Section 4S (Staffordshire)
Section F08 (Stoke-on-Trent)

Guidance for children who may be particularly vulnerable

Safeguarding Disabled Children and Children with Impairments and Additional Needs

Contents

A note on terminology

This document uses the broad and overlapping description 'disabled children and children with impairments and additional needs' to cover the range of children and young people who are disabled, have life limiting illnesses or who have impairments. The key definition of disability from a Social Care perspective is as defined in the Children Act 1989 S17 (11) For the purposes of this Part, a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part "development" means physical, intellectual, emotional, social or behavioural development; and "health" means physical or mental health.

The language of the '89 Act is now considered outdated although the principles remain. It is also relevant to define the difference between being disabled and having an impairment as described in the 'Social Model of Disability', a model first articulated by Disabled People in the mid 1970s that became a mainstream model within Social Work and Social Policy from the early 1990s onwards. The distinction between a disabled child and a child with impairments and additional needs is also important in ensuring children with impairments and additional needs get access to early help in the same way as every other child who may need additional support

1 Objectives

All children, including disabled children and children with impairments and additional needs, deserve the opportunity to achieve their full potential. In support of this it is important that their needs are considered in the same way as for any other child and as outlined in Working Together to Safeguard Children 2015

Children have said that they need:

- **Vigilance: to have adults notice when things are troubling them**
- **Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon**
- **Stability: to be able to develop an on-going stable relationship of trust with those helping them**
- **Respect: to be treated with the expectation that they are competent rather than not**
- **Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans**
- **Explanation: to be informed of the outcome of assessments and decisions and how they have been reached, positive or negative**
- **Support: to be provided with support in their own right as well as a member of their family**
- **Advocacy: to be provided with advocacy to assist them in putting forward their views**

Safeguarding children is everyone's responsibility. *All organisations should work together effectively with local communities to help promote the welfare and safety of children and to prevent harm and exploitation*. *For services to be effective each professional and organisation should play their full part;*

***A child-centred approach**; for services to be effective they should be based on a clear understanding of the needs and views of the child*

2 Key Principles

2.1 See a child first, the disability second

It must always be remembered that disabled children and children with impairments and additional needs are children first and foremost, and have the same rights to both self fulfilment and to feel safe as any other child.

Like all children, disabled children and those with impairments and additional needs want to grow and develop into adults, leading fulfilled lives, with ambitions to get a good education, make lasting friendships and relationships and have a constructive occupation that allows them to play their full part in a society in which they feel safe and healthy.

In order to fulfil these ambitions disabled children and children with impairments and additional needs must be allowed and encouraged to take the same risks that other children take.

2.2 Prevention of Abuse or Neglect

We know that disabled children are at an increased risk of being abused compared with their non-disabled peers. They are also less likely to receive the protection and support they need when they have been abused. Factors including attitudes and assumptions; societal barriers to the disabled child and their family accessing support; issues relating to a child's specific impairment such as dependency on multiple carers for intimate tasks, difficulties in communicating, limited capacity to understand what is happening or to seek help, and a lack of professional skills, expertise and confidence in identifying child protection concerns. Research suggests that disabled children are at a greater risk of physical, sexual and emotional abuse and neglect than non-disabled children and research has identifies a number of activities that can help disabled children to protect themselves such as personal safety skills, peer support and creative therapies. We also need to build on existing knowledge and good practice and work together towards ensuring equal protection for disabled children (Miller and Brown 2014) while also being conscious of issues such as Child Sexual Exploitation. Getting the right support to disabled children at the right time may help to reduce the risk of abuse or neglect.

It is clear from guidance on 'Early Help' that the government envisages that young people with impairments or additional needs should also benefit from the 'Early Help' model and so reduce the need for statutory intervention by Social Workers.

The 'Early Help' model is intended to ensure that low level support, offered early and easily, prevents escalation to crisis point or to the point where parents in particular feel that they can no longer cope.

Other types of 'Early Help' may require a coordinated response from a 'Lead Professional', for example to arrange short breaks at home so as to allow the parent to focus on the needs of siblings while ensuring the disabled child is safe and well at home.

2.3 Meeting the health needs of disabled children and children with impairments and additional needs

Many disabled children, in particular children with profound learning and multiple disabilities and children with life limiting illnesses will need long term support from health professionals. This will include direct support with health care from professionals and support via care that has been delegated to another person, such as a parent, carer or paid care and support worker.

Where a health professional delegates a health task to another person, the health professional remains responsible for providing appropriate direction, training and support to the parents, carers and paid care and support staff as appropriate. Parents, carers and paid care and support staff must know who the responsible health professional is and how to contact them if they need advice or support in the delivery of such tasks.

Health professionals have a duty under the Carers and Disabled Children Act 2000 to consider the needs of informal carers, and ensure that they are willing and able to take on any delegated health tasks, bearing in mind how this may impact on their other responsibilities and their wish to maintain their employment or education.

3 The family context: Parents, carers and siblings

Support to disabled children will be more effective if delivered within a whole family context. This must include an understanding of the role and contribution of the extended family. The dynamics within the family of a disabled child can be complex and may not be explicitly understood or acknowledged either by parents or their extended support networks. Feelings of blame and guilt may exist, and can create additional tensions and stress within the family. Professionals supporting the family may not be able to explicitly address these dynamics, but they need to be aware of them in order to be able to deliver effective support and to be able to appropriately manage risk.

The practical realities of caring for a disabled child are also likely to create additional stress and reduce the time that parents and carers have for other family activities, work and education with a consequent impact on the families' quality of life: disabled children are more likely to live in poverty and less likely to have parents who work.

These impacts will also be experienced by other children and siblings within the family network, who may be young carers in their own right.

For these reasons, the 'Early Help' model is particularly relevant to supporting disabled children and their families. Even small amounts of support or additional help can make a real difference. Parents have a right to a Carers Assessment under the Carers and Disabled Children Act 2000 and the Care Act 2015 and this is also likely to benefit the disabled child. However, it is relevant to reinforce practitioners' approach in ensuring that the child remains the focus of assessment and intervention and that the needs of the parents/carers do not supersede those of the child.

4 Specific Issues for Black and Minority Ethnic Communities

Emerson and Hatton (Estimating Future Need/Demand for Support for Adults with Learning Disabilities in England) report a prevalence rate of severe learning disabilities that is 2 to 3 times greater than for the rest of the population in some minority ethnic population groups. Professionals must be aware of and consider the possibility of specific risk issues pertinent in some communities where there may be belief systems leading to 'tradition based abuse' as was the case with Victoria Climbie.

Practitioners should '*beware of simplistic assumptions about parenting in black and minority ethnic communities. Stereotyped misunderstandings about 'tradition' and 'culture' have contributed to failures to protect children from abuse*[1]'.

Consequently practitioners must ensure consideration is given to cultural practices which are oppressive as well as physically and emotionally abusive Practitioners and organisations must be prepared to challenge and act on abusive practices without fear of being accused of racist or discriminatory practice. Belief in spirit possession, physical chastisement, forced marriage and female genital mutilation are factors that should be considered when working with children from ethnic minority backgrounds.

[1] Utting, D (2007) Parenting and the different ways it can affect children's lives: research evidence, JRF, York

For more detailed guidance see the National Guidance Safeguarding Children from Abuse Linked to a Belief in Spirit Possession and the local practice guidance Safeguarding Children From Abuse Linked To A Belief In Spirit Possession;

Safeguarding Children's Rights: Voices and Views from African Communities.

Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines; and the local practice guidance

Forced Marriage Guidance;

Female Genital Mutilation

5 Expectations of service providers that work with disabled children and children with impairments and additional needs

Providers of services (statutory and voluntary) must have:

- An explicit commitment to understanding of disabled children's needs, supporting their ambition, staying safe and a culture of openness;
- Good practice guidelines and training for staff on:

  - ✓ working with children of the opposite sex
  - ✓ handling difficult behaviour
  - ✓ mental capacity and age appropriate decision making
  - ✓ consent to treatment
  - ✓ anti-bullying strategies
  - ✓ sexuality and sexual behaviour among young people
  - ✓ (where appropriate) the vulnerabilities of those living away from home;

- Good practice guidelines and training for staff on the appropriate delivery of intimate and personal care

  - ✓ For service providers who deliver intimate and personal care, good practice guidelines must be drawn up within the establishment and disseminated to all staff. Parents and carers should be made aware of these guidelines how intimate care for their child will be managed.
  - ✓ These guidelines should define the expectations on staff, which are designed to protect both children and staff alike. If a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.
  - ✓ Staff should be able to discuss any aspect of the agreed guidelines with their manager or lead professional, and should seek advice on ensuring that an appropriate balance is achieved between safety, privacy and dignity. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.
  - ✓ The support plan for each child must detail how intimate and personal care is to be delivered.

- ✓ Practice should be reviewed at a personal and agency level through supervision and team meetings on a regular basis to ensure consistency.

- Good practice guidelines and training for staff about the administration of drugs and medication.
- Good practice guidelines and training for staff on the use of measures of control including restraint that is British Institute of Learning Disabilities accredited.
- Good practice guidelines for staff on moving and handling to ensure they have received appropriate training in relation to this and the use of associated equipment.

Providers and individual practitioners should always ensure that all disabled children are helped to:

- Make their wishes and feelings known in respect of their care and treatment;
- Receive appropriate personal, sex, health, and social education;
- Know how to raise concerns, and give them access to a range of adults with whom they can communicate.

6 Additional Safeguarding Risks associated with disabled children and children with impairments and additional needs

People caring for and working with disabled children need to be alert to the signs and symptoms of abuse. Children with a disability must be responded to as individuals with their own specific needs, feelings, thoughts and opinions.

The available UK evidence on the extent of abuse among children with a disability suggests that children with a disability are particularly vulnerable and at greater risk of all forms of abuse, including abuse whilst being cared for in institutions. The presence of multiple disabilities increases the risk of both abuse and neglect.

Children with a disability may be especially vulnerable to abuse for a number of reasons. They may:

- be prevented from taking the sort of reasonable risks that non-disabled children take for granted, preventing them from accessing the same opportunities as other children
- have fewer outside contacts than other children
- receive intimate personal care, possibly from a number of carers, which may increase the risk of exposure to abusive behaviour, and make it more difficult to set and maintain physical boundaries
- be physically dependent on others that may lead to a consequent reduction in their ability to be able to resist or avoid abuse
- have an impaired capacity to resist or avoid abuse
- experience the misuse or manipulation of the method by which they communicate, so that they either cannot express concerns or do not have the opportunity to express concerns
- be especially vulnerable to bullying and intimidation
- not understand or be aware of what is or is not appropriate behaviour
- particularly fear disclosing a perpetrator who is also a carer
- have little or no choice about who provides them with intimate care
- have an impaired capacity to resist or avoid abuse

In addition the following risks may be present:

- Communication or learning difficulties may prevent disclosure or make disclosure more difficult
- Behaviours that indicate abuse or neglect can be interpreted as being 'part of the disability'
- A lack of continuity in care may lead to an increased risk that those behavioural indicators may go unnoticed
- Lack of access to 'keep safe' strategies available to others
- Parents' own needs and ways of coping may conflict with the needs of the child
- The child or parents being inhibited about complaining for fear of losing services
- Some sex offenders may target children with a disability in the belief that they are less likely to be detected.
- A reduction in the household income may also make a child with a disability more vulnerable to abuse and could contribute to social disadvantage
- The additional income and resources allocated by the state to the disabled child may be misused to support other family members, particularly in families affected by poverty or substance misuse

The mistaken assumption that disability protects children from abuse contributes to the vulnerability of disabled children. Because of increased vulnerability it is particularly important for practitioners to gain a clear understanding of the individual child's experience of life and to be mindful not to collude with, or be over sympathetic with parents/carers, nor to uncritically accept the views or explanations of parents.

The need not to collude with or to uncritically accept parental views must be balanced by the need to work in partnership with parents, carers and families to co-produce solutions that support the disabled child to achieve the best outcomes.

Disabled children may not be believed when they report what has happened to them or may not understand what is and is not acceptable intervention by their carers.

7 Recognition of risk factors associated with abuse or neglect

The indicators for abuse and neglect are the same for disabled children and children with impairments and additional needs as they are for the wider population however their reaction or response may be less overt. Where children are observed to have significant bruising or other injuries it is important to consider all the possibilities and not to assume that it is a result of the disability.

Similarly when children with impairments or additional needs display behaviours or symptoms that would cause concern in other children it is important to understand which aspects may be a function of the child's disability and which may be indicative of discomfort or distress.

Sex offenders may target children with a disability in the belief that they are less likely to be detected. There may be more opportunities to groom children with a disability and a belief that any subsequent behaviour will not be seen as an indicator of abuse

but as linked to their disability. These activities may include forming relationships with vulnerable families so as to gain access to the disabled child.

In addition to the universal indicators of abuse and neglect listed in the chapter Recognition of Significant Harm, the following abusive behaviours must be considered:

- Force feeding or feeding too fast
- Unjustified or excessive physical restraint, for example in response to specific behaviours
- Rough handling during the delivery of personal care and support[2]
- Inappropriate use of control/restraint, for example in the use of straps or belts in wheel chairs, or the use of locked doors[3]
- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill-fitting equipment e.g. callipers, sleep boards or inappropriate splinting which may cause injury or pain,
- Not having their holistic developmental needs as children recognised or met due to excessive focus on disability or excessive zeal in preventing the child from taking risks.
- Financial abuse, misuse of funds, allowances or resources intended for the benefit of the child with impairments or additional needs.
- Misapplication of the use of equipment as a form of controlling the behaviour.

Safeguards for children with impairments or additional needs are essentially the same as those without a disability. Where there are concerns about the welfare of a child with impairments or additional needs, their emerging vulnerabilities and needs should be assessed and met in the same way as with any other child.

Where a child with impairments or additional needs has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertaining the child's perception of events, his or her wishes and feelings. Professionals must be aware that a person representing a child's views may not always have the child's best interests at heart.

Additional time and specific arrangements may be required to support disabled children and young people to accurately express their wishes, feelings and concerns; this should be taken into account in the operation of timescales in the safeguarding process.

Many children with impairments or additional needs will be known to specialist services (e.g. health and education) and may already be receiving services as a child in need. However, there will be children and families who have not previously

[2] Please note that all providers must have clear policies and training in relation to the use of any control and /or restraint methods
[3] As above

accessed services but whose vulnerabilities and needs become more pressing as the child becomes older and/or their condition becomes more difficult to manage.

When plans are being made to undertake an assessment of a child with impairments or additional needs it is important to develop individual communication strategies with the child to ensure that their wishes and feelings are heard.

The Early Help Assessment may be used by any agency as a means of working with the child, family and other service providers to identify and meet needs which could enable the child to achieve a satisfactory level of health and/or development. Similarly the Education, Health and Care Plan should promote the welfare and development of the child and identify where additional support may be required to address issues of vulnerability.

8 Safeguarding Practice Guidance

8.1 Making a Referral to Children's Safeguarding

Local Practice:
Stoke-on-Trent

It is usual for a practitioner from the Children's Disability social work team to take the lead in any s47 enquiry involving a child already known to them.

Where the child is not known to the Children's Disability social work team, case management rests with the relevant safeguarding manager unless negotiated between team manager/practice manager/principal managers for the case to be transferred to the Children's Disability social work team.

Local Practice: Staffordshire

Support to disabled children and those with impairments or additional needs is provided through Independent Futures, the all age disability service.

Where abuse or neglect is suspected a referral should be made via the First Response service and the Specialist Safeguarding Units will take the lead in any s47 enquiry, seeking support from Independent Futures where a child is already known to them.

See Document 3.5 on the Families First policy and procedures intranet for more details

Some children with impairments or additional needs will be at risk of harm, abuse or neglect, or may be unlikely to reach or maintain a satisfactory level of health or development and may be entitled to an assessment under s47 of the Children Act 1989

If at any point a professional/member of the public becomes concerned that a child with impairments or additional needs is at risk of significant harm they should consult with their designated lead for child protection and/or make a referral to Children's Social Care via the Duty Team (Stoke) or First Response Team (Staffs).

Expertise in both safeguarding children and promoting the welfare of the disabled child must be brought together to ensure that children with impairments or additional needs receive the same levels of protection from harm as other children.

Possible indicators of abuse or significant harm may prove difficult to separate from the effects of a child's impairment, therefore a multi-agency approach involving all practitioners who work with the child is essential.
Where the concern is about abuse or neglect within the child's home all other children in the household should also be subject to enquiry in the normal way. Sometimes the same social worker will undertake the enquiry about all children though they will need to liaise closely with other practitioners involved with the family. Most usually, the needs of the family will be better met with a specialist disability worker and a safeguarding worker undertaking the enquiry together.

There may be an increased role for children's practitioners from Independent Futures or the Children with a Disability Service, health and education services because of their relationship with a child and/or family.

The nominated health practitioner may be able **to provide useful information prior to any** investigation and other key practitioners who are familiar with the child's disability and communications method may be able to assist, directly or indirectly, with the investigation.

Where there are concerns that a child with impairments and additional needs may be suffering, or is likely to suffer, significant harm the team manager/practice manager/principal manager will convene a strategy discussion/meeting in consultation with the other relevant practitioners.

In addition to considering the threshold for s47 enquiries, a strategy discussion should also look at appropriate multi-agency interventions early in the process and seek to minimise risk.

For full details of local safeguarding practice, including how to make a referral see Section 3 – Managing Individual Cases on the SSCB Website

Section C – Managing Individual Case on the SOT SCB Website.

8.2 Safeguarding Strategy Discussion

The strategy discussion/meeting should give particular consideration to:

- Ensuring that there is sufficient information about the impact and the context of the specific disability on the child;
- Enabling the child to communicate effectively, sometimes this will require someone who knows the child and their specific communication needs. They will advise whether the usual method of communication can be used;
- Whether specialist advice should be sought, who should undertake the investigation, where and how it will take place.

Given the potentially complex nature of s47 enquiries it may be appropriate to hold additional strategy discussions to ensure that informed decisions are made and timescales are kept.

8.3 The Court Process

Agencies should not make assumptions about the ability of a child with impairments or additional needs to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and be helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice.

In criminal proceedings children and young people 17 years of age and under are automatically eligible for assistance with giving their evidence. The special measures they may be provided with include: screens around the witness box so they do not see the defendant; video recorded evidence in chief and live video links so that they may not have to go into the courtroom at all; and intermediaries and aids to communication to facilitate good communication. Achieving Best Evidence in Criminal Proceedings (2011) - includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing disabled children.

8.4 The Safeguards

Safeguards for disabled children are essentially the same as all other children.
Please follow the link to view the Safeguarding Disabled Children Practice Guidance (2009).

Particular attention should be paid to promoting a high level of awareness of the risk of harm and to high standards of practice, and strengthening the ability of children and families to help themselves.

Measures should:

- Make it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment
- Ensure that appropriate personal, health and social education (including sex education) is provided to all disabled children
- Make sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate
- Ensure that there is an explicit commitment to, and understanding of, the safety and welfare of disabled children among all service providers
- Ensure close contact with families and a culture of openness on the part of services
- Provide guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment; anti bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home.

8.5 Concerns

Concerns about the welfare of disabled children should be acted upon in the same way as any other child having regard to the Eligibility Framework for Children in Need (2000) and the procedures for managing individual cases as described in the local document

Staffordshire's Threshold Framework: *'Accessing the Right Help at the Right Time'*

Stoke-on-Trent Threshold Criteria for Early Help and Safeguarding

Expertise and resources in both safeguarding and promoting the welfare of children and in working with disability have to be brought together to ensure that disabled children receive the same levels of protection from harm as other children.

8.6 Communication

Throughout the Children's Social Work Assessment or section 47 enquiry processes, all service providers must ensure that they communicate clearly with the child and the family and with one another as there is likely to be a greater number of services and staff involved than for a child who is not disabled. All steps must be taken to avoid confusion so that the welfare and protection of the child remains the focus.

Where the child has communication impairments or learning disabilities, particular attention should be paid to the communication needs of the child to ascertain the child's perception of events and his or her wishes and feelings.

Children's social care services and the police should be aware of non-verbal communication systems and should know how to contact suitable interpreters and facilitators. Independent Futures (Staffordshire) or The Children with Disability team (Stoke-on-Trent) should be consulted to provide or identify sources of specialist advice.

Agencies must not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully and supported where relevant to participate in the criminal justice system when this is in their interests, as set out in the Achieving Best Evidence in Criminal Proceedings (2011) guidance which includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing children with a disability.

9 Additional Resources

Staffordshire Safeguarding Children Board

Staffordshire and Stoke on Trent Safeguarding Adults Partnership

Guidance
Achieving Best Evidence in Criminal Proceedings (2011)

Safeguarding Disabled Children Practice Guidance (2009)

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession

Safeguarding Children's Rights: Voices and Views from African Communities

Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines.

Organisations
Independent Futures (All Age Disability Service in Staffordshire)

Stoke Children with Disabilities Team

Council for Disabled Children

Together for Short Lives

Cerebra

Acorns Children's Hospice

Further Reading
Disabled Children: A Legal Handbook

Thoburn, J., Chand, A. and Procter, J. (2005) *Child Welfare Services for Minority Ethnic Families: The Research Reviewed*. London: Jessica Kingsley.

Barn, R., Ladino, C., and Rogers, B. (2006) *Parenting in Multi-Racial Britain*. London: National Children's Bureau

Miller, D. and Brown, J. (2014) *We Have a Right to be Safe.* NSPCC

Other Resources
See also this excellent tool kit developed by the Scottish Government
Child Protection and Disability Toolkit