled¹ children share a lot in common with non-disabled children, they:

- are particularly vulnerable to abuse;
- have particular experiences of abuse; and
- have additional requirements if they are to be properly safeguarded from harm.

Standard 8 of *the National Service Framework for Children, Young People and Maternity Services* (the NSF) requires that:

“Local Authorities, Primary Care Trusts and NHS Trusts ensure that:

- *the Area Child Protection Committee/Local Safeguarding Children Board has a system in place to ensure that all disabled children are safeguarded from emotional, physical and sexual abuse and neglect; and*
- *the specific needs of disabled children are addressed in safeguarding children protocols in line with Working Together to Safeguard Children and their Families.*”²

This Resource is intended to assist LSCBs in meeting this Standard. The NSF states that interagency safeguarding children protocols need to be comprehensive and include agreement in relation to:

- Consulting with disabled children, and organisations advocating on their behalf, about how best to safeguard them;
- The development of emergency placement services for disabled children who are moved from abusive situations;
- The systematic collection and analysis of data on disabled children subject to safeguarding processes;
- Safeguarding guidance and procedures for professional staff working with disabled children;
- Training for all staff to enable them to respond appropriately to signs and symptoms of abuse or neglect in disabled children;
- Guidance on contributing to assessment, planning and intervention and child protection conferences and reviews;
- Disability equality training for managers and staff involved in safeguarding children work;

¹ The definition of the term disabled children is discussed in Section 6.

² Department of Health and DfES, 2004. *National Service Framework for Children, Young People and Maternity Services: Disabled children and those with complex health needs*, London Department of Health, p.35.

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en>

- Regular reviews and updating of all policies and procedures relating to disabled children.³

What is in the Resource and how should it be used?

Section 1 provides important information about the vulnerability of disabled children to abuse. This, together with more general information provided later in Section 6, will help those with a strategic or planning responsibility to understand the context of safeguarding disabled children.

Section 2 sets out guidelines to help Local Safeguarding Children Boards (LSCBs) to address the needs and circumstances of disabled children in their monitoring and coordinating activities. The section discusses the different methods by which an LSCB may choose to focus on disabled children before going on to list the key features of an effective safeguarding system for disabled children. These features should be addressed when developing and implementing safeguarding strategies, and could provide a useful checklist for LSCBs. They have been endorsed by the National Working Group on Child Protection and Disability, made up of a large number of organisations and individuals concerned with safeguarding disabled children.

Section 3 is written by an experienced practitioner, and provides guidelines for individual professionals involved in the safeguarding process. The aim is to enable those in contact with disabled children to avoid the common pitfalls which often lead to a failure to properly safeguard the welfare of this group of children. LSCBs and their constituent organisations could choose to issue these guidelines to practitioners and/or may adapt them to suit particular organisational roles and local circumstances.

Section 4 highlights issues relating to communicating with disabled children that LSCBs need to consider in their monitoring and coordinating role. It also provides information about available resources. Again, this section is likely to be of use to those responsible for the design and implementation of safeguarding strategies. It will also be relevant to senior managers responsible for safeguarding and promoting the welfare of children.

Section 5 provides key information about the kind of training which is required in order to effectively safeguard and promote the welfare of disabled children. It should enable those responsible for commissioning training to determine what type of training is required, and how to find and evaluate trainers.

Section 6 summarises what we know about the disabled child population, including a discussion of what is meant by the term 'disabled child' and the needs and circumstances of disabled children. It provides important background information to help those with a strategic or planning responsibility to understand the context of safeguarding activity for disabled children.

Section 7 provides a summary of legislation and guidance relevant to safeguarding and promoting the welfare of disabled children.

³ Ibid., p. 36.

Section 1: The vulnerability of disabled children to abuse

This Section of the Resource summarises what we know about disabled children's vulnerability to abuse and/or neglect.

Disabled children are more vulnerable to abuse and/or neglect than non-disabled children. An American study of 50,000 children found that disabled children were on average 3.4 times more likely to be abused or neglected than non-disabled children.⁴ Analysis of one English County Council's child protection register found that, although disabled children made up only 2% of the local child population, they accounted for 10% of children on the register.⁵ According to the Children in Need census for England, disabled children are over-represented among children who are looked after because of abuse and neglect.⁶

There are a number of reasons for disabled children being more vulnerable to abuse,⁷ including:

- They are likely to be in contact with a larger number of service providers than non-disabled children and are likely to receive intimate care from a larger number of people;
- They are more likely to spend time away from their families than non-disabled children, in short-break services, residential schools and so on;
- Disabled children and their families may experience inadequate and poorly co-ordinated support services. This can lead to isolation which is widely recognised as a risk factor for abuse;
- Abusive practices can sometimes go unrecognised. This happens in two ways: firstly, sometimes a practice is applied to a disabled child which if applied to a non-disabled child would be recognised as abusive (such as tying a child up or locking a child in a room in order to control his behaviour); secondly, for some disabled children a failure to provide a certain level of care can result in significant damage to their development, health and well-being, yet this is not always recognised;
- There is a common failure to consult with and listen to disabled children about their experiences;

⁴ Sullivan, P.M. and Knutson, J.F. (2000) 'Maltreatment and Disabilities: A population based epidemiological study', *Child Abuse and Neglect*, 24(10).

⁵ Morris, J. (1999) 'Disabled children, child protection systems and the Children Act', *Child Abuse Review*, 8, 91-108.

⁶ Department for Education and Skills (2004) *Children in Need in England*. National Statistics.

⁷ See Kennedy, M. (2002) 'Disability and child abuse' in Wilson, K and James, A.eds. *The Child Protection Handbook*, Balliere and Tindall; Miller, D. (2003) 'Disabled children and abuse' in Morris, J. *"It doesn't happen to disabled children" Child protection and disabled children – Report of the National Working Group on Child Protection and Disability*, NSPCC.

- Underpinning all the many other factors which create a vulnerability to abuse are negative social attitudes towards disabled children – their lives and their experiences are commonly devalued;
- Failure to acknowledge and promote disabled children's human rights means that abusive practices are seen as acceptable.

In spite of this greater vulnerability, there is also evidence that current safeguarding systems do not adequately protect disabled children from harm. There are a number of reasons for this:⁸

- There is a commonly held belief that disabled children are not abused. This can lead to a denial of, or a failure to report, abuse or neglect;
- There is a lack of awareness among carers, professionals and the general public of what the indicators of abuse or neglect are for disabled children. These can of course be the same as for non-disabled children but there is much anecdotal evidence of indicators of abuse or neglect being misinterpreted as being related to impairment – the most common example being where a child's behaviour is put down to her impairment rather than as a possible indicator that she has been abused or neglected;
- Those working in services for disabled children are commonly not trained in safeguarding children while those working to safeguard children are not familiar with disabled children and their needs;
- A lack of familiarity with a child's impairment can get in the way of social worker using their safeguarding expertise – statements such as "He has a mental age of 5" can inhibit social workers and undermine their confidence in their own judgement concerning safeguarding and child development;
- Disabled children are commonly held to be not 'credible witnesses' and therefore concerns about possible abuse may not result in a referral to children's social care, or further enquiry. A belief that the police are unlikely to investigate abuse of a disabled child can act as a halt on social workers proceeding further with a complaint;
- There is often a reluctance to challenge carers, particularly when the social worker knows that removing a child from home or a current placement would be difficult because it would be hard to find an alternative placement for the child;
- A disabled child is more likely to be in contact with a number of different services and carers: there may be information recorded in a number of case files held by a number of different services and professionals. This means that

⁸ See Kennedy, 2002, Ibid.; Edwards, H. and Richardson, K. (2003) 'The child protection system and disabled children' in Morris, J. *"It doesn't happen to disabled children" Child protection and disabled children – Report of the National Working Group on Child Protection and Disability*, NSPCC.

a retrospective analysis of records could be of value – often there is a pattern of incidents being

- recorded but not identified, at the time, as a cause for concern. Looking at large number of records, talking to a number of workers, however, will take longer than usual and extra time is not always available;
- More time will often be required to gather information directly from a disabled child and specialist expertise or resources may be required. This is not always available.

A broader discussion of what we know about the needs and circumstances of disabled children (including a discussion about what is meant by the term 'disabled child') is contained in Section 6.

The next section of this Resource, Section 2, sets out guidelines to help Local Safeguarding Children Boards to address the needs and circumstances of disabled children in their monitoring and coordinating activities.

Section 2: Safeguarding disabled children: guidelines for LSCBs

This Section of the Resource is intended to help Local Safeguarding Children Boards consider how to ensure that their safeguarding activities address the particular needs and circumstances of disabled children. It should be used in conjunction with:

- Department of Health, Home Office and the Department for Education and Employment, (1999) *Working Together to Safeguard Children: A guide to Interagency Working to Safeguard and Promote the Welfare of Children*, London: The Stationery Office, and its successor document, *Working Together to Safeguard Children*, which will be issued in spring 2006;
- Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Science and Office of the Deputy Prime Minister (2003) *What to do if you're worried a child is being abused: Children's Services Guidance*, London: Department of Health;
- Department of Health, Department for Education and Employment and the Home Office (2000) *Framework for the Assessment of Children in Need and their Families*, London: The Stationery Office.

This Section draws on research evidence concerning disabled children's experiences, and the work of Area Child Protection Committees (ACPCs), to identify the action that needs to be taken at a strategic and planning level.

2.1 Starting points

The objective of Local Safeguarding Children's Boards is to agree how the relevant organisations in each local area will cooperate to safeguard and promote the welfare of children in that locality, and to ensure the effectiveness of what they do.

Section 1 of this Resource sets out the evidence that disabled children are more vulnerable to abuse than non-disabled children. It is therefore important that LSCBs, tasks of coordinating and monitoring fully include this group of children.

It is unlawful to discriminate against disabled children when providing a service. Discrimination means not only refusing to provide a service or offering a lower standard of service, but also failing to make reasonable adjustments to enable a disabled child to use the service. The Disability Discrimination Act 1995 requires public bodies to 'promote equality of opportunity' for disabled children and adults. The advice in this section of the Resource will help Local Safeguarding Children Boards to fulfil this new disability equality duty.⁹

⁹ The Disability Rights Commission has published a Code of Practice on www.drc-gb.uk

The Council for Disabled Children has published *Come on In: A practical guide for children's services. The Disability Discrimination Act 1995, Part 3 Access to Goods and Services*.

This has information on:

- what the Disability Discrimination Act and Codes of Practice say;
- what this means in practice;
- good practice illustrations;
- checklists to determine how accessible a service is; and
- worksheets to aid planning action.

Available from CDC, 8 Wakley Street, London EC1V 7QE.

Email: cdc@ncb.org.uk Tel: 020 7843 1900 Web: www.ncb.org.uk/cdc

Disabled children are the *same* as non-disabled children in that they have the same human rights to be safe from abuse and neglect, and to be protected from harm.

Disabled children are, however, *different* from non-disabled children in that they have needs relating to physical and/or sensory impairment, and/or cognitive impairment. They also experience greater and created vulnerability¹⁰ because of negative attitudes about disabled children, and unequal access to services and resources.

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 has to be taken in order 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.

This Section sets out what LSCBs should do in order to safeguard and promote the welfare of disabled children.

2.2 Mechanisms for championing the safeguarding and promoting the welfare of disabled children

It is important that each LSCB has mechanisms for enabling the Board to safeguard and promote the welfare of disabled children. Mechanisms which have been successfully used by Area Child Protection Committees include:

- a working party or a sub-group;
- regular seminars or conferences;

¹⁰ The creation of vulnerability to abuse of disabled children is discussed by Margaret Kennedy in *The ABCD Pack: Abuse and Children who are Disabled* (see Section 5.5 of this Resource for details).

- designated responsibility for raising issues relating to disabled children;
- consultative work with disabled children and adults; and
- core groups to take on local training and consultation roles.

It will usually be helpful to have a combination of more than one of these types of initiative. A good starting point – whatever the methods chosen – is to schedule a discussion on safeguarding and promoting the welfare of disabled children at one of the Board's meetings and, following that, to designate responsibility for writing local guidance concerning the protection from harm of disabled children. It will then be important to have regular items on the agenda – perhaps six monthly – to review progress.

Whatever mechanism is chosen, two roles need to be undertaken:

- checking that all initiatives, policies, procedures and training take into account the needs and circumstances of disabled children; and
- initiating specific action to ensure disabled children are protected from harm and their welfare is promoted.

Both roles will be part of fulfilling the forthcoming Public Sector Duty for public bodies to take positive steps to promote equality of opportunity for disabled children and adults.

Ensuring that existing training programmes take account of disabled children

The Training Working Group of one ACPC commissioned a disability equality consultant to assess their training programme and materials to identify how effectively issues relating to disabled children were covered. This resulted in additional material being integrated within the core training modules, and some additional training modules concerning deaf awareness and disability issues.

Specific action to ensure disabled children's welfare is safeguarded

One ACPC set up a Working Party on Child Protection and Disabled Children, which met regularly over a period of two years. This consisted of representatives from children's services, community and hospital-based health services, police, Crown Prosecution Service, special schools, teaching support service, local voluntary organisations and service providers, and a parent representative. The Working Group provided an opportunity to ensure that existing Guidance was being complied with, to encourage good practice and to identify what additional action and resources were required.

It will be important to ensure that, whatever the mechanism for championing issues relating to safeguarding and promoting the welfare of disabled children, this involves all the relevant agencies. For example, the lead role may be given to someone from children's social care, but at the same time each of the other agencies participating in the LSCB should identify a member of staff who will represent their organisation on this issue.

2.3 Features of an effective safeguarding system for disabled children

Research evidence, and the experience of safeguarding disabled children, indicates that a number of features are key if systems and processes are to effectively protect disabled children from harm. The following features could be used as a checklist by LSCBs to assess the effectiveness of local safeguarding systems.

1. ***Clarity of responsibility within children's social care for safeguarding and disabled children***

The organisations consulted in preparing this guide had differing opinions about whether safeguarding responsibilities should be held within Disabled Children's Teams or whether Children and Families Teams should be responsible for safeguarding work with disabled children. Each arrangement has both advantages and disadvantages.

Disabled Children's Team hold responsibility for safeguarding children

Advantages:

- Specialist knowledge about disabled children's needs and circumstances;
- Skills in communicating with disabled children;
- Knowledge of and established relationships with other agencies working with disabled children.

Disadvantages:

- Close relationship with parents can make the section 47 enquiry role difficult;
- Workers may not have the opportunity to build up expertise in safeguarding work because of low number of cases dealt with.

Children and Families Team holds responsibility for safeguarding work with disabled children

Advantages:

- Specialist knowledge of safeguarding;
- Skills and experience of safeguarding processes;
- Application of clear safeguarding standards and procedures.

Disadvantages:

- Lack of familiarity with disabled children's needs and circumstances and what standards to apply;
- Lack of experience of how impairment may impact on a child and what this means for indicators of abuse and safeguarding.

While the structural arrangements may vary for good reasons, there should always be clarity as to who has responsibility for safeguarding work concerning disabled children.

2. *There is good communication and effective working relationships between and within agencies working with disabled children*

Whatever the arrangements it will be important to ensure that, when there are safeguarding issues concerning a disabled child, expertise in both safeguarding and in working with disabled children is available. Some of the best practice in this area is when there is co-working involving different specialisms.

Disabled children are likely to be in contact with a number of different agencies and also with different parts of the same organisation. Across all these different agencies there should be:

- information sharing about disabled children's needs;
- communication about vulnerability and concern; and
- common values and understanding about safeguarding of disabled children.

3. *Those receiving initial contact queries¹¹ concerning disabled children are aware of safeguarding issues for disabled children*

It will be important that those receiving initial contact queries concerning disabled children do not automatically refer all such queries to the Disabled Children's Team (unless they also deal with safeguarding matters). As Section 3 highlights, it is not always obvious from the initial contact that there is a safeguarding matter. LSCBs will want to ensure that initial contacts concerning disabled children are appropriately referred and this will require raising awareness of the safeguarding issues for disabled children amongst those staff who are the first point of contact. The information contained in this publication could be used as a resource for raising awareness.

4. *Practitioners receive basic and advanced training on safeguarding and disabled children*

Issues relating to disabled children need to be covered in basic safeguarding training, but practitioners also need specialist training concerning disabled children (see Section 5). Training pathways for all staff involved in safeguarding should ensure that they are not allocated cases concerning disabled children until they have received appropriate training. Anyone carrying out assessments of disabled children should have received training on using the Assessment Framework with disabled children and be familiar with the Practice Guidance *Assessing the Needs of Disabled Children and their Families*¹².

¹¹ By 'initial contact' we mean the first point of contact with local services.

¹² Department of Health, 2000. *Assessing Children in Need and their Families: Practice Guidance*, London: The Stationery Office

One training consultancy offers the following course for staff who may be involved in section 47 enquiries and investigations concerning deaf children.

Deaf Children and Abuse or Neglect

Aims

The aim of this course is to enable participants to learn about the specific needs and skilled intervention required when a deaf child enters the statutory process, following suspicion of abuse or neglect.

Outcomes

By the end of this course, participants will be able to:

- Be aware of the nature and impact of deafness on the safeguarding process;
- Look at ways of working with BSL Interpreters that follow *Achieving Best Evidence* Interview guidelines;
- Offer the best possible service to the deaf child in a system designed only for the verbal/English-speaking child;
- Leave the course fully aware of the extent and nature of deafness and how this impacts on the statutory processes when there are concerns about a child's safety;
- Understand how to plan and prepare for interviews involving the need for an additional professional with skilled resources (BSL Interpreter).

5. *Practitioners have an awareness of factors likely to be relevant in any situation where concerns have been raised about the welfare or safety of a disabled child*

LSCBs have a responsibility to ensure that those involved at all stages of the safeguarding process are aware of the particular factors that may be relevant when there are concerns about a disabled child. These factors include:

- The range of agencies and professionals likely to be involved in a disabled child's life and what assistance they are likely to be able to give in any assessment, s47 enquiry and/or police investigation;
- The impact of impairment and disabling barriers;
- The indicators of abuse or neglect in children with different impairments;
- The particular ways in which the legal definition of 'significant harm' might apply to disabled children;

- The barriers to the recognition of disabled children's experiences of abuse or neglect;
- The barriers to safeguarding the welfare of disabled children.

There is more detailed discussion of these factors in Section 3 of this Resource.

6. *Practitioners have access to specialist advice and support which can be called on when an assessment involves a disabled child. Resources (in the form of budgets, information and services) are available to meet the communication needs of disabled children*

In order to make judgements about whether a disabled child is at risk of, or is suffering, significant harm, it will often be necessary to seek specialist advice and information about the impact of impairment on the child and the context of his or her experience. If the child has a communication impairment, advice and resources will be required in order to ascertain the child's views and decide whether an investigative interview will be possible.

"There's never been any barriers to getting assistance with communication with a child. The department funds workers within the Disabled Children's Team to do Makaton, BSL or other courses on communication. We have whole team meetings where we share our knowledge and skills."

Team Manager, Disabled Children's Team.

"If we need help with communicating with a child, e.g. a BSL interpreter or whatever, we have a budget for that. Our Disabled Children's Team knows where we can get such help but also we're building up our own knowledge about how to help with communication."

Principal Officer, Child Protection.

7. *There is a strong culture of consulting with and listening to disabled children amongst all services with whom they come into contact. All services make it easy for children to complain*

LSCBs can play an important strategic role in promoting consultation with disabled children and encouraging robust complaints procedures. While these are important issues concerning all children, there are particular issues to be considered when promoting good practice in consultation and complaints procedures concerning disabled children. Complaints procedures should be accessible to children with a range of communication and access requirements. There are increasing numbers of tools and resources in these areas and increasing numbers of organisations carrying out good practice. LSCBs and their constituent organisations can play a key role in disseminating information concerning these issues.

One residential school, which is also registered as a children's home, pays for six independent advocates who are each attached to two groups of 6 children. They visit the children every fortnight and have a meeting to represent their views to senior staff once every half term. The children have severe learning disabilities and autism. The advocates were provided with training in Makaton and have made a long-term commitment (four have been visiting for the last six years). They, therefore, get to know the children and how they communicate. They also liaise with parents and help to address any concerns they have.

8. *Parents are supported to provide the best care possible for their child*

The families of disabled children often experience greater stresses – because of social, economic and environmental factors - than the child's impairment in itself (see discussion in Section 6). Insufficient support can threaten children's health and development. It will be important that parents receive timely assessments of the support they might need in order to care for their disabled child. Carers' assessments, good quality and flexible services, including home-based support and short breaks, are all essential parts of safeguarding disabled children. LSCBs will want to do their best to ensure that referrals expressing concern about a child's safety are not resulting from a failure to provide parents of disabled children with adequate support. Section 6 sets out what type of support parents commonly need and appreciate.

One local authority found that a special school catering for children with learning disabilities was making a number of referrals concerning children's welfare where the parent had a moderate learning disability and was not receiving any support from adult services. Most of the situations could have been resolved if the parents had received advice, information and family support at an earlier stage of their parenting lives. A joint protocol was agreed between children's and adults' services for supporting parents with learning disabilities.

9. *There are good working and strategic relationships between children's and adults' services*

Where the parent is also disabled it will be particularly important to ensure they are receiving support to meet their own, including their parenting, needs. The parent of a disabled child may experience physical, sensory or cognitive impairments, and/or mental health problems themselves, but their level of impairment or illness may not meet the normal eligibility criteria for adult services. LSCBs will want to work with adult services to ensure that children are not put at risk of harm because of a lack of support to parents. LSCBs should ensure that both adult social services and adult health services are represented on the LSCB and in particular adult mental health and adult disability services.

Arrangements should also be put in place concerning the safeguarding of disabled young people, who have been the subject of concerns about their safety or welfare, and who reach the age of 18 and/or transfer to adult services.

10. Services for disabled children have guidelines, and provide staff training, on safeguarding issues for disabled children. There are also clear guidelines on, and awareness of, safeguarding procedures

LSCBs should take a strategic approach to ensuring that all organisations in contact with disabled children have an explicit commitment to promoting and safeguarding the welfare of children.

Those working closely with disabled children are likely to be in the best position to pick up any indicators of abuse or neglect. They should therefore be familiar with indicators of abuse and with local safeguarding procedures. Agencies represented on the LSCB have a responsibility to ensure their own organisations provide training for staff working with disabled children. The LSCB itself should also encourage other organisations, both mainstream and specialist services, to train their staff.

The LSCB should ensure that all services working with disabled children:

- Are aware of safeguarding procedures and that staff have received basic training in safeguarding the welfare of children;
- Have clear safeguarding policies which include a commitment to respecting and promoting disabled children's human rights, and which cover specific issues such as intimate care, handling difficult behaviour, consent to treatment, bullying, etc;
- Have a point of contact within local children's social care for advice and information concerning any safeguarding concerns that may arise.

11. There has been investment in emergency placement provision for disabled children

One key barrier encountered in safeguarding disabled children is the difficulty that there often is in finding a suitable emergency placement when a disabled child has to be moved from either their family or an existing service. It is important for LSCBs to enable the various agencies to work together to ensure that a lack of emergency placements does not inhibit safeguarding of disabled children's welfare. Such placements should be as close to the child's home as possible (unless this is not appropriate) but it may be necessary and appropriate to work with other agencies on a regional basis to provide emergency placements for children with specific needs.

12. Adaptations to section 47 enquiries and police investigation procedures have been made in order to accommodate the specific needs and circumstances of disabled children

It is likely that, when section 47 enquiries and investigations involve disabled children, more time will be needed in order to gather information from the range of services and professionals that a disabled child is likely to be in contact with. More time is also likely to be required to prepare for interviewing a disabled child and for the interview itself.

Throughout section 47 enquiries and police investigations, additional resources may be required such as: seeking advice and information on the impact of a particular impairment; interpreters or communication aids. Section 3 sets out the implications for individual practitioners. It will be important that LSCBs have considered these issues and adjusted procedures and allocated resources accordingly.

One ACPC found that a criminal investigation involving Deaf¹³ children was hampered by a lack of clarity about who would be responsible for paying for the services of interpreters. There was also uncertainty about the children's levels of understanding. Subsequently, a protocol was drawn up and agreed by the members of ACPC on responsibilities for funding and provision of communication advice and assistance. Some work was also done on identifying experienced interpreters who could assist with criminal investigations in the future.

13. Therapeutic services are available for disabled children and young people who have been abused

Disabled children have as much need for therapeutic support following abusive experiences as non-disabled children. Unfortunately this is not always recognised, particularly where a child has a cognitive and/or communication impairment. Even when such needs are recognised it can be difficult to find a service which has the necessary skills and experience to work with disabled children. LSCBs should seek to address this issue so that such resources are available, and known about, when the need arises.

A therapeutic service provided by a voluntary organisation has an arrangement with several local authorities to provide individual therapy to disabled children and young people who have been abused. Social workers are able to spot purchase such support when the need arises, based on the contract already in place.

A specialist agency provides play therapy specifically for disabled children who have been sexually abused. The agency also provides a training and mentoring service to develop skills in local therapeutic services.

14. Where concerns have been raised about a child's safety but these have not been sufficient to justify registration on the Child Protection Register, a plan is drawn up to address the needs of these children

It is common for concerns to be raised about a child's safety, or about a particular service, but for there to be insufficient evidence to proceed further with section 47 enquiries. There are also circumstances where there are concerns about a child's

¹³ The term 'Deaf children' refers to children who use British Sign Language – the capital D signifying they are part of a linguistic community. The word 'deaf' with a lower case 'd' is used to mean hearing impairment and can refer to hearing impaired children who use BSL, as well as those that do not.

health and development but these are not sufficient to reach the significant harm threshold. In these circumstances it may be particularly important to ensure that the child's and families' needs are addressed by careful planning and coordination of services. In the light of, on the one hand, disabled children's particular vulnerability and, on the other hand, the common difficulties in proceeding with section 47 enquiries and police investigations, LSCBs should ensure that procedures are put in place to address the needs of these children and that of their family members.

15. *There are clear procedures for specific circumstances where disabled children may be particularly vulnerable*

Some disabled children are in settings or have particular experiences which make them especially vulnerable. It will be important to have clear procedures and policies to ensure their welfare is safeguarded.

Disabled children cared for in residential settings

Each Local Safeguarding Children Board should have access to a database of residential establishments catering for children in their area, including schools (irrespective of their status as private and voluntary, local authority or maintained/non-maintained/independent).

When a serious incident is notified to the LSCB concerning a child at a residential establishment, the Board will want to know that children's social care have made a decision about informing the placing authorities of all the children in that establishment.

LSCBs have a clear role to play in encouraging best practice, and learning from organisations which have developed good practice. For example, that consideration is given to how to safeguard the welfare of disabled children in residential placements who are not looked after, such as those in residential school placements solely funded by local education authorities.

Social services in one local authority have a service level agreement with the local education authority, concerning social worker involvement in residential school placements. This includes a social worker being involved at the stage when placement decisions are being made about residential school placements solely funded by education where there is no current social worker allocated. This means that the general welfare of the child can be considered, as well as education issues. Social workers also attend Annual Reviews of Statements of SEN for children who are joint-funded at residential schools by children's social care under section 17 (Children who are joint-funded under section 20 have regular looked after children reviews.)

Section 85 of the Children Act 1989 requires local education authorities to notify social services of any child whom they accommodate or intend to accommodate in an education setting for a period of three months or more. Social services must then take "such steps as are reasonably practicable" to ensure the child's welfare is adequately safeguarded and promoted.

Disabled children in health care settings

Disabled children are more likely than non-disabled children to spend time in health care settings. They may be admitted to children's wards or hospices as a result of illness, a deterioration in a child's condition, or assessments or treatment relating to their impairment. Disabled children are sometimes also admitted to children's wards or hospices in order to give parents a break from caring for them.

It is important that both NHS and independent health providers have safeguarding policies and procedures which specifically address the needs of disabled children (as set out in Core Standard 5 of the *National Service Framework for Children, Young People and Maternity Services (2004)*). LSCBs should satisfy themselves that these are in place and, if necessary, provide assistance to ensure that they are. Staff looking after disabled children in health settings should be invited to participate in both general safeguarding training and training, which specifically addresses disabled children's experiences of abuse or neglect.

Section 85 of the Children Act 1989 requires health authorities to notify social services of any child whom they accommodate or intend to accommodate in a health setting for a period of three months or more. Social services must then take "such steps as are reasonably practicable" to ensure the child's welfare is adequately safeguarded and promoted.

When a young person moves into adult services

Many disabled young people need continuing support in adult life. It will be important that previous experiences of abuse or neglect, and any continuing vulnerability are taken into account in the process of transition to adult services. LSCBs will want to ensure that information is communicated to adult services about past and continuing vulnerability, and that services are aware of the implications, for example, for housing allocation policies, residential placements and so on. It will also be helpful to coordinate with Vulnerable Adult policies and procedures. It will be particularly important that transition planning (as required by the Special Educational Needs Code of Practice) works smoothly for young disabled people who have been abused or neglected.

Disabled young people in Young Offender Institutions

Youth Offending Teams and establishments with young offenders, as core members of LSCBs, will want to ensure that their safeguarding procedures take account of the particular needs that disabled young people have. Young people with dyslexia and ADHD are over-represented amongst those in young offender institutions. *A Sign of the Times: Modernising mental health services for people who are Deaf*¹⁴ recommended that more attention should be paid to the mental health needs of deaf young offenders.

There needs to be more awareness generally of the vulnerability of deaf and disabled young offenders, and LSCBs may wish to pay particular attention to this issue.

¹⁴ Department of Health (2002) *A sign of the times: Modernising mental health services for people who are Deaf*. London, Department of Health.

Disabled young people who are accused of abuse

Studies of adolescent sexual offenders have found that between a third and a half are children and young people with learning disabilities. This group are also over-represented amongst those being treated for harmful sexual behaviour.¹⁵ It is not clear why this is but one relevant factor is that many of the young perpetrators have also been abused themselves – and children and young people with learning disabilities are particularly vulnerable to abuse. Successful interventions with young abusers require specialist treatment and it is important that disabled young people are not denied access to such treatment. Multi-agency assessment and joint-working will be particularly important for this group of young people. LSCBs should ensure that specialist input from learning disability services is available, even if the young person's level of impairment would not normally meet the service's eligibility criteria.

16. *There is consistent recording of disabled children and their needs at each stage of the safeguarding process*

There are various points in the safeguarding process where it is important to either record that a child is disabled and/or to record the specific needs that a child has in order for the safeguarding process to work effectively. In children's social care, this information should be on the Referral and Information Record that follows the child (see www.everychildmatters.gov.uk/socialcare/ICS/ for an example of this form).

Data collection procedures should enable the collation of information on how many disabled children are the subject of referrals to children's social care and the action that results from such referrals. This information is required in order to monitor whether the safeguarding process is working well for disabled children.

In addition, some information-gathering about the needs of disabled children will be integral to ensuring the system works well. For example, the communication needs of a child should be recorded by children's social care on the Referral and Information Record and on the front page of any other file held on them. It is important to use questions that maximise the chances of a worker recording useful information about communication. One question that seems to work well is: 'Please list the ways in which the child communicates (how they ask for something, how they show their feelings)'.

17. *Case audits are used to monitor whether procedures are working well and also to share skills and problem solve*

Regular auditing of cases can be a useful way of both monitoring that procedures are working well for disabled children and flagging up particular issues. Audits should cover those cases held in Disabled Children's Team and in other teams.

¹⁵ Lovell, E. (2002) "I think I might need some more help with this problem...." Responding to children and young people who display sexually harmful behaviour. London, NSPCC.

Some authorities are using practice development meetings (or similar) to enable a sharing of skills and particularly to help in problem solving in situations where concerns do not reach the threshold for a child protection conference. Others have used the discretionary criteria for Serious Case Reviews under Part 8 of *Working Together* to examine how agencies are doing in safeguarding disabled children.

One ACPC Serious Case Review sub-committee carried out three serious case reviews of potentially life threatening situations concerning disabled children. The following themes arose from the serious case reviews:

- The under-reporting of disabled children in the safeguarding system;
- A lack of safeguarding knowledge and experience amongst those working with disabled children, and their need for both training on safeguarding, and access to advice and consultation with colleagues who have safeguarding experience;
- The tendency for indicators of abuse to be explained as a function of impairment and the difficulty that practitioners have in focusing on the child's needs, separately from the needs of the parents/carers;
- The ways in which the general problems encountered with recognising and acting on neglect are compounded when the child is disabled;
- The importance of tracking the progress of referrals, within and between agencies;
- The need for robust recording and liaison systems for picking up repeated non-attendance at medical appointments and repeated attendance at accident and emergency or minor injuries units;
- The role of the School Nursing Service in monitoring, tracking and integrating information from a variety of sources;
- The importance of all agencies prioritising their attendance and participation in child protection conferences;
- The need for adult services' workers to be aware of and follow safeguarding procedures, and the need to recognise the relationship between adult and child vulnerability.

An overview report was presented to the ACPC, together with 79 recommendations for member agencies. The ACPC then monitored progress on their implementation.

18. A strategic approach is taken to the provision of sex education and safeguarding work with disabled children and young people

Sex education and safeguarding work is as important for disabled children and young people as it is for their non-disabled peers. LSCBs will want to encourage mainstream

schools to deliver such programmes in ways that are accessible to disabled children and young people, particularly those with sensory impairments and/or learning disabilities. It will also be important to encourage local special schools to deliver such programmes. The Sex Education Forum's Fact sheet, *Sex and relationships education for children and young people with learning difficulties*, provides useful information and advice about developing and reviewing sex and relationships education policy and practice for disabled children (www.ncb.org.uk/sef/res_detail.asp?id=603). The Sex Education Forum website has a regularly updated list of resources concerning sex and relationships education and disabled children (www.ncb.org.uk/sef).

Children using symbol based communication systems need access to a range of symbols for feelings, body parts and abusive and sexual acts appropriate to their age and understanding. 380 symbols are available, with guidance, for free download from www.triangle-services.co.uk

Many disabled children, in both special and mainstream settings, are vulnerable to bullying and it will be important that education and other service providers make the best use of resources such as the Anti-Bullying pack produced by Department for Education and Skills (DfES) (www.dfes.gov.uk/bullying/)

In summary, LCSBs can play a key role in encouraging organisations to develop good practice in these areas.

Section 3: Safeguarding disabled children: guidelines for professionals

This section, which has been written by an experienced practitioner, is for individual professionals who are involved at the various stages of the safeguarding process – from initial referrals through to s47 enquiries. It should be used in conjunction with:

- Department of Health, Department for Education and Employment and Home Office (2000) *Framework for the assessment of Children in Need and their families*, London: The Stationery Office;
- Department of Health (2000) *Assessing Children in Need and their Families: Practice Guidance*, London: The Stationery Office. Chapter 3: Assessing the needs of disabled children and their families;
- Department of Health, Home Office, Department for Education and Employment (1999) *Working Together to Safeguard Children: A guide to Interagency Working to Safeguard and Promote the Welfare of Children* London. The Stationery Office;
- Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport and Office of the Deputy Prime Minister (2003) *What to do if you're worried a child is being abused: Children's Services Guidance*, London: Department of Health;
- Statutory Guidance on Section 11 of the Children Act (see www.everychildmatters.gov.uk/safeguarding);
- Home Office, Lord Chancellor's Department, Crown Prosecution Service, Department of Health, National Assembly for Wales (2002) *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, Including Children*, London: Home Office.

Disabled children have the same right to be protected from harm as non-disabled children but they also have additional needs and some different experiences. These have implications for all stages of the safeguarding process.

The purpose of this section is to help professionals in contact with disabled children – at any stage of the safeguarding process – to avoid common pitfalls which evidence tells us may lead to a failure to safeguard the welfare of disabled children. It should be used as an *additional* resource to all the government Guidance listed above.

What to do if you're worried a child is being abused sets out the different stages of the process, in five Flow Charts, for use if a practitioner has concerns about a child's welfare. Here our aim is to describe what are the particular issues that should be considered, and mistakes to be avoided, when the process involves a disabled child.

3.1 Initial contact and referral

Flow Chart 1 in *What to do if you're worried a child is being abused* sets out what should happen when someone has concerns about a child's welfare. The Integrated Children's System sets out the Contact Record and Referral and Information Record and the information to be gathered by children's social care at both initial contact and referral.¹⁶

The following points are important for those receiving initial queries and referrals concerning a disabled child:

- When, in children's social care, a query relates to a disabled child, do not assume that it should automatically be passed to the disabled children's team;
- As with non-disabled children it is not always obvious from the initial contact with children's social care that there is a safeguarding matter. Professionals, the family, the child or others may emphasise another type of need and the need for protection from harm may not always be obvious. The person receiving the query should seek information about what needs and circumstances have prompted the contact;
- Unless the disabled children's team manages all issues relating to disabled children, including section 47 enquiries, the person receiving the initial contact should decide to whom the query should be referred by using similar criteria as would be used for a non-disabled child.

Record clear information about the child's impairment/disability

When an initial contact is passed on or a referral is made to children's social care it will be important that those receiving it have clear information in order to understand the context of any concern. In addition to establishing all the usual information, the following questions should be asked when the contact or referral concerns a disabled child:

- What is the disability, special need or impairment that affects this child? Ask for a description of the disability or impairment: for example, 'learning disability' could mean many things and does not tell you much about the child or their needs;
- If you do not know how to spell a word that describes an impairment or condition ask how it is spelt. This will be important if further enquiries are required about how the condition might be expected to affect the child;
- 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 can't communicate, try asking "How does the child indicate s/he wants something?"

¹⁶ www.everychildmatters.gov.uk/socialcare/ICS

How does s/he show s/he is happy or unhappy?"

- Has the disability or condition been medically assessed/diagnosed?

It may be helpful to use the attached 'Initial Contact Checklist' (page 37 as an *aide memoire* when recording information about a disabled child on the Contact Record and Referral or Information Record.

Be aware of the factors which should be considered to be indicators of abuse or neglect experienced by disabled children

First Check, published by the NSPCC, sets out indicators of physical, emotional and sexual abuse, and neglect.¹⁷ In addition, there are particular indicators that need to be considered for disabled children. For example:

- a carer describes a disabled child as not able to communicate any preferences at all, or does not use/learn the child's preferred method of communication;
- equipment is issued to a child but seems to be unavailable for the child's use (for example, communication board or electric wheelchair); and
- treatment is offered but not taken up.

These types of experiences should be taken as potential indicators of abuse or neglect and should be considered in any assessment or criminal investigation (see also the list below concerning 'significant harm').

Be aware of the particular forms that 'significant harm' may take for disabled children.

Section 31(9) of the Children Act 1989 defines harm as 'ill treatment or the impairment of health or development'. Disabled children may experience the same types of physical, emotional and sexual abuse and neglect suffered by non-disabled children. However, there are also certain types of harm experienced by disabled children that are not always recognised. It will be important to be aware of these issues when children's social care or the police are receiving a referral concerning a disabled child.

Examples:

- Failure to meet the communication needs of a hearing impaired child to the point where his or her development is impaired;
- Physical interventions (including restraint) are not carried out in accordance with good practice guidelines;
- Inappropriate behaviour modification through, for example, the deprivation of medication or food, limiting movement, removing essential equipment;
- Misuse of medication;

¹⁷ NSPCC, n.d. Fact sheet 4.

- Invasive procedures which are unnecessary or carried out against the child's will, or by people without the right skills or support;
- Being denied access to medical treatment;
- Ill fitting or inappropriate equipment which may cause pain or injury;
- Being denied mobility, communication or other equipment.

Remember that evidence of good quality care does not always mean there are no safeguarding issues

Those who perpetrate abuse (both within and outside the child's home) may also be perceived as quality caregivers with good relationships with children, families and professionals.¹⁸ Their ability to engage successfully with children may be a necessity in securing the trust, privacy and opportunity which enables abuse to take place. This applies as much to disabled children as to non-disabled children.

The dependence on a carer by a disabled child may be such that opportunities for abuse to take place are increased because of the child's needs.

Be aware that disabled children often experience greater barriers to disclosing abuse than non-disabled children.

Communication can be affected by both the child's impairment and by the actions of an abuser. An abuser may restrict a child's access to aids for communication, including access to vocabulary. An abuser can also threaten a child or threaten to withdraw care. Threats can be more effective where a child has high personal care needs. Dependency can both increase a disabled child's vulnerability to abuse and decrease their ability to communicate what is happening.

Additional care may need to be taken when receiving a telephone call or visit from a disabled child or adult. Duty social workers can unwittingly create barriers to communication when presented with someone whose method of communication, appearance or behaviour they are not familiar or comfortable with. If you do not understand what the person is trying to say, do not guess. Do not make assumptions based on communication method or difficulties, or on appearance or behaviour. Do not put the phone down too quickly, because someone may need extra time to speak. Find out if there are steps you can take to assist the person to communicate their concerns. Take into account that some environmental and other factors have particular significance for disabled children's risk of harm.

Circumstances such as poverty, social and physical isolation, lack of support and other environmental factors can have a particular impact on disabled children and their families. These issues will obviously be considered in some detail in an assessment but

¹⁸ Utting, W. (1997) *People Like Us: The review of the safeguards for children living away from home*, London The Stationery Office; Stuart, M. and Baines, C. (2004) *Progress on Safeguards for Children Living Away from Home: A review of action since 'People Like Us'*, London, Joseph Rowntree Foundation. Stuart, M. and Baines, C. (2004) *Safeguards for Vulnerable Children: Three studies on abusers, disabled children and children in prison*, Joseph Rowntree Foundation.

those receiving initial referrals should also be aware of their significance.

Poverty:

Families with disabled children are at increased risk of poverty and, at the same time, impairment can create additional costs. The financial pressures on a family and carers may increase stress, and stress can be a factor or indicator of risk of abuse. The child may become the focal point of the tensions or be seen to be the cause of the stress.

Social isolation:

For many disabled children their opportunities to take part in social activities, hobbies or clubs are limited and significantly less than non-disabled children. This means disabled children have less access to trusted adults or peers outside their circle of immediate carers. It also means less opportunity for them to have a variety of experiences and relationships. If the only relationships or contact they have are abusive they may have nothing to compare this with and, therefore, not know that it is wrong.

Physical factors:

A child may be at increased risk of harm if the environment restricts their ability to avoid, or remove themselves from, abusive or potentially abusive situations. An understanding of a disabled child's environment will help to develop an appropriate response to a referral to children's social care. For example:

- the child's access internally to the different parts of the home/school;
- access to and facilitation of external communication systems - private use of telephones, e-mail, internet; and
- facilitation and access to external contacts and activities.

Ascertain whether there have been previous concerns about the child

Sometimes concerns have been raised about a particular child, or about a service they are receiving, which have not resulted in any action. There is some evidence that this is more likely to happen with disabled children. It will be helpful therefore to establish whether concerns have been previously raised. If such concerns have not been effectively addressed in the past the child may be at increased risk of harm.

It will be important that those receiving or responding to an initial contact are also aware of the issues listed below in 3.2.

3.2 Initial assessments and core assessments as a means of undertaking section 47 enquiries

As with all children in need, an initial assessment should be undertaken in line with the *Framework for the Assessment of Children in Need and their Families* (2000) and, if appropriate, an enquiry under section 47 of the Children Act should be undertaken, in accordance with *Working Together to Safeguard Children*. Chapter 3 of *Assessing Children in Need and their Families: Practice Guidance* provides detailed guidance about assessing disabled children's needs in the context of the three domains: developmental needs; parenting capacity; and family and environmental factors.

Take time to gather the information you require in order to understand the context of the concern, the nature of the child's needs and the risks to the child's welfare.

The additional needs of disabled children, and the particular issues relating to safeguarding their welfare, mean that more time may be required to gather information and you are likely to have to seek information from more people than in the case of carrying out an assessment of a non-disabled child.

General information should have been gathered at initial contact and referral stages (see 3.1 above). You may need to fill in gaps in this information at the start of the assessment. In addition, it will be useful to gather information about:

Carers

- What are the arrangements for caring for the child? There may well be carers additional to those usually involved with non-disabled children. For example, respite foster carers, residential short-break carers, community/home-based support workers, sitters, home help;
- Where does the child get looked after and when? For example, hospital, residential short breaks, residential school, holidays, foster carers?

Health

A disabled child may be in contact with a large number of health professionals. These professionals may be vital sources of information about both the child's needs and their experience or risk of harm:

- GP
- School nurse
- Health visitor
- Community/District nurse
- Hospital Consultant
- Paediatrician
- Physiotherapist
- Occupational therapist
- Dietician
- Speech and language therapist
- Clinical psychologist

- Psychiatrist
- Complementary health workers

Education and schools

Disabled children, whether in a mainstream or special school, are likely to be in regular contact with a number of people in a number of different roles:

- Teachers
- Special educational needs co-ordinator (SENCO) or Inclusion Co-ordinator
- Classroom assistants
- Lunchtime assistants
- Transport drivers
- Transport escorts
- Volunteers
- Peripatetic teachers
- Providers of out-of-school activities – horse-riding, swimming, leisure centre

The attached Checklists (see pages 37-40) can be used to record the above information.

A disabled child is more likely to receive care from a number of adults and this is a risk factor in itself

The increased amount of exposure a disabled child has to a number of adults raises their vulnerability to being abused by someone. There is also more room for miscommunication or assumptions that 'someone else' is addressing concerns. Children may have less contact with their parents if they receive short break or looked after services, or are in a residential school.

This means s47 enquiries may be more complex. There may be more adults to be interviewed and more potential perpetrators. These difficulties need thorough consideration in the strategy discussion to ensure all risk factors are identified and contamination of evidence is avoided.

Recognise that you may need to seek specialist advice and information in order to make judgements about whether a child is suffering or likely to suffer significant harm, and what action should follow

Some examples of specific forms of significant harm which may arise for disabled children were given in paragraph 3.1 above. Such issues may fall outside your previous experience and you may need to ask many more questions and seek specialist advice to inform your judgment.

Specialist advice may be necessary in the context of a number of judgements to be made, including:

- The impact of potentially abusive behaviour upon the physical and psychological development of the child;

- The long and short term consequences of any impairment caused by abusive behaviour or neglect;
- The emotional consequences of abuse and neglect;
- The ability of the child to engage in, or the availability of, therapeutic services.

A failure to recognise disabled children's human rights can lead to abusive situations and practices

Needs relating to impairment, and discrimination against disabled children, can mean that particular effort is required to identify and meet disabled children's basic human rights. These areas include food and nutrition, appropriate levels of discipline or sanctions, finances, hygiene, physical comfort, social interaction, sexuality, liberty and sleep. These basic rights can be abused either through ignorance, lack of appropriate resources or support, or with intention to cause harm. Whether abuse of rights is unintentional or not, it is not acceptable for this to go unchallenged, as this does not promote children's welfare or safety. Moreover, when human rights are denied, children are vulnerable to further types of abuse.

Organisational culture and 'custom and practice' can contribute to institutional abuse or harm. Do not underestimate the power of tradition or how poor practice can become pervasive in influencing staff to behave inappropriately. Such cultures can also become ideal contexts for determined abusers to manipulate both children and adults.

The significance of poor practice should be assessed in the context of the impact on the particular child. For example, if insufficient time is given for a child with restricted arm and hand movement to have adequate lunch, the child could experience hunger or dehydration. A one off experience like this may not be very damaging, but consider the impact of such an experience if it is repeated over a few days or weeks.

In considering these factors, be aware that poor care practices can have more significant consequences for some disabled children than for non-disabled children. Poor care practices that, for a non-disabled child, may affect their emotional and physical development, may be life-threatening for a disabled child. The intimacy of the care needed by many disabled children also means that a lack of privacy and dignity can be abusive.

Medical and health issues have particular implications for identifying significant harm.

Assessing Children in Need and Their Families: Practice Guidance (2000) has a useful discussion of how to judge the impact of various medical or other treatments on a disabled child's developmental needs (see pages 80-81). It is essential to view medical and health issues in the light of the definition of significant harm. The potential to abuse or neglect children through medical and health issues is greater than with children who are not as reliant on specific health needs being met. The main areas of concern are¹⁹:

¹⁹ The examples given below are all taken from real life situations.

The misuse of medication:

- to restrict liberty;
- to control emotion and behaviour; and
- to impair physical and emotional capacity to resist abuse.

The neglect of health needs:

- Poor, uncoordinated or non-existent assessment of need;
- Poor equipment, adaptation and aids, which may result in harm. For example, a child who is constantly being made sore by an ill fitting back brace with no-one addressing this;
- Tampering with equipment to restrict liberty. For example, removing batteries out of an electric wheelchair might equate to a non-disabled child being locked in a room or having their legs tied;
- Neglect of basic health care needs. For example, teeth cleaning, hair washing;
- Denying or restricting access to food and nourishment. For example, if a child cannot help themselves to a drink it is abusive to withhold drink as a punishment or for malicious reason.

Experiences such as these can inhibit children's ability to reach their full potential and also can affect their ability to resist abusive behaviours towards them, making them more vulnerable to further abuse.

If someone tells you that a child's injury or behaviour is a normal part of their disability make sure you verify this opinion.

You could do this either by asking other individuals who know the child or seeking written evidence by looking at care plans or school records. For example, if the concern regards suspicious bruising and someone says the child often gets bruising like this, look at medical and school records. The times when the child has been bruised in this way should have been noted by doctors, teachers and physiotherapists. A previous occurrence, however, should not act as verification of 'normality' and it may be necessary to seek medical or other specialist advice.

Take care to address any barriers to communicating with a disabled child.

The Children Act 2004 amends the Children Act 1989 and requires that the wishes and feelings of children are ascertained and given due consideration when making decisions about how to meet a child's needs under Sections 17, 20 or 47 of the Children Act²⁰.

Assessing Children in Need and Their Families: Practice Guidance discusses the barriers commonly experienced by practitioners when trying to involve disabled children in assessments and provides helpful suggestions (see pages 101-103). Section 4 of this Resource provides further information and advice.

²⁰ Children Act 2004, Section 53.

Disabled children may have different communication needs. They may use other communication systems such as British sign language, symbols or hand gestures (e.g. Makaton, Rebus). The child might have very limited communication with only a sign or word or movement that indicates yes and another that indicates no. This does not mean the child cannot understand or is not able to communicate what has happened to them.

If a parent or professional tells you that a child cannot communicate explore a bit further with them what he or she actually means. Ask how do they know when the child is in pain? Hungry? Hot/cold? Or doesn't like something? This will then inform you of how the child communicates.

For some children, their only way of communicating with you will be through changes in their behaviour. It is very important therefore to maximize the use of observation and reports from those in contact with the child. For example, where a child's response to personal care changes suddenly; or where they express fear or aversion to a particular carer.

It is particularly important to recognize that not all communication systems will have names for body parts, full range of feelings, sexual acts. *How It Is* is an image vocabulary for children about feelings, rights and safety, personal care and sexuality. There are 380 images available for free download (www.triangle-services.co.uk) or as a booklet with CD Rom (from Triangle, Unit E1, The Knoll Business Centre, Old Shoreham Road, Hove, BN3 7GS Tel 01273 413141; Fax 01273 418843).

See Section 4 of this Resource for more information about communication systems and resources.

Do not think that because a child has a different ability to understand the world that they will not be affected by being harmed or neglected.

Abuse and neglect are as harmful for disabled children as they are for non-disabled children. Sometimes it is thought that because a child has impaired cognitive functioning (learning disabilities) they will not understand that what has happened to them is abuse or will not suffer from being neglected. For example, it may be assumed that, if a child has very limited understanding of sexual activity and relationships and sexual abuse is perpetrated in a 'loving' way, the child will never realize that they have been abused. The psychological impact of physical or emotional abuse or neglect may also be underestimated. It is sometimes concluded that, as long as the abuse stops, there will be no other impact on the child, and no reason to consider further protection or therapeutic services.

As Assessing Children in Need and their Families: Practice Guidance says 'A useful question in assessment is: "Would I consider that option if the child were not disabled?" Clear reasons are necessary if the answer is "No"' (p.80). Best practice, based on research evidence, recognizes that the impact of abuse on children's psychological, emotional and physical health should always be addressed, regardless of whether at the time they understood what was happening to them. This should be applied to all children, including children with cognitive impairments.

3.3 Strategy discussions, child protection conferences and reviews

“Whenever there is reasonable cause to suspect that a child is suffering or likely to be suffer significant harm, there should be a strategy discussion involving the social services and police, and other agencies as appropriate (e.g. education and health), in particular any referring agency.” (Working Together para. 5.28.)

Both *Working Together* and *What to do if you're worried a child is being abused* set out the circumstances in which a strategy discussion should take place and the procedures which should be followed.

The additional vulnerabilities of disabled children, as set out above and in Section 1 of this Resource, should encourage the convening of a strategy discussion when concerns have been raised. Strategy discussions - involving all relevant agencies - are particularly important to ensure there is a shared and comprehensive understanding, amongst those in contact with the child, of any risks and likelihood of significant harm.

If, following the strategy discussion and Section 47 enquiries, concerns about the child have been substantiated, a child protection conference will be convened. At both strategy discussions and child protection conferences, and at subsequent review conferences, there are a number of issues - set out below - which particularly need to be considered when the child is disabled.

Consider how to share information with, and coordinate across, the range of agencies and professionals in contact with the child.

Disabled children and their families are likely to be in contact with a large number of professionals and agencies. Particular consideration should be given to information sharing across these agencies, confidentiality, and the 'need to know' status of information. Appropriate interagency communication is vital to safeguarding, but is likely to be more challenging in the case of disabled children because of the larger number of agencies and professionals who are often involved.

It is important to clarify with the child and family, and all involved agencies, the purpose and scope of the safeguarding action, taking into account the number of professionals that may be involved with the child and family and their differing roles. For example a family may already have a social worker from the Disabled Children's Team but the section 47 enquiries may be done by a different social worker, or jointly with a member of the Disabled Children's Team. The child and their family may have a key worker from a service which they use who may have a particularly important role to play in terms of both providing information and supporting the child and family.

Information should be sought from a variety of sources, including looking back over case files held by different organisations.

Some sources of information can be underestimated within section 47 enquiries. They include:

- information from family/friends/carers;

- routine documentation from different agencies (school records, residential records, day logs, social work files, health records) which may assist in giving an understanding of effects upon the child and may record injuries or concerns not reported previously;
- previous allegations/complaints made by the child and/or about the alleged perpetrator should be accessed. These may be stored in different systems and not necessarily recorded as safeguarding concerns.

These sources may inform the strategy discussion and child protection conference but may also be seen as possible sources of evidence.

It will be particularly important to address barriers to the provision of support to the disabled child and their family.

Disabled children and their families are particularly likely to experience social and physical isolation and it will therefore be especially important to consider provision of support while section 47 enquiries are being undertaken.

For many disabled children, especially those with complex needs, the usual extended family or community sources of support are often absent. Friends and neighbours may not feel competent to provide any care, and parents may not trust anyone else to look after their child. These issues need to be considered throughout the safeguarding process.

Sometimes support services such as family centres are unable to accommodate disabled children. It may also be difficult to find alternative or emergency care for a child, particularly if they have complex social or healthcare needs.

In some circumstances, a suspected perpetrator may be required to leave the family home. If this person was key in providing care and support, there will be a need to ensure that services can provide adequate cover. Or, alternatively, if the source of concern is within a particular service (such as a short break service or a residential school) the child may be removed from the service and this may place particular stress on the family. Again, action will be required to meet the needs of the child and the family members.

In all these circumstances, there may be difficulties in finding appropriate alternative care for a child – particularly where the child has complex needs. When making decisions it will again be important to ask the question: “Would I consider that option if the child were not disabled?”

Pay particular attention to communicating with the child, and how they will be supported throughout the process.

Disabled children should always be appropriately informed about the safeguarding process, and how they can be involved in decision-making. For some disabled children’s methods of, and barriers to, communication will be no different than those for non-disabled children. For others, communication and/or cognitive impairment will need

to be considered when determining how to keep the child informed. It is important to neither make assumptions that the child cannot be informed, nor to provide the information in a tokenistic way which does not meet his or her communication needs.

Do not automatically rule out carrying out an investigative interview.

An investigative interview with a disabled child may not be appropriate in all circumstances but it should never be automatically ruled out (see 3.4 below). Clarity within the planning process should always ensure that consideration be given to

undertaking an interview, and that decisions are made in light of *Achieving Best Evidence* (ABE) Guidance. Records and strategy plans should detail these discussions and document clearly any decision taken. These records can then be reviewed if necessary, throughout the investigation process.

Methods of communication for an investigative interview should be considered where there are communication difficulties. The compatibility of methods with evidential rules should be established at the outset of the investigation. Even if a formal interview within ABE guidelines is not possible, there is a value in communicating with the child in as evidentially safe a way as can be achieved.

Even if it is concluded that there is not a safeguarding issue, consider the additional vulnerability of the disabled child.

The outcome of section 47 enquiries can sometimes be absolute and clear that there is not a distinct protection issue. It may become apparent that injuries were 'accidental', signs and indicators were misinterpreted etc. However there are several other questions to answer following concerns being raised about a disabled child:

- Was the outcome due to insufficient evidence to reach the thresholds for action?
- What is it about the child's life and experiences that led to the concerns being raised?
- Can safeguards be developed to maximize the safety of the child?
- Is there an issue of poor supervision or neglect of the child through inadequate care which needs addressing, even though it does not reach the threshold of 'significant harm'?
- Do workers and carers need closer supervision in how they provide care? Is training required?
- Do parents need more support to enable them to care for their child?
- Is there a need for greater communication and cooperation between different agencies involved with the child?

Consider whether a multi-agency meeting should be held to discuss the child's needs and how they might be kept safe from harm. It may also be useful to consider whether the child would benefit from therapeutic input or further direct work to help better understand what they are communicating and/or their needs.

3.4 Investigative interviews

Interviews of disabled children should be undertaken in line with *Achieving Best Evidence in Criminal Proceedings* (2002), for criminal justice purposes see, in particular, Section 2.147. As with all children, the principle that the best interests of the child are paramount should be applied. Where criminal investigations concern a network of abuse across families or communities, or within institutions such as residential homes or schools, the inter-agency guidance, *Complex Child Abuse Investigations: Inter-agency*

Issues (2002), should be referred to. However, there are a number of additional factors to consider when enquiries and investigations involve a disabled child.

Interviews with disabled children are likely to need more time and resources.

While investigative interviews with non-disabled children also require sensitivity and attention to barriers to communication, there may be particular issues to be considered where the child is disabled. For example you may need:

- more time;
- an interpreter/communication facilitator;
- a venue suitable for a child with physical and/or sensory impairments;
- specialist guidance or consultancy;
- and – perhaps most important - perseverance.

Don't allow difficulties in identifying resources for carrying out investigative interviews to become the focus rather than the appropriateness of carrying out an investigative interview.

Sometimes the resources for communication become the focus, and investigations lose sight of the child. Issues that might arise include:

- Identifying an appropriately skilled, and independent, interpreter/communicator can be difficult;
- There may be issues of payment for an interpreter – whose budget will it come from, for example;
- The amount of social workers' and police officers' time that is required to pursue just one case;
- Physical access to an interview suite;

- Transport;
- Personal care needs during the interview.

These issues may create tensions across agencies and within the process. The temptation may then be to abandon the interview or take a less formal approach. Whilst recognising and trying to balance these tensions, the interests and rights of the child should remain paramount.

Do not make assumptions about the child's 'best interests' or credibility as a witness without having firm evidence for such judgments.

Sometimes the following statements are made:

- "It is not in the child's interest";
- "There will be no criminal prosecution so what is the point?"
- "The child will not be able to give a credible account".

Such statements can influence whether an investigation goes ahead. These statements are often made without firm evidence on which to make such judgements. There may well be genuine and valid reasons for not pursuing an interview with a disabled child. However, such decisions should always be taken on the basis of sound information about the child's ability and best interests rather than unevidenced assumptions. Even when an interview cannot be carried out with the child, section 47 enquiries and criminal investigations can continue and alternative sources of evidence (other than an account through interview) can be pursued.

Consider how the child's particular needs and circumstances will impact on the investigative process

During the investigative process, a child's personal care needs, particular feeding routines or medication should be considered and accommodated. Having sufficient and comprehensive information about these needs is essential to try to ensure the child does not experience any unnecessary duress and is able to give the best account they can in an interview. There may also be different times of the day when the child is more alert or able to concentrate, dependent on their physical needs or medication. For example:

- a child may need physiotherapy in the morning before being able to walk, therefore booking a visit or interview too early would be inappropriate; or
- a child may require 2 hours or more to have their lunch so assuming they will be available at 2pm having eaten would be inappropriate.

You may also need to know whether the stress of an interview may trigger an epileptic episode for a child with epilepsy; or when a diabetic child needs to take insulin; or whether a child is dependent on oxygen or artificial feeding and the implications of this for an interview.

The aids and equipment that a disabled child may use may impact on or influence investigations in the following ways:

- Venue for interview;
- Transport arrangements;
- Identifying alternative placements;

Medical examinations.

It is important that these issues are considered at every stage of section 47 enquiries and investigations.

Initial Contact check List

(An *aide memoire* to be used in conjunction with Contact Records and Referral and Information Record)

| | | Not available From Referrer |
|--|--|--|
| Clear description of disability/impairment | | |
| How the disability or impairment effects the child on a day to day basis | | |
| Ways in which the child communicates | | |
| Health and medical needs | | |
| Education arrangements | | |
| Carer details | | |
| Where the child is now | | |
| Main place of residence | | |

Checklist of those in contact with the child

Carers

| Role | Who | Where contact occurs | When contact occurs |
|--|------------|-----------------------------|----------------------------|
| Father | | | |
| Mother | | | |
| Siblings | | | |
| Other family members | | | |
| Respite/short break residential List all individuals: e.g. Key worker | | | |
| Respite foster care | | | |
| Sitters | | | |
| Other, please specify | | | |

Health

| Role | Who | Where contact occurs | When contact occurs |
|-----------------------------|------------|-----------------------------|----------------------------|
| GP | | | |
| School Nurse | | | |
| Health Visitor | | | |
| Hospital Consultant | | | |
| Physiotherapist | | | |
| Dietician | | | |
| Speech Therapist | | | |
| Complementary health worker | | | |
| Other, please specify | | | |

Education

| Role | Who | Where contact occurs | When contact occurs |
|--|------------|-----------------------------|----------------------------|
| Teachers | | | |
| Classroom assistants | | | |
| Lunchtime assistants | | | |
| Transport Drivers and escorts | | | |
| Volunteers | | | |
| Peripatetic teachers | | | |
| Out of school activities e.g. horse riding, swimming, leisure centre | | | |
| Other, please specify | | | |

Section 4: Communicating with disabled children: issues and resources

Effective safeguarding for all children has at its heart effective communication with children. This is no different for disabled or Deaf children. In their role of ensuring the effectiveness of local agencies in safeguarding and promoting the welfare of children, LSCBs will need to address the particular communication issues for disabled children.

This Section is intended to assist LSCBs to address communication issues in their coordinating and monitoring role. Section 3 provided some advice for individual practitioners when communicating with disabled children; Section 4 goes into more detail.

4.1 What is required in order to maximize disabled children's opportunities to communicate?

A recognition of all children's rights to communicate.

The right of us all to communicate - children and adults, disabled and non-disabled - is underpinned by the Human Rights Act 1998.

The Children Act 1989, as amended by the Children Act 2004, requires that the wishes and feelings of children are ascertained and given due consideration when making decisions about providing services to meet a child's needs under Sections 17, 20 or 47 of the Children Act²¹.

The Children Act 1989 guidance requires that assessments and care plans should take into account children's preferences and views²² and that this applies even when a child has communication and/or cognitive impairments:

If a child has complex needs or communication difficulties arrangements must be made to establish his views....Even children with severe learning disabilities or very limited expressive language can communicate preferences if they are asked in the right way by people who understand their needs and have the relevant skills to listen to them. No assumptions should be made about 'categories' of children with disabilities who cannot share in decision-making or give consent to or refuse examination, assessment or treatment.²³

Assessments which have been done without the involvement of the person being assessed, on the grounds that their cognitive impairment precluded their involvement, have been held by the Courts to be unlawful.²⁴

²¹ Children Act 2004, Section 53.

²² The Children Act 1989 Guidance and Regulations, Vol 6. Children with Disabilities, Para 5.1.

²³ Ibid. para. 6.7.

²⁴ R v North Yorkshire CC ex p Hargreaves [1994] 1 CCLR 105. This case involved a disabled adult but is relevant to all ages.

LSCBs, and their constituent organisations, will want to ensure that an acknowledgement of disabled children's right to communicate is a key part of the values held by all services that come into contact with them. It will be helpful if training on communicating with disabled children is incorporated into organisations' training programmes. It will also be valuable for services to seek the views of disabled children on the services provided.

One service provider issued guidelines for its staff, including advice on communicating effectively with children and young people.

"A young person may communicate in a number of ways other than words (e.g. facial expression, body language, gesture, signs and symbols). Never assume that this means that they will be unable to communicate what has happened to them.

Every child will, in their own individual way, be able to get their message across. The key issues are, firstly whether those they are communicating with have the skills to understand them and secondly, that the young person has confidence their message will be acted upon."

Awareness of different methods of communication and where to seek specialist advice and assistance.

Good practice in assessments, section 47 enquiries and investigations concerning disabled children depends on attention to two issues:

- good practice in communicating with children; and
- awareness of the communication issues for the particular child and access to relevant skills and/or resources.

While no one person can be a specialist in all the different types of communication, it is important to ensure that those carrying out assessments, section 47 enquiries and investigations are aware of the range of different communication methods, and know where to seek specialist advice and information.

Section 7 of this Resource lists national organisations that can provide information and advice about communication and consulting with disabled children. It would be useful for LSCBs to add to the list of national organisations by compiling a list of local organisations and resources. This information could then be made easily available to all those involved in assessments, section 47 enquiries and investigations concerning disabled children.

LSCBs will want to ensure that all those involved in the safeguarding process are supported to acquire the necessary skills to communicate with disabled children and/or are aware of where to seek specialist advice and assistance.

Awareness of the barriers to communication commonly experienced by disabled children.

Disabled children experience the same barriers to communication as non-disabled children: for example, the failure of adults to listen to them properly; a fear that they won't be believed or of the consequences if they are. However, disabled children who have communication impairments experience additional barriers and it will be important that systems and procedures acknowledge these barriers and try to address them.

Some key barriers that directly impact on safeguarding processes are:

- Judgements being made about a child's ability to communicate which are not based on accurate and comprehensive information and, where appropriate, specialist advice;
- Children's preferred method of communication not being recognised or used by the professionals involved in the assessments, enquiries and investigations, and/or equipment or facilitation not being available;
- Augmentative communication systems not containing the words necessary to describe an experience of abuse;
- Non-verbal methods of communication not being recognized as valid and of equal value to speech;
- Assessments, section 47 enquiries and investigations not allowing enough time to enable the child's experience to be heard;
- Independent interpreters/facilitators familiar with the child's method of communication not being available.

Action is taken to address barriers to communication.

It is important that the communication needs of individual children are responded to quickly and appropriately within any assessment or enquiry. LSCBs can take strategic action in order to increase the likelihood of this happening by:

- Providing training in communication skills and methods for staff working with disabled children;
- Recognising that more time may be required for assessments, section 47 enquiries and investigations involving disabled children, especially those with communication and/or cognitive impairment;
- Ensuring that staff carrying out assessments, section 47 enquiries and investigations know where to find specialist advice and information on communication;
- Making resources available to employ interpreters or to access specialist advice if required;
- Seeking out sources of independent interpreters/facilitators who have expertise in communicating with children (for example BSL interpreters who are trained to work with children).

One ACPC adopted practice guidance on disabled children and child protection which included the following:

At the strategy discussion, consideration should be given to appointing a support social worker to cover any complex issues related to an impairment (e.g. communication aids/interpreter for interview). Several strategy meetings may be required to plan the appropriate way of interviewing the child. Expertise from professionals, family members or friends who know the child well may be necessary, or possibly outside experts may be required. The child may require a chosen advocate to support them through the investigation. If a facilitator or interpreter is required, s/he should be involved from the outset when planning an investigation.

In addition it is important to take full advantage of measures made possible by the implementation of *Achieving Best Evidence*. Section 29 of the Youth and Criminal Evidence Act allows for the use of intermediaries at both investigation stage and during court processes. This provision is currently being piloted but, when rolled out, the role of intermediaries will be to:

- communicate to the witness, the question being put;
- communicate to the person asking the question, the answers given by the witness; and to
- explain questions and answers so as to enable them to be understood by the witness and the person putting the question.

Intermediaries will have training, have to reach specific competencies and follow a code of conduct. The effective use of intermediaries could potentially increase the chances of disabled children gaining justice.

Children with communication impairments can access complaints procedures, help lines, and advocacy services.

Children's social care have a duty to ensure that advocacy services are available for children making or intending to make a complaint under the Children Act 1989, and advocacy services should also be available to children wishing to make representations concerning their care.²⁵ Guidance requires that advocates should be able to 'communicate effectively in a way the child is happy with'.²⁶

It will be important that advocacy services meet the national standards recommended for such services, in particular Standard 3: 'All Advocacy Services have clear policies to promote equalities issues and monitor services to ensure that no young person is

²⁵ Department for Education and Skills (2004) *Get It Sorted: Providing effective advocacy services for children and young people making a complaint under the Children Act 1989*, London: Department for Education and Skills.

²⁶ *Ibid.* Para 2.6

discriminated against due to age, gender, race, culture, religion, language, disability or sexual orientation'.²⁷

Particular attention will need to be paid to ensuring that complaints procedures, help lines and advocacy services are accessible to disabled children, especially to those with communication and/or cognitive impairments. Children themselves can be involved in assessing how useful complaints procedures, help lines and advocacy services are, and identifying what could be done to improve them.

Services for disabled children regularly consult them about their views.

Enabling children to express their views and to make choices is a very important part of safeguarding them, and this is no different for disabled children. It is also a requirement, under the Children Act 1989, that their views are ascertained when carrying out assessments, s47 enquiries and making decisions about how to meet their needs.

One organisation uses the following checklist for its services for disabled children:

- Do you have details of the systems of communication used by all the young people using your service?
- Do you have staff who are familiar with and confident about using these communication systems?
- Are staff familiar with how to record the messages children are conveying?
- Do you have links with specialist staff who carry out investigative interviews?
- Do you have links with speech and language therapists who you can call on for advice and guidance?
- Do you know how you can contact interpreters (minority language as well as Makaton/BSL) with safeguarding experience?
- Do you have quiet areas and times when staff can communicate with children?

4.2 What resources are available to help with communication?

The Integrated Children's System website contains information about a large number of resources to help with:

- enabling children to be involved in decision-making;

²⁷ Department of Health (2002) National Standards for the Provision of Children's Advocacy Services, London: Department of Health.

- advice and information about involving disabled children; and
- resources to help practitioners communicate with disabled children.

See www.everychildmatters.gov.uk/socialcare/ics

The website provides a comprehensive list of resources and we do not attempt to replicate it here. However, the following are some key resources (listed in alphabetical order) concerning disabled children and communication:

All Join In

This is a video/DVD about communication, inclusion and emotional literacy. It was made with a diverse group of 3-7 year olds. Produced by Triangle and the NSPCC in 2004. It is available from www.triangle-services.co.uk; Triangle, Unit E1, The Knoll Business Centre Hove BN3 7GS. Tel 01273 413141; Fax 01273 418843.

Communicating with Vulnerable Children: a guide for practitioners

This book by Dr David Jones was commissioned by the Department of Health and published by Gaskell in 2003. It includes some information about communicating with disabled children. Email: custserv@turpin-distributions.com

How it is

This is an image vocabulary for children about feelings, rights and safety, personal care and sexuality. It was developed - with the involvement of over 100 children - to support children to communicate about a range of important issues and was designed to fill the gaps in existing symbol vocabularies. There are 380 images available for free download www.howitis.org.uk or as a booklet with CD-Rom from Triangle (see above for contact details).

How to use Easy Words and Pictures

This guide is produced by the Disability Rights Commission www.drc-gb.org/publicationsandreports/index.asp

I'll go First: The planning and review toolkit for use with children with disabilities

By Lucy Kirkbride, this Pack was designed for use with children in short term foster care, family-based short term care, in a residential children's centre or with a statement of special educational needs. Published by The Children's Society. www.the-childrens-society.org.uk The Children's Society, Edward Rudolf House, Margery Street, London, WC1X 0JL. Tel. 0845 300 1128

Talking Mats

Talking Mats™ is an interactive resource that uses 3 sets of picture symbols: topics; options relating specifically to each topic; and a visual scale in order to allow

participants to indicate their general feelings about each topic and option. For example, whether they are *happy, unsure, unhappy*. The AAC Research Unit has produced [packages](#) relating to *Talking Mats™* and [training](#) is available. Further information from: AAC Research Unit, University of Stirling, Stirling FK9 4LA. Tel: 01786 467645 Email: aacscotland@stir.ac.uk www.aacscotland.com

Talking Point

www.talkingpoint.org.uk - I CAN runs a website called Talking Point. This provides information about speech, language and communication difficulties in children. The site is for parents and professionals who help children with speech, language and communication difficulties and includes speech and language information, a glossary, a directory of resources, news, case studies, discussion groups, ask-the-panels write ups and frequently asked questions.

The Child's World (assessing children in need): Training and Development Pack.

Produced by the NSPCC in 2000, this includes a video with disabled and non-disabled children giving their experiences of assessment. NSPCC Training and Consultancy, 3 Gilmour Close, Leicester LE4 1EZ. Tel 0116 2347223.

Two Way Street: Communicating with Disabled Children and Young People.

A training video and handbook about communicating with disabled children and young people. The video is aimed at all professionals whose role includes communicating with children and was developed in consultation with disabled children and young people.

The handbook (also available separately) gives further information and guidance plus details of the main communication systems in current use in the UK and annotated references to good practice publications. See above for Triangle's contact details.

In My Shoes

In My Shoes is a computer package that helps children and learning disabled adults communicate about potentially distressing experiences. Extensive testing shows it can be used in a wide range of circumstances, including with children who may have been abused. It has been used successfully in interviewing vulnerable adults. For further information contact:

Liza Bingley, Email: liza.miller@ntlworld.com or write to Child and Family Training Services, P O Box 4205, London W1A 6YD or Tel. 01904 634417.

Section 5: Safeguarding disabled children: training issues

Good safeguarding training for disabled children's teams and service providers, and good disability equality and deaf awareness training for children and families teams will be key to effective safeguarding of disabled children – whatever the organisational structure and responsibilities. There is also a need for training that specifically focuses on safeguarding issues and disabled children.

In addition, when LSCBs organise workshops or seminars on specific issues, such as attachment theory, resilience, or emotional abuse, it will be important to ensure that those delivering the workshop/seminar address disabled children's needs and experiences.

All those who come into contact with disabled children should have access to training on safeguarding children. LSCBs, like ACPCs, will have a responsibility to ensure such training is available on an inter-agency basis. Some thought may have to go into identifying where those who work with disabled children are located: for example, in some authorities children with sensory impairments have been seen by the same team that sees adults with sensory impairments, although this practice seems increasingly unlikely following the establishment of Directors of Children's Services.

The ABCD Pack – a Training and Resource Pack for Trainers in Child Protection and Disability

The ABCD Pack is a training and resource pack to assist trainers to design courses that help to:

- Raise awareness of child abuse and disability
- Prevent the abuse of disabled children
- Investigate and assess possible abuse
- Empower and support abused and disabled children
- Identify the implications of this work for managers.

The pack has 5 modules:

- Foundation and Awareness
- Prevention
- Investigation and Assessment
- Survival
- Management and Policy.

The material was developed with two target groups in mind:

- Everyone who works directly with, or whose agency provides a service for, disabled children
- Everyone involved in safeguarding work.

It is available from: NSPCC Training and Consultancy, 3 Gilmour Close, Leicester LE4 1EZ. Tel 0116 2347223

5.1 What is disability equality and deaf awareness training?

Disability equality training is training to help people see disability as an equality and diversity issue. It will usually have two core elements:

- Social model of disability: this is an approach to disabled children and adults which separates out impairment from disabling barriers. It argues that people with physical/sensory impairments, learning disabilities and/or mental health support needs are disadvantaged by factors external to them rather than solely by impairment itself. These factors are negative attitudes and discrimination; and social, economic and environmental barriers (such as inaccessible services, poverty, inaccessible transport and housing).
- Disability Discrimination Acts 1995 and 2005: an explanation of what the Acts cover, including the concept of reasonable adjustment and the disability equality duty of public authorities.

Deaf awareness is “an essential first step in tackling discrimination and creating equality of opportunity, treatment and choice for deaf people through greater understanding, more positive attitudes towards deafness and more effective communication skills”.²⁸ Deaf awareness training will also aim to increase understanding of the Deaf community who use British Sign Language.

The Council for the Advancement of Communication with Deaf People has designed an NVQ Level 1 Certificate in Deaf Awareness. The course involves a minimum of 10 hours tuition to cover the following learning objectives:

- Describe how discrimination limits opportunities for deaf people.
- List actions which can help reduce discrimination.
- Describe how deafness and attitudes to deafness affect communication.
- Identify the main groups of deaf people, and the methods of communication they use/prefer.
- Demonstrate knowledge and understanding of what is required in basic communication tactics.
- Identify differences between cultures based on sign language and spoken language.
- Describe the range, benefits and limitations of technical aids to communication.

²⁸ Council for the Advancement of Communication with Deaf People, *Factsheet 2 – Level 1 Certificate in Deaf Awareness*.

5.2 What is the relevance of disability equality and deaf awareness training to children's services?

Disability equality training is relevant to all service providers, and is particularly helpful in enabling them to fulfil their duties under the Disability Discrimination Acts. This includes all children's services, which are covered under Part III of the 1995 Act. The Council for Disabled Children has published *Come on In: A practical guide for children's services* (2004), which includes information about the 1995 Act and checklists for services. LSCBs are also covered by the disability equality duty in the Disability Discrimination Act 2005.

Disability equality and deaf awareness training will assist those involved in safeguarding disabled children to understand the key barriers. For example, such training will assist staff to make the cultural shift from saying things like:

"She wouldn't be able to communicate what happened to her."

to

"I don't know how to communicate with her. I need to find out."

Or:

"He can't get into our interview suite because it's up a flight of stairs."

to

"We need to find an accessible venue to carry out an interview with him."

5.3 Why is there a need for specific training concerning the safeguarding of disabled children?

Sections 1 - 4 of this Resource have made clear (see also Section 6) that, although disabled children may have the same right to be protected from harm as on-disabled children, they have different needs and experiences which in turn have implications for all safeguarding work.

It is important to raise awareness of these needs and experiences at all levels of training by both:

- incorporating issues relating to disabled children into safeguarding training; and
- running specific training courses on the safeguarding of disabled children.

The following chart sets out how one training consultancy advises that issues relating to disabled children can be covered within general training on safeguarding²⁹.

²⁹ Contact details of trainers and consultants with expertise on safeguarding disabled children can be obtained from the Council for Disabled Children, 8 Wakley Street, London EC1V 7QE. Email: cdc@ncb.org.uk Tel: 020 7843 1900

| GENERAL CHILD PROTECTION TRAINING COURSE | | |
|---|---|--|
| Level 1 | Awareness | Disabled Child Component |
| | <ul style="list-style-type: none"> • Defining child abuse • Recognising child abuse • Procedures and the legal framework • Safe Practice | <ul style="list-style-type: none"> • Exercise on “What is child abuse?”, to include scenario involving disabled children • Presentation on recognition, to include “created vulnerability” • Include reference to safe practice with disabled children, particularly in relation to communication needs |
| Level 2 | Working Together | |
| | <ul style="list-style-type: none"> • Thresholds and interventions • Anti-discriminatory practice in child protection • CP conferences, core groups (inter-agency working and lessons from child deaths) | <ul style="list-style-type: none"> • Case studies on thresholds, to include disabled children • Presentation to highlight different thresholds for disabled children • Exercise on anti-discriminatory practice, to include one group focusing on vulnerability issues/good practice with disabled children • Presentation on inter-agency working. Refer to the lessons from research into child deaths which shows that those who are seen to be lower in the professional hierarchy may not be listened to – this has implications for those working with disabled children who may need to work hard to have their voices heard. |
| Level 3 | Assessment and Planning | |
| | <ul style="list-style-type: none"> • What is a good assessment? • The Assessment Framework • Gathering, evaluating and analysing information • Taking account of particular issues for black children and disabled children • Developing effective plans | <ul style="list-style-type: none"> • <i>The Child's World</i> video, to focus discussion on disabled children's views of a good assessment • Exercise to include specific issues that need to be considered for disabled children on each side of the Assessment Framework triangle. |

One ACPC runs the following course every year. It is a Level 3 course and workers are expected to have completed Levels 1 and 2 courses in safeguarding before applying.

Child protection and disabled children: a one-day course

Aim

To offer staff the opportunity to consider the protection of disabled children from harm.

Learning Outcomes

By the end of the course participants will have:

- Explored the social attitudes to disability and considered how these impact on the protection of children from harm.
- Reflected on current thinking and legislation around safeguarding children.
- Identified vulnerability factors relating to disabled children.
- Identified indicators of abuse or neglect.
- Experienced different ways of communicating with children.

Some ACPCs have developed local pools of trainers to deliver training on safeguarding disabled children. Some of the most successful models combine trainers whose primary background is in safeguarding children with others working in childhood disability. As a model, this encourages local co-working and skill development. Another training consultancy provides a consultancy and training package to develop a local course and train local staff to deliver it. This organisation also offers two day introductory and two day advanced courses on safeguarding disabled children, and communicating and consulting with disabled children. An example of such a course is given below.

Developing knowledge and skills for working effectively with disabled children in need of protection

Objectives:

- To consider the barriers facing disabled children in the protection system.
- To reflect on the assessment of early indicators of abuse or neglect in disabled children.
- To look at assessment of risk in large groups of disabled children.
- To review the *Achieving Best Guidance* in relation to disabled children.

- To consider steps in planning an interview with a disabled child.
- To develop skills for evidentially safe interviewing of children who communicate without speech, children with speech impairments, and children with learning disabilities.

5.4 Good practice in training concerning safeguarding disabled children

The following features should be aimed for when commissioning training:

The aims and objectives of training are clear

The learning outcomes to be aimed for can be divided into four general categories:

- challenging attitudes towards disabled children and abuse or neglect;
- increasing knowledge of the needs and circumstances of disabled children, and of the nature of their vulnerability to abuse or neglect;
- increasing knowledge of relevant legislation, guidance and procedures and their application to disabled children; and
- the acquisition of skills to communicate with disabled children, and to carry out assessments of their needs, and enquiries and investigations of abuse or neglect.

Safe in your hands (1998)³⁰ is a resource pack for professionals working with deaf children in schools. At the beginning of the pack, its aims are clearly stated:

“The National Deaf Children’s Society and the National Society for the Prevention of Cruelty to Children hope that this pack will help people like you, in caring or teaching roles, to do the following:

- Help to make your place of work a safe and happy place for deaf children
- Understand the importance of helping deaf children express their feelings and describe what is happening to them
- Know what to do if a child lets you know that they are being abused or if you suspect abuse –when to tell, who to tell and what to say
- Understand about abuse, especially as it relates to deaf children

³⁰ NCDS/NSPCC(1998) *Safe in your hands: A child protection resource pack for professionals working with deaf children in schools*, NCDS.

- Clarify your role when abuse is suspected or disclosed
- Know what steps to take to prevent abuse from beginning or continuing
- Feel confident in supporting deaf children who have been abused
- Know what support you need in order to carry on caring.”

The aims and objectives of the training relate clearly to identified training needs.

Training pathways for all staff involved in safeguarding should ensure that they are not allocated cases concerning disabled children until they have received appropriate training. Anyone carrying out assessments of disabled children should have received training on using the Assessment Framework with disabled children and be familiar with the Practice Guidance *Assessing the Needs of Disabled Children and their Families*.

LSCBs will want to encourage local service providers, including those catering specifically for disabled children, to identify the safeguarding training needs of their staff and ensure that appropriate training is available. Unfortunately, it cannot be assumed that existing professional training (of, for example, social workers or health visitors) covers disabled children adequately. This will need to be taken into account when developing training strategies.

Those commissioned to provide the training have a clear understanding of disability equality and deaf awareness and the implications for safeguarding.

A key learning outcome for training on safeguarding disabled children will be to challenge attitudes which apply a ‘deficit’ model to disabled and deaf children (i.e. which treat the child and their impairment as the problem). It is therefore essential that those delivering the training are working within a clear understanding of the social model of disability and of the Deaf community as a linguistic minority.

The training recognises that disabled children are from diverse backgrounds.

As with all training, both the content and the delivery of training on safeguarding disabled children should recognise the diversity of backgrounds and experiences. There are also some specific issues concerning disabled children from particular communities that you should expect trainers to be familiar with. For example, black and minority ethnic families with disabled children experience unequal access to both services and benefits;³¹ and, although there is little information on disabled children amongst asylum seeking families it might be expected that they share the difficulties that disabled asylum seeking adults have in accessing services.³²

³¹ Chamba, R. et al (1999) *On the edge: Minority ethnic families caring for a severely disabled child*, Bristol: The Policy Press.

³² Roberts, K. and Harris, J. (2002) *Disabled people in refugee and asylum seeking communities*, Bristol: The Policy Press.

Training is evaluated

Ideally, there should be a pre and post-training appraisal. This can be done at three different levels:

- Learning: what have participants learnt from the training?
- Practice: what changes in practice have resulted from the training?
- Organisational: what changes in policies or procedures have resulted?

One local authority used the *Towards Safer Care* training pack to raise issues of safeguarding. This led to a review of procedures in relation to:

- council transport contracts and vetting of escorts and taxi drivers;
- communication training for social workers working with disabled children; and
- improvements to procedures concerning invasive treatment and medication.

5.5 Training resources

This section describes some of the key training resources available for use.

The ABCD Pack: Abuse and Children who are Disabled: Training and resource pack aims to:

- Raise awareness of child abuse and disability
- Prevent the abuse of disabled children
- Investigate and assess possible abuse
- Empower and support abused and disabled children
- Identify the implications of this work for managers.

- The pack has 4 modules:
 - Foundation and Awareness
 - Prevention
 - Investigation and Assessment
 - Survival

It is available from: NSPCC Training and Consultancy, 3 Gilmour Close, Leicester LE4 1EZ. Tel 0116 2347225

Towards Safer Care

This video training pack was commissioned by the Department of Health in response to 'People like Us', the review of the Safeguards for Children Living Away from Home. The pack is designed to meet the needs initially of Local Authority Social Services Managers who are responsible for the care of looked after children, and the recruitment of staff in this arena. The authors hope that the pack may also prove useful to other agencies or organisations that have statutory responsibility for the care of children, for example, schools. It includes emphasis on corporate responsibility towards looked after children which includes all personnel and elected representatives for example elected councillors, recruitment staff, volunteers, foster carers, social workers and human resource departments.

The pack is structured in 3 sections to be used on a one-day seminar, for 40-50 people.

This pack was distributed to all Local Authorities at the time of publication in 1999.

Safety and awareness materials for deaf children

This is a DVD with guidance and materials for teaching Personal Safety Skills to deaf children. It has been developed by the NSPCC.

It aims to raise awareness and empower deaf children; encourage peer support, strengthen identity, self confidence and self esteem; develop vocabulary and understanding and provide information about what deaf children can do if they are worried about something.

The DVD includes visual materials such as feelings and topic cards; drawings of the body and body parts and BSL signs for medical terminology; role plays to facilitate learning and guidance notes for professionals. Options to receive information in BSL, audio or sub-titles are available throughout.

Topics covered include:

- setting up a group
- feelings
- relationships
- differences
- sex education
- personal safety in and outside of the home
- bullying
- internet safety
- road safety
- evaluation
- recommended resources.

It is available from the NSPCC (contact details above).

Two Way Street:

A training video and handbook about communicating with disabled children and young people. The video is aimed at all professionals whose role includes communicating with children and was developed in consultation with disabled children and young people.

The handbook (also available separately) gives further information and guidance plus details of the main communication systems in current use in the UK and annotated references to good practice publications.

All Join In

A unique video, made with a diverse group of 3-7 year olds. It is designed to help children develop skills for communicating and making friends and for understanding their own feelings and the feelings of others. It is proving popular as a resource to shift adult thinking about childhood disability and about inclusion and children's rights.

Both these videos are available from Triangle: www.triangle-services.co.uk; Triangle Unit E1, The Knoll Business Centre Hove BN3 7GS. Tel 01273 413141; Fax 01273 418843.

Also available from the NSPCC (see above for contact details).

5.6 Trainers and consultants

When identifying trainers to deliver the kind of training discussed above you are looking for the following:

- Knowledge, understanding and experience of issues relating to the safeguarding of disabled children;
- Knowledge and understanding of the social model of disability;
- Familiarity with the Chapter 3 in Assessing Children in Need and their Families Practice Guidance and with using the Framework for Assessment of Children in Need and their Families with disabled children;
- Familiarity with the adjustments that may need to be made to assessment processes, section 47 enquiries and investigations in order to address the needs of disabled children and their families;
- An inclusive approach which recognises diversity amongst the disabled child population;
- Direct experience of working with disabled children;
- A commitment to include the views of disabled people;
- Experience of planning and designing courses (with realistic timescales);

- Clear presentation skills i.e. being able to explain and present material clearly;
- Listening, reflecting and facilitation skills;
- Ability to understand and manage the strong feelings that the issue of disabled children and abuse can evoke in participants.

We cannot recommend trainers or consultants but the Council for Disabled Children has a list of organisations and individuals who have been used by members of the National Working Group on Child Protection and Disability. For further information, please contact: Christine Lenehan, Council for Disabled Children clenehan@ncb.org.uk

Section 6: Background: the context of safeguarding activity and disabled children

This Section of the Resource provides some background information about disabled children and is intended to help those with a strategic or planning responsibility to understand the context of safeguarding activity for disabled children. The section starts by clarifying what is meant by the term 'disabled child', before going on to summarise what we know about the needs and circumstances of disabled children and their families

6.1 What is meant by the term 'disabled child'?

It helps to distinguish between three different terms when thinking about what we mean by 'a disabled child'.

Impairment

An impairment is a characteristic which is long-term and affects a child's functioning and/or appearance. It may result in mobility or communication difficulties, or difficulties in learning, or difficulties in seeing or hearing. Impairment can also cause, for example, epilepsy, or be associated with behaviour which is difficult for others to handle. Some impairments are identified by a specific diagnosis, such as Downs' Syndrome; others are given a broader categorisation, such as global developmental delay.

It is important to note that neither a specific diagnosis nor a general category will tell you what type and level of impairment a particular child has. Down's Syndrome, for example, is associated with a wide range of impairments - usually learning disability, often visual impairment, eating and drinking difficulties, cardiac problems - but will vary for each child. Impairment may be a result of an inherited condition (such as muscular dystrophy, or sickle cell anaemia). Or it may be acquired: during gestation (such as acquired foetal alcohol syndrome); at birth (cerebral palsy/brain injury) or during babyhood or childhood (such as brain or spinal cord injury as a result of an accident or physical abuse).

The consequences of an impairment may be immediately apparent or they may not. An impairment may be progressive, or fluctuating, or static. It may not always be apparent whether some impairments are temporary or permanent. Amongst children with the same condition there will be wide variations in severity and experiences of impairment. It is important not to make assumptions about the nature or consequences of impairment and to seek direct information from the child and their family, as well as expert advice when trying to make sense of the impact of an impairment on a child's development or behaviour. Contact a Family can provide information about specific conditions and relevant organisations: 0808 808 3555; www.cafamily.org.uk/professionals.html

Illness/ill health

Not all children with impairments are ill but many impairments cause or heighten the risk of ill health. For example, children with Down's Syndrome have an increased risk of heart problems; cystic fibrosis, if not treated properly, causes pneumonia and bowel problems. Some treatments in themselves create health risks. For example, a child with an indwelling catheter will have a higher risk of bladder infections. Inadequate response to impairment can cause ill health. For example, poor seating for a child who uses a wheelchair can cause pressure sores which, if not treated properly, can be life-threatening. Conversely, some experiences of ill health cause long-term impairments. For example, a child who has recovered from cancer may have impaired hearing as a result of chemotherapy used to treat the cancer.

Disabling barriers

This term is used to help separate out impairment or illness from the things, external to the child, which are often more important in determining the child's quality of life and opportunities.

Disabling barriers fall into two main categories:

1. Negative attitudes or prejudice. For example, it may be assumed that significant cognitive and physical impairment inevitably leads to a 'life not worth living' and medical treatment may be withheld or withdrawn; a child who cannot speak may be assumed to have nothing to communicate; a child with achondroplasia (which causes short stature) may be bullied because of their unusual appearance.
2. Unequal access to the things necessary for a good quality of life. For example, a child with mobility impairments may be denied access to the leisure opportunities enjoyed by his/her non-disabled peers; a failure to meet the communication needs of a Deaf child will lead to lower educational attainment; inadequate support to the parents of a child who has high care needs can contribute to marital breakdown and/or parental unemployment and thus an increased risk of poverty.

What is meant by the term 'special educational needs'?

Not all disabled children have special educational needs and not all children with special educational needs are disabled. Special educational need (SEN) has an official definition, laid down by the Education Act 1996. A child has special educational needs if s/he has a 'learning difficulty which calls for special educational provision'. A child has a learning difficulty if:

- s/he has a significantly greater difficulty in learning than the majority of children his/her age; and/or
- s/he has a disability which either prevents or hinders him or her from making use of educational facilities of a kind generally provided for children of his/her age.

There are three stages in the determination of special educational needs: School Action, where help is provided by the school; School Action Plus, where help is needed from outside the school; and a Statement of special educational needs, where the local authority, following assessment, sets out what the child's educational needs are and how they will be met. Only a minority of children with special educational needs have a Statement of SEN (about 250,000) although many will have an Individual Education Plan, drawn up as part of either the School Action or School Action Plus stages. Information about education and other agencies' responsibilities is contained in the Special Educational Needs Code of Practice (see Section 7 of this Resource).

What is the difference between a Deaf child and a child who is deaf or hard of hearing?

The term 'Deaf children' refers to children who use British Sign Language - the capital D signifying they are part of a linguistic community. The word 'deaf' with a lower case 'd' is used to mean hearing impairment and can refer to hearing impaired children who use BSL, as well as those that do not.

Official definitions of disability

There are two definitions of disability to be found within legislation and most statistics on disabled children concern one of these definitions.

Disability Discrimination Act 1995

This defines a disabled person as someone with "a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities." This definition includes children.

Children Act 1989

Disabled children are one of three categories of "children in need" and, for the purposes of this Act, are defined according to the definition laid down in the National Assistance Act 1948: that is someone who is "blind, deaf or dumb, or who suffers from mental disorder of any description and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity" (National Assistance Act 1948, Section 29(1)).

To sum up, the term 'disabled child' usually refers to a child who has an impairment and who experiences disabling barriers. The child may also experience ill health related to impairment and/or disabling barriers, and will usually have special educational needs. Almost all will come under the Disability Discrimination Act definition of 'disabled person'.

6.2 The needs and circumstances of disabled children and their families

The population of disabled children

There are currently 700,000 children under 16 years in Britain covered by the Disability

Discrimination Act definition of disability, of which 100,000 are under five. This means that about one in twenty children under 16 years is disabled. Of these, 43% have two or more impairments.³³

About 29,700 disabled children are receiving services from children's social care because they are 'in need'. These children account for 13% of all children in need and about 3,600 of them are classified as being in need because of 'abuse or neglect'.³⁴

Over the last twenty years or so, there have been changes in the types of impairment amongst the population of disabled children, although it is not clear to what extent these are actual changes or are as a result of changing diagnostic practices. It is clear, however, that there are increasing numbers of children with complex needs.

When planning safeguarding strategies, it is important to take account of the fact that there have been increases in:

- chronic diseases, such as asthma and diabetes, which have an impact in childhood and into adulthood;
- numbers of children diagnosed with autistic spectrum disorder;
- numbers of children diagnosed with attention deficit hyperactivity disorder;
- very young children who are dependent on technology such as tube-feeding or oxygen; and
- children with continuing healthcare needs who are surviving into adulthood.

Whilst the overall number of disabled children does not seem to be increasing, there is evidence that those that are disabled have more complex needs.

It is also important to recognize that almost half of disabled children have a communication impairment of some kind.³⁵

While there is conflicting evidence about whether learning disability is more common amongst certain minority ethnic communities, children of Asian origin who are receiving a service from local children's social care are more likely to be disabled than children of other ethnic origins (21% compared to 13%).³⁶

The needs of families with disabled children

Families with disabled children are more likely to experience poverty than those where there is no disabled child: 27% of households with disabled children live in poverty

³³ DWP (2004) Family Resources Survey 2003.

³⁴ Department for Education and Skills (2004) *Children in Need in England*. National Statistics, p. 7

³⁵ DWP (2004).

³⁶ Department for Education and Skills (2004) *Children in Need in England*. National Statistics, p. 7

compared with 19% of households with children that are not disabled.³⁷ Families with severely disabled children have, on average, higher outgoings but lower income than families without a disabled child, and have higher levels of debt.³⁸ Families with disabled children also face the greatest risk of living in unsuitable housing, compared to other household types: 45% of disabled children aged 15 or below live in housing which is unsuitable.³⁹

There are about 17,000 families in the UK with more than one disabled child and about 6,500 families with two or more severely disabled children.⁴⁰ These families are more likely to be single parent, unemployed, on income support, in semi-skilled or unskilled manual jobs and less likely to own their own home.

Black and minority ethnic disabled children with significant impairments are less likely to receive Disability Living Allowance and less likely to be awarded the higher mobility or care component than white disabled children. The parents of Black and minority ethnic disabled children are less likely to receive Carers Allowance.⁴¹

Parents of disabled children generally provide higher amounts of care than other parents⁴² and this is particularly so for parents of severely disabled children, the majority of whom are providing more than 10 hours per day physical care.⁴³ A break from, and assistance with, caring for their child on a day to day basis is the most frequently mentioned unmet need amongst parents of disabled children. Help with sleeping problems is also a significant unmet need.⁴⁴

In spite of these high levels of need amongst families of disabled children, the support they require to help them provide the best possible care for their children is too often unavailable. Families of disabled children often experience the following difficulties in getting their needs met:

- Information and advice about their child's condition and how best to meet their needs is not always available⁴⁵

³⁷ DWP (2003) "Households Below Average Income"

³⁸ Wooley, M. (2004) Income and expenditure of families with a severely disabled child, The Family Fund; Harrison, J. and Wooley, M. (2004) Debt and Disability: The Impact of debt on families with disabled children, The Family Fund.

³⁹ ODPM (2003) *Housing in England 2001/2*. The Stationery Office. Table A1.59, p.104

⁴⁰ Lawton, D. (1998) Complex Numbers: Families with more than one disabled child, Social Policy Reports No. 8. Social Policy Research Unit, University of York.

⁴¹ Chamba, R. et al (1999) On the edge: Minority ethnic families caring for a severely disabled child, The Policy Press.

⁴² Roberts, K. and Lawton, D. (2001) 'Acknowledging the extra care parents give their disabled children'. *Child: Care, Health and Development*, 27: 307-319.

⁴³ Mencap (2001) No Ordinary Life: The support needs of families caring for children with profound and multiple learning disabilities. London: Mencap.

⁴⁴ Sloper, P. (2002) *Meeting the needs of disabled children*, Quality Protects Research Briefing. Research in Practice.

<http://www.rip.org.uk/publications/documents/QPB/QPRB6.htm#4>

⁴⁵ Audit Commission (2003) Services for Disabled children: A review of services for disabled

- Children and their families often have to undergo a large number of assessments, carried out by different professionals and organisations, with little coordination or communication between different agencies⁴⁶;
- 'Mainstream' sources of child care and leisure activities may be unsuitable or inaccessible, particularly when a child has continuing health care needs and/or significant learning disabilities. Families of disabled children have less access to day care and early education provision for young children⁴⁷;
- There can be significant delays and difficulties in getting necessary equipment to assist with looking after children and there are high levels of unmet need⁴⁸;
- Many families experience considerable difficulties in getting appropriate adaptations done⁴⁹;
- Sleep problems and 'challenging behaviour' are common reasons given by families for being unable to cope; families also report unmet need for support with these issues;
- There is significant unmet need amongst families with disabled children for a break in caring for their children, particularly amongst families of children with continuing nursing care needs⁵⁰ and older children with 'challenging behaviour'. The poorest families are the least likely to receive short-term break services⁵¹;
- Some families and their children experience harassment and bullying within the communities in which they live;
- Black and minority ethnic families are more likely to have unmet needs and less likely to have support from their extended family than white families⁵²;

Parents with learning disabilities often find that they do not meet eligibility criteria for services from adult social care and thus do not receive the support they need to parent their children⁵³.

children and their families.

⁴⁶ Ibid.

⁴⁷ National Audit Office (2004) Early Years: Progress in developing high quality childcare and early education accessible to all, Report by the Comptroller and Auditor General.

⁴⁸ Beresford, B (2003) Community equipment: use and needs of disabled children and their families, University of York.

⁴⁹ Oldman, C and Beresford, B (1998) "Homes unfit for children: Housing, disabled children and their families", The Policy Press.

⁵⁰ Short Break Network, 2003. Too disabled for care? Report on short-break services for children with complex healthcare needs, Shared Care Network.

⁵¹ Gordon, D., Parker, R., Loughran, F. and Heslop, P. (2000) *Disabled Children In Britain: A Re-analysis of the OPCS Disability Surveys*. The Stationery Office

⁵² Chamba, R. et al (1999); Flynn, R. (2002) Short breaks: Providing better access and more choice for Black disabled children and their parents, The Policy Press.

⁵³ Morris, J. (2003) The Right Support: Report of the Task Force on Supporting Disabled

Many families with disabled children struggle to care for their children against significant odds. When support services are not available this can make life even more difficult.

“Natasha is eight years old and has profound and multiple learning disabilities. In some ways she is like any other girl her age. She loves to be around the family, being read stories and playing with her favourite toys. We all love her very much, but she also has needs that are above and beyond what any family can provide without the right kind of help.

Natasha needs help with everything. She uses a wheelchair and as she gets bigger, she is getting harder for me to lift. She has lots of health needs. She is prone to chest infections and has epilepsy. She needs regular physiotherapy because one side of her body is weaker than the other and she is tube fed. She needs care and attention all the time and on top of that, we seldom get a whole night's sleep.

What makes me so angry is that I had been telling people for years that I needed more help, but nobody was listening. Just after Christmas we went to Natasha's school review. Natasha had been ill for over three weeks and we were pinning our hopes on getting some help sorted out at the meeting. All the agencies were there, social services, education and health, but we came away with nothing.

Only my close friends and family knew what it was doing to me. They helped as much as they could, but you can't carry on under that kind of pressure forever. It seemed utterly impossible to convince anyone else that I needed help. They thought I was coping, because I tried to keep my home tidy and my children were clean and went to school.

The final straw came when I hurt my back lifting Natasha. I physically and mentally just could not go on any more. I had finally reached breaking point that Monday morning in January.”⁵⁴

What helps families to care for disabled children?

Two reviews⁵⁵ of what helps families to care for disabled children conclude the following types of assistance are vital:

- Easy access to information about impairment, prognosis and treatment from the point of diagnosis and in the following years;
- Opportunities to share experiences and gain support from other parents in similar situations;

Adults in their Parenting Role, York Publishing Services/Joseph Rowntree Foundation.

⁵⁴ Mencap, 2003. *Breaking Point: A report on caring without a break for children and adults with severe or profound learning disabilities*, Mencap.

⁵⁵ Sloper, P. (2002) *Meeting the needs of disabled children*, Quality Protects Research Briefing. Research in Practice.

<http://www.rip.org.uk/publications/documents/QPB/QPRB6.htm#4>

Khine, G. (2003) *Meeting the needs of disabled children and their families: What works and what's promising*,

<http://www.whatworksforchildren.org.uk/docs/Briefings/Disability%20Briefing.pdf>

- Easy access to up-to-date information about available services;
- Easy access to services which are responsive to the needs of individual children and their families;
- Short-break services which are available at times parents need a break (including both planned and emergency provision) and which give parents confidence their children are well cared-for;
- Support at home to enable parents to run their household and care for their children, including their non-disabled children;
- Easy access to equipment, which is up-dated, repaired and maintained;
- Information and support with sleeping problems, and with challenging behaviour;
- Parents' expertise being recognized but without them being expected to become professional carers rather than parents.

Families with disabled children are often in contact with a wide range of services and appreciate having a key worker to coordinate services. The Care Co-ordination Network has published standards for key working.⁵⁶

Disabled children in residential and healthcare settings

In 2002, there were 1,320 disabled children looked after in residential settings, 595 of whom were in residential schools and 620 in children's homes. The majority of them were between the ages of 10 and 15.⁵⁷

Also in 2002, there were about 6,100 pupils in maintained and non-maintained residential special schools and about 4,400 pupils in independent residential special schools. Nearly all these children have statements of SEN but data is not collected about whether they are disabled or not. The largest group were teenage boys with emotional and behavioural disorders.⁵⁸

Children are placed at residential special schools for a range of reasons.⁵⁹ Educational factors include the difficulties local schools have in meeting specific needs: this is particularly the case for children with autistic spectrum disorder, and for Deaf children using British Sign Language. 'Social' factors include inadequate support for parents to continue caring for their child at home. However, while professionals often try to separate out 'social' and 'educational' factors when determining whether a residential school placement is necessary, parents tend to see a close connection between these

⁵⁶ <http://www.ccuk.org.uk/standards.html>

⁵⁷ Dfes (2004) Disabled children in residential placements, Dfes.

⁵⁸ Ibid.

⁵⁹ Abbott, D. et al (2002) The place to be? Policy, practice and the experiences of residential school placements for disabled children. York Publishing Services/Joseph Rowntree Foundation.

two aspects of their children's lives and needs: "The majority [of parents] spoke of a lack of understanding and support at school and at home, leading to their conclusion that a specialist residential setting was the only way of meeting their child's needs and those of their family."⁶⁰

Most children and young people would not choose to go away to school although many wanted to leave their old school because they were so unhappy there. Homesickness is a common experience but most are positive about at least some aspects of their boarding school, particularly their friends. Parents would welcome more support from both education and children's social care in finding an appropriate school and in ensuring that their child is well cared for and that their educational needs are met.⁶¹

In the twelve months to April 2000, 16,000 children were discharged from hospitals in England having spent more than a month in hospital. Between 2000 and 2003, 2,200 children spent over 6 months in hospital. The most common reasons for spending a long time in hospital were: conditions arising shortly after birth; injury and poisoning; and "mental and behaviour problems (including mental health problems and learning disability)".⁶² When consulted about their views, children said they wanted the same things as their non-disabled peers. They also wanted to be treated as individuals and consulted about their care, to have contact with friends and family, and continuity in education and care.

Parents whose children who spend a long time in hospital said that they wanted:

- accessible information about their child's condition and treatment and the services available;
- partnership working with professionals, including involvement in future care planning;
- comfortable and convenient overnight family accommodation within or near the hospital; and
- pleasant, relaxed visiting facilities in longer-stay residential settings.⁶³

A minority of children spend time in hospital because of difficulties in providing support to them and their families, in particular suitable care packages (including short-term breaks) and suitable housing.

The next section of this Resource also provides important background and contextual information in that it lists and summarises the legislation and guidance relevant to meeting the needs of disabled children.

⁶⁰ Ibid. p.26.

⁶¹ Ibid.

⁶² Stalker, K. et al (2004) Care and treatment? Supporting children with complex needs in health care settings, Pavilion Publishing.

⁶³ Ibid.

Section 7: Summary of legislation and guidance relevant to safeguarding and meeting the needs of disabled children

This section provides information about legislation and guidance that forms the framework for safeguarding and meeting the needs of disabled children.

Information about legislation and guidance relating to safeguarding children *generally* and the roles and responsibilities of different agencies can be found at:

The Every Child Matters website: www.everychildmatters.gov.uk

The Area Child Protection Committees website: www.dfes.gov.uk/acpc

There are five types of document which make up the framework:

- Statutes (Acts of Parliament) which set out the law (e.g. the Children Act 1989; the Disability Discrimination Act 1995). Statutes say what must be done;
- Regulations and Orders, which provide more detail about how Statutes should be interpreted and implemented (e.g. the Review of Children's Cases Regulations 1991) and which have the same status as Statutes. Therefore, Regulations say what must be done;
- Codes of Practice, which public bodies are required to have regard to (e.g. *Code of Practice on Part 3 of the Disability Discrimination Act - Access to Goods and Services*). Courts expect public authorities to follow Codes of Practice unless they can show that some flexibility is required to meet the needs of a particular case;
- Policy Guidance issued under Section 7 of the Local Authority Social Services Act 1970, which social services authorities are expected to follow, unless they have a very good reason not to (e.g. *Framework for the Assessment of Children in Need and their Families; Carers and People with Parental Responsibility for Disabled Children: Policy Guidance*);
- Practice Guidance, which advises local authorities how to go about fulfilling their statutory duties but which need not be strictly followed (e.g. *Assessing Children in Need and their Families: Practice Guidance*). However, in the event of a legal challenge, courts will have regard to any relevant Practice Guidance.

In addition, government policy is set out in Every Child Matters and the National Service Framework for Children.

Safeguarding disabled children

National Service Framework for Children

Standard 8 of the National Service Framework for Children requires that:

Local Authorities, Primary Care Trusts and NHS Trusts ensure that:

- The Area Child Protection Committee/Local Safeguarding Children Board has a system in place to ensure that all disabled children are safeguarded from emotional, physical and sexual abuse and neglect; and
- The specific needs of disabled children are addressed in safeguarding children protocols in line with *Working Together to Safeguard Children and their Families.*
- Department of Health, 2004. National Service Framework for Children, Young People and Maternity Services: Disabled children and those with complex health needs, Department of Health, p.35.

www.dh.gov.uk/PolicyandGuidance/HealthandSocialCareTopics

Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children

This Policy Guidance sets out the responsibilities of different agencies to safeguard children. It has a section on 'Abuse of Disabled Children' (Paras 6.27-6.29) which:

- highlights that disabled children may be especially vulnerable to abuse for a number of reasons; and
- sets out the measures that should be taken to promote awareness of risks and high standards of practice.

The Guidance states:

Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the Guidance in Chapter 5 [of *Working Together to Safeguard Children*], in the same way as with any other child. The same thresholds for action apply. It would be unacceptable if poor standards of care were tolerated for disabled children which would not be tolerated for non-disabled children. Where a disabled child has communication difficulties or learning difficulties, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings. In every area, social services and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice

process when this is in the child's best interests and the interests of justice.

ACPCs have an important role in safeguarding disabled children through:

- raising awareness among children, families and services;
- identifying and meeting inter-agency training needs, which encourage the 'pooling' of expertise between those with knowledge and skills in respect of disabilities, and those with knowledge and skills in respect of child protection; and
- ensuring that local policies and procedures for safeguarding children meet the needs of disabled children."

Department of Health, Department for Education and Employment, Home Office (1999) Working Together to Safeguard Children: A guide to Interagency Working to Safeguard and Promote the Welfare of Children The Stationery Office.

<http://www.dh.gov.uk/assetRoot/04/07/58/24/04075824.pdf>

This Guidance is to be updated and the above section of this Resource will be therefore be amended in due course. See also <http://www.everychildmatters.gov.uk/publications/> for any updates.

Safeguarding Children in Education

This is Policy Guidance on implementing Section 175 of the Education Act 2002, which places a duty on schools, further education bodies and local education authorities to have arrangements for safeguarding and promoting the welfare of children and young people. Paragraph 12 of the Guidance highlights the importance of listening to children, including disabled children:

Learning support assistants working with children with special educational needs and disabilities provide close support to them and may encounter indications of possible abuse. Whilst extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children.

Department for Education and Skills, 2004. *Safeguarding Children in Education*, Para. 12.

<http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0027-2004.pdf>

What to do if you're worried a child is being abused: Children's Services Guidance

This Practice Guidance draws attention to how important it is for disabled children that adults communicate with them "in a way that is appropriate to their age, understanding and preference" (Paragraph 10.8) and points out that sometimes expertise in non-verbal communication may be required (Paragraph 16.3).

It also emphasises that when a child protection conference concerning a disabled child is being convened, social services managers should consider whether to invite a professional who has particular expertise in the child's impairment or long-term illness (Paragraph 44.2).

Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport and Office of the Deputy Prime Minister (2003) *What to do if you're worried a child is being abused: Children's Services Guidance*, Department of Health. www.dh.gov.uk/assetRoot/04/06/13/03/04061303.pdf

Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including children

This is Guidance on the implementation of the special measures in relation to vulnerable witnesses in the Youth Justice and Criminal Evidence Act 1999. It addresses the needs of disabled children and young people (and other vulnerable groups) as witnesses within the criminal justice system. Special measures within the Act include:

Section 29: Use of an intermediary. A person may be appointed by the court to act as an intermediary between the witness and the court to make clear to the witness questions put to them and enable the court to understand their responses.

Section 30: Aids to communication. These may be used to enable the witness to give best evidence, for example by signs and symbols, communication boards or electronic equipment.

Achieving Best Evidence includes extensive guidance on providing the necessary adaptations to investigation and prosecution when disabled children or adults are involved as witnesses, including Appendix G *Guidance on Investigative Interviews with Disabled Children*.

Home Office, Lord Chancellor's Department, Crown Prosecution Service, Department of Health, National Assembly for Wales (2002) *Achieving Best Evidence in criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including children*. Home Office. www.cps.gov.uk/publications/prosecution

Sex and Relationship Education Guidance

This Practice Guidance points out that:

Mainstream schools and special schools have a duty to ensure that children with special educational needs and learning difficulties are properly included in sex and relationship education.

and:

All staff including ancillary staff, physiotherapists, nurses and carers as well as teachers should follow the school's sex and relationship education policy when working with pupils with special educational needs and learning difficulties.

Department for Education and Employment, 2000. *Sex and Relationship Education: Guidance*.

www.dfes.gov.uk/sreguidance/sexeducation.pdf

Assessment and provision of services

Children Act 1989

Disabled children are one of three categories of “children in need” and, for the purposes of this legislation, are defined according to the definition laid down in the National Assistance Act 1948: that is someone who is “blind, deaf or dumb, or who suffers from mental disorder of any description and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity.” (National Assistance Act 1948, Section 29(1)). The Children Act lays down a general duty:

- to safeguard and promote the welfare of children within their area who are in need; and
 - so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range of level of services appropriate to those children's needs.
- (Section 17(1)).

Section 17 was amended by the Health and Social Care Act 2001 to enable disabled parents, parents of disabled children and disabled 16 and 17 year olds to receive direct payments in lieu of services following an assessment. The Council for Disabled Children has published *Direct Experience: A Guide for Councils on the Implementation of Direct Payments in Children's Services*. Available from: CDC, 8 Wakley Street, London EC1V 7QE. Tel: 020 7843 1900 Email: cdc@ncb.org.uk

Disabled children are also entitled to their assessed needs being met under the Chronically Sick and Disabled Person Act 1970. Section 2 lists the specific needs that should be covered, which include “practical assistance in the home” and any adaptations, equipment or facilities necessary to secure “greater comfort, safety or convenience”. Assessments under the 1970 Act should be carried out at the same time as Children Act assessments.

Framework for the Assessment of Children in Need and their Families: Policy Guidance

This Policy Guidance sets out how assessments of children in need should cover three domains: developmental needs of children; the capacities of parents/carers to respond appropriately to those needs; and the impact of wider family and environmental factors on parenting capacity and children.

Department of Health, Department for Education and Employment, Home Office, 2000 *Framework for the Assessment of Children in Need and their Families*, The Stationery Office.

www.dh.gov.uk/PublicationsAndStatistics

Assessing Children in Need and their Families: Practice Guidance

This Practice Guidance contains detailed advice about how the three domains should be covered when the assessment concerns a disabled child. It points out that, while the basic needs of disabled children are no different from other children, impairments may create additional needs and disabled children are also likely to face additional disabling barriers to their inclusion in society.

“Effective assessment of a disabled child must consider:

- The direct impact of a child’s impairment
- Any disabling barriers that the child faces; and
- How to overcome such barriers.”

(Para. 3.11)

Department of Health, 2000. *Assessing Children in Need and their Families: Practice Guidance*, The Stationery Office. Chapter 3: Assessing the needs of disabled children and their families.

www.dh.gov.uk/PublicationsAndStatistics

The Children Act 1989 Guidance and Regulations, Volume 6. Children with Disabilities

This is Policy Guidance setting out how to implement the Children Act 1989 for disabled children. It covers all aspects Children Act duties, which include providing services to “minimise the effect on disabled children of their disabilities” and enable them “to lead lives which are as normal as possible”.

Department of Health, 1991. *The Children Act 1989 Guidance and Regulations*, Volume 6. Children with Disabilities, HMSO.

Children Act 2004

Section 53 of the Children Act 2004 amends the Children Act 1989 to require that the wishes and feelings of children are ascertained and given due consideration when making decisions about how to meet a child’s needs.

The Act also requires children’s services authorities to work with other relevant organisations to improve the well-being of all children in their area, in terms of:

- physical and mental health and emotional well-being;
- protection from harm and neglect;
- education, training and recreation;

- the contribution made by them to society; and
- social and economic well-being.

Under section 22(3)(a) of the Children Act 1989 (as amended by section 52 of the Children Act 2004) local authorities, in carrying out their duty to safeguard and promote the welfare of children looked after by them, must give particular attention to the educational implications of any decision about the welfare of those children.

www.hms0.gov.uk/acts/acts2004/20040031.htm

Looked after children regulations

Where a child has been provided with accommodation (for anything more than 24 hours) under Section 20 of the Children Act 1989, the authority has a duty to carry out regular reviews, to write a care plan, and to ensure that the child's wishes and feelings are ascertained. Disabled children whose parents receive a short-break service involving overnight stays will be covered by these regulations, as will most disabled children where there has been social work involvement in arranging a residential school placement. Local Authority Circular (2003)13 states: "Children should not normally be maintained in schools by social services departments unless they are looked after, whether under section 20 or section 31 [of the Children Act]".

Arrangement for the Placement of Children (General) Regulations 1991
LAC (2003)13, *Guidance on accommodation children in need and their families*.
www.dh.gov.uk/assetRoot/04/01/27/56/04012756.pdf

Housing adaptations

Families with disabled children may be entitled to assistance with adaptations to their property, through both the Disabled Facilities Grant system and the Chronically Sick and Disabled Persons Act. A guide on housing adaptations, published by the Office of the Deputy Prime Minister, sets out the relevant legislation and guidance, and recommends good practice.

Office of the Deputy Prime Minister, 2004 *Delivering Housing Adaptations for Disabled People: A good practice guide*, ODPM.
www.odpm.gov.uk

Carers

The government's policy on carers is set out in the *National Strategy for Carers*. The legislative framework is contained in the Carers (Recognition and Services) Act 1995, the Carers and Disabled Children Act 2000, and the Carers (Equal Opportunities) Act 2004.

Parent carers of disabled children are entitled to an assessment of their needs to enable them to carry on caring and this assessment should be taken into account when carrying out a Children Act assessment. Parent carers may receive a direct payment so

that they can arrange the assistance they need themselves. Policy and Practice Guidance is contained in the following:

Carers and People with Parental Responsibility for Disabled Children: Policy Guidance 2001.

Carers and People with Parental Responsibility for Disabled Children: Practice Guidance 2001.

Direct Payments Guidance: Community Care, Services for Carers and Children's Services (Direct Payments) Guidance, England 2003.

All the above publications, including the legislation and the National Strategy for Carers, together with summaries and Frequently Asked Questions, are available at www.carers.gov.uk

Social care for deaf/blind children and adults

This Policy Guidance on the social care of deaf/blind children highlights the need for social services to:

- identify, make contact with, and keep a record of, deaf/blind children in their area; and
- offer an assessment using the *Assessment Framework* in order to determine what services are needed and appropriate.

www.dh.gov.uk/assetRoot/04/01/27/09/04012709.pdf

Disability Discrimination Act 1995

This defines a disabled person as someone with "a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities." This definition includes children. There is a statutory Code of Practice on Part 3 of the DDA.

Part 3 of the DDA covers access to goods, facilities, services and premises and makes it unlawful for a service provider to discriminate against a disabled person by:

- refusing to provide (or deliberately not providing) any service which it offers or provides to members of the public *or*
- providing a service of a lower standard *or* in a worse manner *or*
- providing a service on worse terms *or*
- failing to comply with a duty to make reasonable adjustments if that failure has the effect of making it impossible or unreasonably difficult for the disabled person to make use of any such service.

From April 2006, public organisations will be under a duty to promote equality of opportunity for disabled children and adults (Disability Discrimination Act 2005) and a statutory code of practice will be published on how this positive duty should be implemented. Information about the legislation and Codes of Practice is available from the Disability Rights Commission: 08457 622 633; www.drc-uk.org