

## **Safeguarding Disabled Children**

A resource for all staff in Integrated and Specialist Services working with disabled children

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## **Acknowledgements**

*This Guidance is based closely on guidance developed by the Council for Disabled Children.*

### *Introduction*

Why is this Guidance needed?

While disabled 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.*

Systems must be in place to ensure that:

all disabled children are safeguarded from emotional, physical and sexual abuse and neglect; and

the specific specialist and individualised needs of disabled children are addressed in safeguarding children protocols in line with *Working Together to Safeguard Children and their Families.*"

## **Section 1: The vulnerability of disabled children to abuse**

Disabled children are more vulnerable to abuse and/or neglect than non-disabled children.

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

They are likely to be in contact with a larger number of service providers than non-disabled children and are likely to be in receipt of intimate care.

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.

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:

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 impairment rather than as a possible indicator that abuse or neglect is taking place.

It may be the case that those working in services for disabled children have not received adequate training in safeguarding children while those working to safeguard children may not be sufficiently familiar with disabled children and their needs.

A lack of familiarity with a child’s impairment can get in the way of a 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 not held to be ‘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 or result in adverse publicity.

A disabled child is more likely to be in contact with a number of services and carers: there may be information recorded in a range of case files held by different services and professionals. This means that 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. Sometimes the disabled child’s mode of communication and how others respond to it can compound this situation.

## **Section 2: Safeguarding disabled children**

This Section of the Guidance is intended to ensure that local safeguarding activities address the particular needs and circumstances of disabled children.

## 2.1 Starting points

Relevant organisations must cooperate to safeguard and promote the welfare of children, and to ensure the effectiveness of what they do.

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 2005 requires public bodies to 'promote equality of opportunity' for disabled children and adults.

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'.

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 vulnerability because of negative attitudes about disabled children, and unequal access to services and resources.

[Please identify the member of staff who represents your organisation on the issue of safeguarding and promoting the welfare of disabled children.]

## 2.3 Features of an effective safeguarding system for disabled children

### 1. 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.

2. Those receiving initial contact queries concerning disabled children are aware of safeguarding issues for disabled children

Where a concern arises about any child who may be suffering harm contact must be made with the Helpdesk on 01952 385700. Where the child attends The Bridge, Haughton or Southall School direct contact may be made with Disabled Children's Team on 01952 385902.

3. Practitioners receive basic and advanced training on safeguarding and disabled children

Issues relating to disabled children are covered in basic safeguarding training, but we also intend to make specialist training concerning disabled children available. 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 which is continually updated. 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*.

Please consult the Training Plan for details of suitable training opportunities in relation to your work.

4. You need to be aware of factors likely to be relevant in any situation where concerns have been raised about the welfare or safety of a disabled child

All those involved at all stages of the safeguarding process should be 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.

5. 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 specialist 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.

*Advice on how to obtain resources to assist with communicating with disabled children may be obtained from either the Disabled Children's Team or the Sensory Inclusion Service.*

6. 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

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.

Advice may be obtained from the Disabled Children's Team.

7. 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 from 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. It is important to try to ensure that referrals expressing concern about a child's safety are not a result of failure to provide parents of disabled children with adequate support. Section 6 sets out what type of support parents commonly need and appreciate.

8. 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.

Parents may have communication needs of their own eg. BSL interpreting services.

Arrangements are 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.

9. 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

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.

All services working with disabled children must:

Be aware of safeguarding procedures and their staff have been in receipt of 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.

10. 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. A lack of emergency placements should not inhibit safeguarding of disabled children's welfare. Such placements should be as close to the child's home as possible (unless a risk assessment shows that this is not appropriate).

11. Adaptations to section 47 enquiries and 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 needed to prepare for interviewing

a disabled child and for the interview itself. Throughout section 47 enquiries and 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.

Each agency has made arrangements to obtain interpreting services as required.

#### 12. Therapeutic services 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.

#### 13. Where concerns have been raised about a child's safety but these have not been sufficient to justify drawing up a Child Protection Plan, a Team Around the Child 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 health and development but these are not sufficient to reach the significant harm threshold. In these circumstances it will be particularly important to ensure that the child's and families' needs are addressed by careful planning and coordination of services.

#### 14. Specific circumstances where disabled children may be particularly vulnerable

Some disabled children are in settings or have particular experiences which make them especially vulnerable.

##### *Disabled children cared for in residential or health care settings*

Disabled children are more likely than non-disabled children to spend time in health care settings or may be in residential settings including schools. They may be admitted to children's wards or hospices as a result of illness, 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.

##### *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. Information must be communicated to adult services about past and continuing vulnerability. The Protection of Vulnerable Adult policies and procedures and the provisions of the Mental Capacity Act 2005 need to be understood. 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 the Criminal Justice systems

There is evidence that vulnerable children and young people including disabled are disproportionately represented in the criminal justice system.

#### *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. 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.

#### 15. 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/](http://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 on the Referral and Information Record and on the front page of any 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).

16. 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.

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 Safeguarding Children Board 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 SCB, together with 79 recommendations for member agencies. The SCB then monitored progress on their implementation.

### 17. 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. Mainstream schools should deliver such programmes in ways that are accessible to disabled children and young people, particularly those with sensory impairments and/or learning disabilities. The Bridge School and the Sensory Inclusion Service can assist with the delivery of such programmes. The Sex Education Forum's Factsheet, *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](http://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](http://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](http://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/](http://www.dfes.gov.uk/bullying/))

### Section 3: Safeguarding disabled children: guidelines for professionals

This section is for individual professionals who are involved at all stages of the safeguarding process – from initial referrals through to s47 enquiries.

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.

**'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.

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

If a concern arises that a child, including a disabled child, may be at risk of harm contact must be made with the Helpdesk at the Mount on 385700. Staff on the Helpdesk may decide to consult with the Disabled Children's Team.

Concerns about pupils of the Bridge, Southall or Haughton School may be referred directly to the Disabled Children's Team.

This process of consultation will enable relevant information to be gathered, decisions made about the significance of it and agreement reached about a suitable course of action.

The advantages of the Disabled Children's Team having responsibility for this group of children (with Statements of Special Educational Needs) are:

Specialist knowledge about disabled children and their families' needs and circumstances.

Skills in communicating with disabled children.

Knowledge of and established relationships with other agencies working with disabled children.

Clarity of where responsibility rests.

### 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?  
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' as an *aide memoire* when recording information about a disabled child on the Contact Record and Referral and 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. 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 audiological or 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.

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. 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 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 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

*Children and Young People settings 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 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 experiencing 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 are:

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, 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 Act. *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.

Disabled children may have different communication needs. They may use alternative communication systems such as Makaton or 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. Specialist advice with regard to communication systems must be sought in every individual case.

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](http://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. The child and their family may have a lead professional or 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 create particular strains 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 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 safeguards and support needs for this child. 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  
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 judgements

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 children.

This Section is intended to assist to address communication issues. 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 how to meet a child's needs under Sections 17, 20 or 47 of the Children Act.

The Children Act 1989 guidance requires that assessments and care plans should take into account children's preferences and views 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

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.

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.

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.

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 Police and Criminal Evidence Act allows for the use of intermediaries at both investigation stage and during court procedures. 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, helplines, 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. Guidance requires that advocates should be able to 'communicate effectively in a way the child is happy with'.

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

Particular attention will need to be paid to ensuring that complaints procedures, helplines 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, helplines 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.

The following checklist may be useful:

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

See [www.dfes.gov.uk/integratedchildrenssystem/involvingchildren/](http://www.dfes.gov.uk/integratedchildrenssystem/involvingchildren/)

The website provides a comprehensive list of resources.

## **Section 5: Safeguarding disabled children: training issues**

In Telford and Wrekin we have recognised that good disability equality training for the Children's Workforce teams will be key to effective safeguarding of disabled children. We are also committed to providing training that specifically focuses on safeguarding issues and disabled children.

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

Whatever your role in the Children's Workforce you will come into contact with disabled children. We will therefore ensure that you have access to training on safeguarding children. This will vary in level according to your role.

### **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). Care must however be taken not to deny the reality and pain of impairment and it has been observed that for some children, experiences of impairment (such as not being able to understand or desiring to be able to walk) were just as important as disabling structures in society.

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.

### **5.2 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.

Disability equality and deaf awareness training will assist those involved in safeguarding disabled children to understand the key barriers. It is important, for example, 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 non-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.

Telford and Wrekin Safeguarding Children Board has agreed that basic training and awareness raising will be provided through individual agency learning and development arrangements with more specialised training through the Safeguarding Board itself.

### 5.4 Good practice in training concerning safeguarding disabled children

The aims and objectives of training must be 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.

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*.

Through your Personal Performance and Development Process or equivalent you should discuss your training requirements with your line manager.

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; 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.

### 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?

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

### **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 Down's 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 or hearing 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](http://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:

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. 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 education 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).

### 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,

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.

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.

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 social services are more likely to be disabled than children of other ethnic origins (21% compared to 13%).

### **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 compared with 19% of households with children that are not disabled. 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. 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.

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. 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.

Parents of disabled children generally provide higher amounts of care than other parents 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. 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.

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 are not always available.

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 agencies.

'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 children.

There can be significant delays and difficulties in getting necessary equipment to assist with looking after children and there are high levels of unmet need.

Many families experience considerable difficulties in getting appropriate adaptations done.

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 needs and older children with 'challenging behaviour'. The poorest families are the least likely to receive short-term break services.

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 families.

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

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.

What helps families to care for disabled children?

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.

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.

### **Disabled children in residential and healthcare settings**

Children are placed at residential special schools for a range of reasons. 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 two aspects of their children's lives and needs:

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 social services in finding an appropriate school and in ensuring that their child is well cared for and that their educational needs are met.

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)”. 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.

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.

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

Information about legislation and guidance that forms the framework for safeguarding and meeting the needs of disabled children may be obtained from Disabled Children's Team (Information Co-ordinator) on 01952 385902.