Buckinghamshire BSCB Safeguarding Children Board

WORKING TOGETHER TO SAFEGUARD DISABLED CHILDREN - ABUSE OF CHILDREN WITH LEARNING DIFFICULTIES AND/OR DISABILITIES (LDD) May 2011

1. Disabled Children: Language

1.1 In Buckinghamshire, as elsewhere, many of our services refer to 'children with disabilities' as opposed to 'disabled children'.

1.2 This is an area where the use of language is a sensitive issue and where different groups have different perspectives.

1.3 In Buckinghamshire we are clear that the child comes first, and the 'disability' second. However, it is also recognised that these children can be disabled by the barriers of prejudice and discrimination in our society.

1.4 These disabling barriers can contribute to an increased vulnerability to abuse.

1.5 Many disabled people have consistently argued for the social model in the use of language and indeed it is used in WTSC 2010 on which these procedures are based.

1.6 To achieve consistency with WTSC and to avoid using both terms throughout these procedures, we use the term 'disabled children'. However, the choice of either term is respected within the contexts described above.
(Ref. Neglect of Disabled Children, Margaret Kennedy and Jane Wonnacott in Jan Horwath Neglect 2004)

2. Safeguarding disabled children

2.1 Disabled children are children first and foremost and are therefore subject to all other guidance in this document.

'Having a disability should not and must not mask or deter an appropriate enquiry where there are child protection concerns. This premise is relevant to all those involved with disabled children and is particularly relevant to health care workers given the key role they play and their close involvement with many disabled children and their families'.
(Safeguarding disabled children: practice guidance, DCSF (2009) Section 2.9).

2.2 Available UK evidence suggests that disabled children are at increased risk of abuse and if a child has multiple disabilities, this appears to increase the risk of abuse and neglect (Working Together to Safeguard Children, HM Government, 2010).

2.3 The participation and involvement of children and young people in decision making about their own welfare and in the services they receive is a legal requirement. However, it is known that for disabled children, this is less likely to happen. In order for disabled children to participate in decisions about their safety and welfare, it is essential that resources and time are made available to allow their voice to be heard.

2.4 Working Together notes that children may be supported through their involvement in safeguarding processes by advice and advocacy services and they should always be informed of services which exist locally and nationally – (Buckinghamshire Family Information Service can be contacted on www.familyinfo@buckscc.org or telephone 01296 383293).

2.5 The Aiming High Programme (Department for Education and Skills, 2007) highlights the importance of co-ordinating services around a child and family at the earliest stage in order to prevent deteriorating outcomes for the disabled child. The Early Support Programme which is identified within the Aiming High Report as being developed in Buckinghamshire as a model of early intervention and co-ordination of services around disabled children and their families. Through this programme it is anticipated that better co-ordination of inter-agency working will improve outcomes for disabled children thereby offering better protection in the longer term.

3. Disabled children may be particularly vulnerable for a number of reasons including the following:

- It is known that families of disabled children often experience high levels of unmet need, isolation and stress as a result of a range of social, economic and environmental factors.

- Evidence suggests that disabled children are more likely to be neglected than other children but that this is less likely to be recognised or acted upon

- There can be a tendency to allow a standard of care that would not be acceptable for a child without a disability

- As disabled children are more dependent on their parents/carers than other children for every aspect of day to day care, they are even less likely than other children to understand or reveal that their parents/carers are harming them

- A parent/carer's 'explanation' for a child's symptoms may be less likely to be explored, e.g., a child's developmental delay may be explained as part of their impairment whereas it may be due to neglect or poor parenting. Poor growth or thinness may be an aspect of the child's impairment but could also mean that the child is kept light for carrying purposes.

- Personal care may be undertaken in isolation, possibly provided by a number of carers. This may increase the opportunity for abusive behaviour and also make it more difficult to set appropriate boundaries for safe caring

- Sometimes, the practical care may be adequate but there is an emotional rejection of the child which is either not recognised or 'excused' because of the additional pressure on the parents/carers

- Impaired capacity as a result of physical or learning disability to understand what is happening or resist/avoid abuse

- Difficulty in communicating what is happening

- Increased vulnerability to bullying and intimidation

- Being more vulnerable than other children to abuse by their peers

- Inadequate training in safe care provided for those caring for disabled children

- Reluctance to believe that abuse of disabled children is possible

3.1 In addition to the universal indicators of abuse/neglect it is important to consider other indicators for disabled children which may include:

- Excessive physical interventions or restraint
- Extreme behaviour modification including deprivation of food, drink, medication or property
- Misuse of medication including sedation
- Deliberate failure to follow medically recommended regimes
- Ill-fitting equipment, e.g., callipers which may cause injury or pain, inappropriate splinting

3.2 Safeguards for disabled children are essentially the same as for non disabled children and in addition should include the following:

- Identify the capacity of disabled children and their families to help themselves wherever possible
- Ensure that those caring for and working with disabled children understand how to provide safe care to a high standard and are aware of the particular risks of harm for individual children
- Enable disabled children to participate in decisions about their care and treatment
- Ensure that disabled children receive appropriate personal, health and social education including sex education
- Provide effective opportunities and communications systems for disabled children to help them raise their concerns
- Service providers to work in partnership with parents/carers in an open and honest way
- Children who are living away from home may be particularly vulnerable, e.g., those in residential care homes, residential schools and health care settings
- When children are placed in an emergency situation ensure that all medical consents/needs and method of communication are clearly documented and provided to the setting
- Ensure that children are engaged in therapeutic support appropriate to their understanding following abuse
- Multi-agency protocols for times of transition must include a communication strategy and young people must be supported to participate in the development of their transition plans, particularly in their transition to adulthood.

4. Training

4.1 In addition, when planning for training, an audit of training needs should inform the planning and commissioning of appropriate multi-agency training including for those working in universal settings. The local Workforce Strategy should incorporate training in communication skills and methods as well as disability equality and deaf awareness training. The needs of disabled children from diverse backgrounds including BME, refugee and asylum seeking communities must be recognised in training programmes.

5. Safeguarding disabled children when undertaking assessments:

- Disabled children must receive the same level of protection from harm as any other child

- If a child has communication impairments or learning disabilities, special attention must be paid to communication needs. An intermediary who understands the child and their behaviours and/or symptoms of distress should be closely involved in any assessment and investigation where there is the possibility of abuse

- Buckinghamshire has a written protocol which states that Children with Disability Team Managers must liaise with colleague managers in Referral and Assessment Teams on Section 47 investigations. Equally, Referral and Assessment Team Managers liaise with Children with Disability Managers if they are working on a S.47 which includes a disabled child

6. Special measures for safeguarding disabled children during criminal proceedings. The following issues need consideration:

- Agencies should not make assumptions about the inability of a disabled child to give credible evidence. Each child should be assessed carefully and supported to participate in the criminal justice process when this is in their best interests and in the interests of justice

- Witnesses aged under 18 are automatically eligible for assistance with giving their evidence under Section 16(2) of the Youth Justice and Criminal Evidence Act 1999.

- Other special measures may include clearing the public gallery in sexual offence cases and those involving intimidation, screens around the witness box may be provided so witnesses do not see the defendant and video-recorded evidence via video links could do away with the necessity for the young person to be in court at all

- Intermediaries and aids to communication may be required to facilitate good communication

NB: *Achieving Best Evidence (2002)* Information for investigators includes comprehensive guidance on planning and conducting interviews with children:
(www.cps.gov.uk/publications/prosecution/bestevidencevol2.html)