

# Safeguarding disabled children

Practice guidance



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# 1. Introduction

**1.1** *The Staying Safe: Action Plan* (2008)<sup>1</sup> made a commitment to target policies to protect disabled children and to promote their welfare, and specifically to launch new practice guidance on safeguarding disabled children in line with *Working Together to Safeguard Children* (2006)<sup>2</sup>. This practice guidance updates an earlier resource published in 2006 on safeguarding disabled children, written by Jenny Morris.

**1.2** This practice guidance should be read alongside *Working Together*, which sets out how all agencies and professionals should work together to safeguard and promote children's welfare. It should also be read alongside the *Framework for the Assessment of Children in Need and their Families* (2000)<sup>3</sup>, which provides a framework to assist in determining whether a child is in need under the Children Act 1989 and deciding how best to provide help.

**1.3** This practice guidance makes clear that disabled children have exactly the same human rights to be safe from abuse and neglect, to be protected from harm and achieve the *Every Child Matters*<sup>4</sup> outcomes as non-disabled children. Disabled children do however require additional action. This is because they experience greater and created vulnerability as a result of negative attitudes about disabled children and unequal access to services and resources, and because they may have additional needs relating to physical, sensory, cognitive and/ or communication impairments.

“Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting high standards of practice and a high level of awareness of the risks of harm, and strengthening the capacity of children and families to help themselves.”

Source: *Working Together to Safeguard Children*, 2006 (paragraph 11.29)

**1.4** Developing an inclusive safeguarding system will not only meet the needs of disabled children, it will improve practice for all children.

### **What is included in this practice guidance and how should it be used?**

**1.5** The introduction outlines the purpose of the practice guidance and explains who it is for. It provides a summary of the background context and explains which children the practice guidance relates to.

**1.6** Section 2 sets out practice guidance for Local Safeguarding Children Boards (LSCBs) to ensure that in carrying out their duty to co-ordinate local work to safeguard and promote the welfare of children and ensure the effectiveness of that work, the needs and circumstances of disabled children are fully understood and addressed. Ideas of how this guidance might be actioned are given as well as examples of good practice.

**1.7** Section 3 sets out practice guidance for **all** practitioners and their managers working with children and young people across agencies. It is as relevant for those working in universal settings as it is for those working everyday with disabled children and young people. LSCBs are advised to issue these guidelines to practitioners across agencies and/or they may be adapted to suit particular organisational roles or circumstances.

**1.8** Section 4 is a summary of the research evidence about the vulnerability of disabled children to abuse. It is essential background reading for those with strategic or planning responsibilities and for all managers and practitioners working with children and young people. It provides the context for safeguarding disabled children.

**1.9** Section 5 incorporates a number of appendices, which provide additional information and resources to safeguard disabled children and young people. They have been designed as fact sheets, which can be photocopied and used to support learning and continuing professional development. Where resources are available online links have been provided to those documents either where they are mentioned for the first time in the text or in appendices.

### **The purpose of the practice guidance, and who the guidance is for**

**1.10** The purpose of the practice guidance is to:

- ◆ inform LSCB procedures and ensure that they are applied to disabled children just as to non-disabled children
- ◆ ensure all agencies are assisted in their responsibilities to safeguard and promote the welfare of disabled children and young people
- ◆ make clear the particular issues, which influence the safety and welfare of disabled children, and ensure these are understood by all and acted upon



- ◆ ensure that the need for expertise in both safeguarding and promoting the welfare of the child and in relation to disability is recognised and brought together in order that disabled children receive the same levels of protection from harm as non-disabled children
- ◆ make clear the critical importance of communication with disabled children including recognising that all children can communicate preferences if they are asked in the right way by people who understand their needs and have the skills to listen to them
- ◆ reinforce the right of disabled children and their families to a thorough assessment of their needs and to services, which safeguard and promote the welfare of children and maximise their independence, including appropriate personal, health and social education
- ◆ reinforce the importance of an integrated approach to safeguarding and promoting the welfare of disabled children with a sound assessment of the child's needs, the parents capacity to respond to those needs and the wider family circumstances
- ◆ ensure all agencies recognise that safeguarding and promoting the welfare of disabled children depends on effective information sharing, collaboration, shared expertise and understanding between agencies and professionals.

**1.11** *Safeguarding Disabled Children* is non-statutory practice guidance. It is supplementary to, and should be used in conjunction with, the Government's statutory guidance *Working Together to Safeguard Children*. All local procedures developed to safeguard disabled children should be consistent with *Working Together* and where appropriate, paragraphs are cross-referenced to *Working Together*.

**1.12** This practice guidance is intended to provide a framework within which Local Safeguarding Children Boards, agencies and professionals at local level – individually and jointly – draw up and agree detailed ways of working together to safeguard disabled children. It is addressed to those who work in universal, targeted and specialist children's services, health, education, schools, adult social care, the police and all others whose work brings them into contact with children and families. It is relevant to those working in the statutory, voluntary and independent sectors.

### **The context of the practice guidance**

**1.13** As well as supplementing *Working Together*, this practice guidance is written in the context of The Children's Plan (<http://www.dcsf.gov.uk/childrensplan/>), *Every Child Matters* reforms, the Children Act 2004, the Cross Government *Staying Safe Action Plan* and *Public Service Agreement 13: Improve children and young people's safety* ([http://www.hm-treasury.gov.uk/d/pbr\\_csr07\\_psa13.pdf](http://www.hm-treasury.gov.uk/d/pbr_csr07_psa13.pdf)); all of which provide a renewed focus on safeguarding children.

**1.14** There is a range of legislation, guidance and policy relevant to safeguarding and promoting the welfare and improving the wellbeing of disabled children and young people. This is summarised in Appendix 1. Of particular significance is the Disability Discrimination legislation. The Disability Discrimination Act 1995 made it unlawful for service providers to treat disabled people less favourably for reasons related to their disability and introduced the concept of reasonable adjustments. This legislation is the basis for all agencies having to ensure that their practice offers the same level of safeguarding to disabled as to non-disabled children. The Disability Discrimination Act 2005 went further and required public bodies to promote disability equality.

**1.15** The practice guidance is written in the context of a raft of new support for families with a disabled child under the *Aiming High for Disabled Children (2007)*<sup>5</sup> programme (For further details see Appendix 1). In addition, attention has been given to the impact of the growing inclusion agenda exemplified by the *Aiming High for Young People (2007)*<sup>6</sup> programme and the need to ensure staff across the children's workforce understand the safeguarding issues for disabled children. The impact of the personalisation agenda has also been considered and the clear and ambitious vision set out in *Improving the life chances of disabled people (2005)*<sup>7</sup> to give disabled people, including children and young people the same opportunities and choices as everyone else, respect as equal members of society and the opportunity to participate as equals in every aspect of family and community life.

**1.16** Research and inspection indicate that disabled children face an increased risk of abuse or neglect yet they are underrepresented in safeguarding systems. Disabled children can be abused and neglected in ways that other children cannot and the early indicators suggestive of abuse or neglect can be more complicated than with non-disabled children. A summary of the research evidence regarding disabled children and abuse, what is known about prevalence rates and the factors that create disabled children's vulnerability to abuse or neglect is set out in Section 4.

"The available UK evidence on the extent of abuse amongst disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect."

Source: Working Together to Safeguard Children, 2006  
(paragraph 11.28)

**1.17** *The Staying Safe Action Plan* (2008) recognised bullying as a core safeguarding issue and noted that disabled children are particularly vulnerable to bullying. In Spring 2008 the DCSF published new guidance<sup>8</sup> to help schools tackle the bullying of disabled children and children with special educational needs.

**1.18** The recent Treasury/DfES *Policy Review of Children and Young People* (2007)<sup>9</sup> found that disabled children are likely to have poorer outcomes across a range of indicators compared to their non-disabled peers, including lower educational attainment, poorer access to health services, poorer health outcomes and more difficult transitions to adulthood. In addition the review noted that disabled children are more likely to suffer from family break up and are significantly over represented in the populations of looked after children and young offenders. Research has shown that families with disabled children are more likely to experience poverty than those where there is no disabled child<sup>10</sup>. In addition pupils with Special Educational Needs (SEN) are more likely to be excluded from school, 70% of all permanent exclusions are of pupils with SEN, far in excess of their proportionate presence in schools<sup>11</sup>.

### Which children does this practice guidance relate to?

**1.19** This practice guidance uses a broad and inclusive definition of disability as outlined in disability discrimination legislation. The Disability Discrimination Act 2005 (DDA) defines a disabled person as someone who has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.” According to the DDA ‘substantial’ means ‘more than minor or trivial’ and ‘long-term’ means that it ‘has lasted or is likely to last more than a year’. Different agencies may use a variety of definitions of disability and the terminology used is the subject of much debate between professionals as outlined in the DCSF research report *Disabled Children: Numbers, Characteristics and Local Service Provision* (2008)<sup>12</sup>. These differences in the use of terminology may result in a loss of focus on the welfare of the child. The key issue is not what definition of disability has been used but the impact of abuse or neglect on a child’s health and development, and consideration of how best to safeguard and promote the child’s welfare.

**1.20** There are many different ways of understanding disability. This guidance is informed by an understanding of the ‘social model’ of disability, which uses the term disability not to refer to an impairment or functional limitation but rather to describe the effects of prejudice and discrimination. These are the social factors that create barriers, deny opportunities and dis-able people. Children’s impairments can of course create genuine difficulties in their lives. However many of the problems faced by disabled children are not caused by their conditions or impairments but by negative attitudes, prejudice and unequal access to the things necessary for a good quality of life.

**1.21** The practice guidance does not identify specific groups of disabled children. However given the importance of communication in relation to safeguarding, deaf children and children with speech, language and communication needs are specifically referred to. Children with speech, language and communication needs include those who use non-verbal means of communication as well as a wider group of children who have difficulties in communicating with others. It may be that they cannot express themselves effectively or that they may have difficulties in understanding what is being said to them. Equally those who work with them may not understand their way of communicating. Many children communicate successfully using non-verbal means such as signing, gestures, communication books or electronic communication equipment.

**1.22** Those using this practice guidance will need to bear in mind when communicating with disabled children that everyone has the right to determine how they want to describe themselves. For example, many deaf children identify themselves as deaf rather than disabled.

**1.23** Throughout this document, 'children' means 'children and young people'. As in the Children Acts 1989 and 2004 respectively, 'a child' is anyone who has not yet reached their eighteenth birthday. The fact that a child has become sixteen years of age, is living away from home or is in further education, or is in hospital, or in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.

**1.24** Attention is drawn in the guidance to the importance of links being made with local Safeguarding Vulnerable Adults Policies and in this regard the provisions of the Safeguarding and Vulnerable Groups Act 2006.

## Notes

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12. Mooney et al (2008) *Disabled Children: Numbers, Characteristics and Local Service Provision*. Thomas Coram Research Unit . Institute of Education Available to download from : <http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR042.pdf>

## 2. Practice guidance for Local Safeguarding Children Boards

**2.1** This section sets out practice guidance for use by LSCBs in safeguarding and promoting the welfare of disabled children. It needs to be read in conjunction with *Working Together to Safeguard Children* (2006).

**2.2** A fundamental principle underlying this practice guidance is that disabled children have the same human rights as non - disabled children to be protected from harm and abuse, and are equally entitled to achieve the 'staying safe' outcome of the *Every Child Matters* agenda.

**2.3** However, in order to ensure that the welfare of disabled children is safeguarded and promoted, it needs to be recognised that additional action is required. This is because disabled children experience greater and created vulnerability as a result of negative attitudes and unequal access to services and resources and because they may have additional needs relating to physical, sensory, cognitive and/ or communication impairments.

**2.4** Safeguarding strategies and activities have to acknowledge and address disabled children's human rights to be safe and protected from harm, as well as the additional action that needs to be taken in order for disabled children to access their human rights. Standard 8 of the *National Service Framework for Children and Young People and Maternity Services*<sup>13</sup> requires that Local Authorities, Primary Care Trusts (PCTs) and NHS trusts ensure that:

*"LSCBs have a system in place to ensure that all disabled children are safeguarded from emotional, physical and sexual abuse and neglect and the specific needs of disabled children are addressed in safeguarding children protocols in line with Working Together to Safeguard Children and their families." (paragraph 6.1)*

**2.5** Evidence from research confirms that disabled children are particularly vulnerable to abuse and/ or neglect. Section 4 provides a summary of this research. *Working Together* recognises the vulnerability of disabled children to abuse and neglect and states:

Working Together to Safeguard Children states that  
*“The available evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risks of both abuse and neglect.”*  
 (paragraph 11.28)

However the lack of substantive evidence from LSCBs, as to the extent of such abuse, indicates that the effective protection of disabled children poses significant and complex challenges to those working with them.

**2.6** This practice guidance sets out the expectations of all member agencies of LSCBs concerning their responsibilities for safeguarding and promoting the welfare of disabled children.

**2.7** *Working Together* states that: ‘Safeguarding and promoting the welfare of children – and in particular protecting them from harm – depends on effective joint working between agencies and professionals’ (page 33). Such effective joint working is crucial for disabled children.

**2.8** *Working Together* also sets out the statutory responsibilities, duties and procedures, which LSCBs are required to follow if children are to be protected from harm and their welfare promoted. This practice guidance offers mechanisms for recognising and promoting the specific needs and circumstances of disabled children, which need to be taken into account at all stages of the safeguarding process.

### **Awareness raising of the particular safeguarding needs of disabled children**

The relevant LSCB function as set out in *Working Together to Safeguard Children* is  
*“Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.”* (paragraph 3.30)

**2.9** Disabled children and young people should be seen as children first. 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. Mechanisms should be put into place by LSCBs to ensure that all Board members take seriously their responsibilities to protect disabled children and young people.

### Actions for LSCBs to consider:

- ◆ Establishing a safeguarding disabled children's sub-committee with a designated chair, who has the capacity, knowledge and expertise to safeguard and promote the welfare of disabled children (and their families). The chair should have sufficient authority to represent the sub committee's views to the main LSCB. In addition, each partner agency should identify a member of staff with sufficient experience to represent their organisation on such a sub-committee. An alternative approach is to have a member of the LSCB undertake the lead role for safeguarding disabled children. This can be a professional from any of the partner agencies, but they should have knowledge and experience of the needs of disabled children.
- ◆ Developing a robust, inclusive multi-agency framework, which includes protocols in line with *Working Together* that specifically addresses the particular needs of disabled children.
- ◆ Holding regular multi-agency forums to include representatives from all agencies, i.e. children's services, community and hospital based health teams, the police, the Crown Prosecution Service, mainstream and special schools, teaching support services, voluntary organisations, the secure estate, private service providers, disabled young people and parent representatives, where experiences, expectations and knowledge can be shared, leading to the development of best practice.

One LSCB is holding regular inter- agency Practice Forum Events focusing on safeguarding disabled children. The events aim to promote an understanding of the principles/guidance regarding safeguarding disabled children between agencies providing services to all children. In particular they provide a forum for staff that do not regularly work with disabled children, giving them the opportunity to acquaint themselves with the issues of working in this area.

- ◆ Positively promoting consultation with disabled children to gain an insight into their needs and experiences.
- ◆ Positively promoting consultation with parents/carers who are particularly aware of situations of potential and actual bullying.
- ◆ Awareness raising activities directed towards families, carers and the wider community about the vulnerability of disabled children, signs and symptoms of abuse or neglect and their potential role in safeguarding disabled children.

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

The relevant LSCB objective as set out in *Working Together to Safeguard Children* is "To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority and to ensure the effectiveness of what is done by each person or body for that purpose." (paragraph 3.7)

**2.10** Research evidence and the experience of practitioners working with disabled children, indicates that a number of features are key if systems and processes are effective to protect disabled children from harm.

**Actions for LSCBs to consider:**

- ◆ Developing policies and procedures for safeguarding and promoting the welfare of children which incorporate the specific needs of disabled children. For example when and how to refer; processes for multi-agency assessments and setting out how section 47 enquires and police investigations should be conducted.
- ◆ Ensuring that each agency and service has clear policies and procedures concerning safeguarding and promoting awareness of issues for disabled children. Consideration should be given to including a commitment to respecting and promoting disabled children's human rights, and cover issues specific to disabled children, for example: intimate care, handling difficult behaviour, consent to treatment, bullying.

One LSCB has developed Safeguarding Disabled Children and Young People Practice Guidance for all agencies. This aims to ensure that all agencies are assisted in their responsibilities to:

- ◆ safeguard disabled children and young people
- ◆ apply the LSCB Child Protection Procedures to disabled children as to non-disabled children
- ◆ understand particular issues which influence the safety and welfare of disabled children and young people
- ◆ communicate directly with disabled children and young people whose safety and welfare is the subject of enquiries

The guidance includes sections on the vulnerability of disabled children, listening to and communicating with disabled children, indicators of possible abuse or neglect, assessment and investigating allegations of abuse involving disabled children or the siblings of disabled children.

A special school has developed a 'Safe Touch' policy. This recognises that physical contact with children and young people within the school needs to take place as part of their educational/personal care. In order to clarify and support the work of all practitioners in school, the guidance outlines where forms of physical contact are likely to occur and how this should be managed. Staff have reported that they have found this supportive and useful.

- ◆ Ensuring that there is clarity of responsibility within children's social care for safeguarding disabled children i.e. between specialist disabled children teams or specialist deaf child and family social work teams and referral and assessment teams. Although this practice guidance cannot prescribe who



holds responsibility for undertaking section 47 enquiries for disabled children the following considerations need to be taken into account when making such operational arrangements.

#### **Disabled Children's Team hold responsibility for safeguarding children**

Advantages:

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

Disadvantages:

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

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

Advantages:

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

Disadvantages:

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

- ◆ Whichever model is chosen, LSCBs should ensure that those receiving initial contact queries concerning disabled children are aware of safeguarding issues for disabled children. It is a statutory responsibility for local authority children's social care to have lead responsibility for assessing a child's welfare and undertaking section 47 enquiries. It is the responsibility of all other agencies involved to be aware of what constitutes a safeguarding concern and to know to whom, when and how to report such concerns.

**One LSCB has designed the following procedures for dealing with referrals:**

All new enquiries are received through the Children's Initial Contact Point (CICP). If the enquiry relates to a child protection issue, irrespective of whether the child or young person is disabled, the contact will be electronically transferred to the local area team. If the enquiry relates to a section 17 Child In Need (CIN) issue regarding a disabled child or child with a complex health issue, then the contact will be electronically transferred to Children's Complex Health or Disability Team (CCHDT). A protocol of working between teams is in place. Area teams can consult with CCHDT and/or ask for a joint piece of work to support the allocated worker with specialist knowledge. To aid the initial enquiry a contact needs to be as clear as possible about the nature of the child's impairment and what specific issues are being referred. Written guidance is in place to aid the CICP in deciding which team should be contacted. The CCHDT manager liaises with CICP to ensure dialogue is ongoing about appropriate contacts with the specialist team. When safeguarding issues arise in cases already allocated to the CCHDT, the case remains in the specialist team. Social workers at CCHDT work with children and families in the same way as the area teams and manage cases with a Child Protection Plan and those subject to care proceedings.

### **Good communication and effective working relationships between and within agencies working with disabled children and young people**

The relevant LSCB objective as set out in Working Together to Safeguard Children is *"To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority and to ensure the effectiveness of what is done by each person or body for that purpose."* (paragraph 3.7)

**2.11** Throughout the process of referral and allocation clear channels of communication are essential between and within all agencies involved with the child. Disabled children are very likely to be in contact with many different agencies and are more likely to be involved with health workers and a range of therapists. Particular attention needs to be paid to information sharing about disabled children's needs, their method of communication, consideration of their vulnerability and concerns about their safety and welfare.

**Actions for LSCBs to consider:**

- ◆ Ensuring agencies are kept informed of the outcome of a referral where there are concerns about a disabled child's safety or welfare. This includes sharing information as to who will be dealing with the initial referral, the involvement of any specialist professionals, the outcome of section 47 enquiries and any subsequent actions as a result.
- ◆ Reinforcing the importance of collecting information from all potential sources.
- ◆ Ensuring there is a clear point of contact within local children's social care for advice and information concerning any safeguarding concerns that may arise about a disabled child's safety or welfare.
- ◆ Ensuring each agency identifies who can be approached within their own organisation, for specialist safeguarding disabled children advice.

**Appropriate training concerning the safeguarding of disabled children**

The relevant LSCB function as set out in Working Together to Safeguard Children is *"The LSCB is responsible for developing policies for safeguarding and promoting the welfare of children in the area of the authority in relation to the training of persons working with children or in services affecting the safety and welfare of children."* (paragraph 4.8)

**2.12** Working Together makes clear that LSCBs should manage the identification of training needs and use this information to inform the planning and commissioning of training. In some areas it may be agreed that the LSCB will deliver training itself. The need for basic and specialist training concerning issues faced by disabled children should to be seen as a priority. The safeguarding of disabled children is everybody's responsibility. Therefore training is required for all practitioners working with disabled children including those working in universal services, and managers from all disciplines, who often have less knowledge and contact with disabled children, than specialist staff. Such training would also ensure that adequate supervision and line management of staff is enhanced.

**Actions for LSCBs to consider:**

- ◆ Ensuring that issues relating to disabled children, including their vulnerability to abuse or neglect, are raised in basic safeguarding training across all settings. This includes 'frontline staff' and managers in universal services – for example those working in children's centres and schools.
- ◆ Ensuring that specialist training relating to safeguarding disabled children is available on an inter agency basis.
- ◆ Ensuring that training is available on the *Framework for the Assessment of Children in Need and their Families* with a focus on the needs of disabled children.
- ◆ Ensuring that workshops or seminars on specific safeguarding issues also address disabled children's needs and experiences.
- ◆ Ensuring that the local Workforce Strategy incorporates training in communication skills and methods as well as disability equality and deaf awareness training and that this training is delivered to staff across the children's workforce.
- ◆ Ensuring that there are agreed standards as to the content of safeguarding courses, including specialist training.
- ◆ Promoting the establishment of training pathways for all staff involved in safeguarding children, which ensures that staff are not allocated cases involving disabled children until they have received appropriate training.
- ◆ Ensuring that the needs of disabled children from diverse backgrounds, those from BME backgrounds and refugee and asylum seeking communities, receive acknowledgement and recognition. Safeguarding training needs to take account of the diversity, culture, religion and ethnicity of disabled children and their families.

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

See Appendix 2 and Appendix 3 for communication and training resources.

## Access to specialist advice and resources for all practitioners when an assessment of a disabled child is required

The relevant LSCB objective as set out in Working Together to Safeguard Children is *“To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority and to ensure the effectiveness of what is done by each person or body for that purpose.”* (paragraph 3.7)

**2.13** For those staff who are not involved in day to day practice and/or do not have specialist knowledge of disabled children, it is essential that they are supported to recognise and appropriately assess when a disabled child might be at risk of harm. Specialist advice and information will often be essential when making a judgement about the impact of a child’s impairment and the impact/implications of such impairment in the context of the presenting safeguarding issue. For children with speech, language and communication needs, expert advice and resources may be required in order to ascertain the child’s views, wishes and feelings, and to decide whether an investigative interview will be possible.

### **Actions for LSCBs to consider:**

- ◆ Ensuring budgets are made available for staff that do not have specialist knowledge of disabled children, to access resources, which can assist in the assessment of child protection concerns in relation to disabled children. See Appendix 2 for range of national resources.
- ◆ Ensuring an up to date list of resources, local specialist services, intermediaries and registered and qualified interpreters who are prepared to undertake child protection work is available to all agencies.

One LSCB established a specified link person in the Child Protection Unit to provide consultation and advice on specific cases involving disabled children and safeguarding concerns.

One LSCB found that a criminal investigation involving Deaf children was hampered by a lack of clarity about who would be responsible for paying for the services of interpreters. Subsequently a protocol was drawn up and agreed by the LSCB on responsibilities for funding and provision of communication, advice and assistance. Work was also undertaken on identifying experienced interpreters who could assist with criminal investigations in the future.

## A strong culture of consulting with, listening to and encouraging the participation of disabled children amongst all services

The relevant LSCB function as set out in Working Together to Safeguard Children is *“By listening to and consulting children and young people and ensuring that their views and opinions are taken into account in planning and delivering safeguarding and promoting welfare services.”* (paragraph 3.30)

“Children might be trying to tell you something that's going on and it might get worse if you don't listen to them.”

‘Believe what we say and take our concerns seriously.’

**2.14** 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 (For more details see Appendix 1). 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.

**2.15** *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. Independent advocates provide independent and confidential information, advice, representation and support and can play a vital role in ensuring children have appropriate information and support to communicate their wishes and feelings in a range of settings including child protection conferences .

**2.16** For many disabled children bullying can be an insidious and relentless pressure that can dominate their lives, leaving them feeling depressed and withdrawn. Some children are too scared to let others know they are being bullied. For children with speech, language and communication needs it can be even more difficult to get an adult to listen or understand. Adults might see a change in a disabled child's behaviour as part of their impairment rather than identifying bullying as the reason for the change.

### Action for LSCBs to consider:

- ◆ Promoting the importance of listening to and involving disabled children in the development and implementation of LSCB policies and guidance.
- ◆ Raising awareness of how to involve all disabled children in decision making in a meaningful way, including ensuring agencies have access to tools and resources to enable children to communicate their wishes and feelings.

### A recommendation from a self-assessment audit conducted by one LSCB Safeguarding Disabled Children and Young People Sub Group

“The LSCB should support the work of the Disability Participation Champion Sub Group regarding the audit of communication resources/services for disabled children and young people across the district. This will include the development of a ‘communication strategy’ regarding disabled children who use non-verbal communication.”

- ◆ Promoting or taking the lead on work to tackle the bullying of disabled children including ensuring that this work is led by the views and experiences of disabled children who have been subjected to bullying. (For more details see Section 4).
- ◆ Ensuring robust complaints and representations procedures are in place and are accessible to disabled children and their families, across all agencies, including establishments where disabled children are placed, both within and outside the local authority area.
- ◆ Promoting the provision of independent advocacy for disabled children to facilitate their involvement in decisions about their own lives, their welfare and in the development of services.

**The Hearing the Child Service** – provided by Barnardo’s in Bradford assists children with complex communication needs to have their wishes and feelings ascertained during section 47 enquiries and views heard during complaints. The service provides communication tools and resources specific to the child’s needs, acts as an intermediary and facilitates communication between the social worker and the child.

**The Disability Advocacy Project** – provided by The Children’s Society offers an independent advocacy service for disabled children placed away from home. The project supports and promotes advocacy, participation and involvement in decision-making for disabled children and young people by ensuring their views, wishes and feelings are heard. The project has developed expertise in providing non instructed advocacy for children who have significant speech, language and communication needs.

## Families and carers are supported to provide the best care possible for disabled children and young people

The relevant LSCB functions as set out in Working Together to Safeguard Children are

*“Develop policies and procedures for safeguarding and promoting the welfare of children in the area of the local authority including in relation to the action to be taken where there are concerns about a child’s safety or welfare, including thresholds for intervention.”* (paragraph 3.18 –3.19); and

*“Participating in the local planning and commissioning of children’s services to ensure that they take safeguarding and promoting the welfare of children into account.”* (paragraph 3.36)

**2.17** 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. Insufficient support for families and carers can threaten a child’s well being. A holistic, whole family approach is required if family breakdown and harm to children are to be prevented. *The Aiming High for Disabled Children Core Offer* (2008)<sup>14</sup> sets out the standards which families with disabled children can expect from local services, including: information and transparency, assessment, participation and feedback.

**2.18** The potential risks to the safeguarding of disabled children, especially those with complex health care needs, where unqualified/untrained carers are employed in the home (using Direct Payments or Personal Budgets) must be taken seriously. For more details see Section 4.

### Action for LSCBs to consider:

- ◆ Monitoring the extent to which referrals to children’s social care, expressing concern about a disabled child’s safety and welfare, stem from a lack of appropriate services being provided to the child and their family, thus leading to unmet need, isolation and stress.
- ◆ Contributing to the strategic planning and commissioning of services for disabled children and their families to ensure they take account of safeguarding and promoting the welfare of disabled children, for example when providing short break services under the *Aiming High for Disabled Children* Programme.
- ◆ Contributing to protocols relating to the safeguarding elements of the use of Direct Payments and personal budgets.

One LSCB is working with the local Disabled Children’s Partnership Board to endorse guidance on the use of direct payments to ensure appropriate safeguarding advice is given to families.



## Strategic links between children and adult services

The relevant LSCB function as set out in Working Together to Safeguard Children is "LSCBs should consider the need for other local protocols." (paragraph 3.29)

**2.19** Transition between children and adult services is a crucial time for disabled young people and many disabled young people need continuing support in adult life. All agencies have a responsibility to ensure a smooth transition, with services appropriate to the needs of the young person being made available. In addition all agencies have a responsibility to ensure that the safety and welfare of disabled children is promoted during the transition period and thereafter. It is crucial that previous experiences of abuse or neglect and any continuing safeguarding concerns are taken into account during the process of transition to adult services.

**2.20** In some local areas the specialist knowledge and skills of working with the deaf community rests primarily within adult social care and more specifically within generic sensory support teams or specialist deaf services teams that had previously worked across the whole age spectrum, covering children and adults. Strategic links between these teams and the LSCB are important.

**2.21** Where a parent is disabled it is important that they are receiving support to meet their own needs, and are supported in their parenting role so that they are able to fulfil their responsibilities. Information is available on working with parents with a learning disability in *Good practice guidance on working with parents with a learning disability* (DoH and DfES, 2007) (available to download from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_075119](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075119)). LSCBs should work collaboratively with adult services to ensure that children are not put at risk of harm because of a lack of support to their parents. Where a disabled child has been subject to abuse or neglect, perpetrated by someone other than a parent, the impact of such abuse on the parents needs to be acknowledged and appropriate support made available.

### Action for LSCBs to consider:

- ◆ Ensuring that there is a representative from adult health/social care on the safeguarding disabled children's sub-committee. Communication between children and adult services is key to a smooth transition process and to ensuring that vulnerable young people are protected from harm.
- ◆ Developing protocols to ensure information is communicated to adult services about past and continuing vulnerability, and that services are aware of the implications, for example, for housing allocation policies and residential placements.
- ◆ Ensuring the coordination of policies relating to the safeguarding of children with Vulnerable Adult policies and procedures. Particular attention needs to be paid to the requirements of the Safeguarding Vulnerable Groups Act 2006 and

the establishment of the Independent Safeguarding Authority. This is explained in greater detail in Section 3.

A Safeguarding Children to Safeguarding Adults Transition Protocol has been developed by one LSCB. It outlines the process to be followed to ensure that when a disabled young person or a young person with special needs goes through the transition from children to adult services any recent safeguarding concerns are reported to Safeguarding Adults.

This protocol applies when, during the period from the start of transition at age 14, the young person has been the subject of a Child Protection Plan or there have been safeguarding concerns.

The procedure stipulates that the Child Protection Plan details or the concerns must be recorded in the Transfer Summary document. In addition, both the local adult social care team that is going to work with the young person after transition and the Safeguarding Adults team are informed of the Child Protection Plan details or the concerns in writing.

## Investment in emergency placement provision for disabled children

The relevant LSCB function as set out in Working Together to Safeguard Children is *“Participating in the local planning and commissioning of children’s services to ensure that they take safeguarding and promoting the welfare of children into account.”* (paragraph 3.36)

**2.22** 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. However, a lack of resources should not inhibit the removal of a child who is in need of protection to a place of safety and LSCBs should ensure that sufficient numbers of such placements are available.

### Action for LSCBs to consider:

- ♦ Collating information about the number of emergency care placements that may be required for disabled children thus enabling sufficient suitable emergency placements to be available when necessary, so that the welfare of disabled children is safeguarded and promoted.
- ♦ Monitoring the extent to which local short break provision has the capacity to respond to urgent care placement requirements. This is an essential part of the Full Service Offer as set out in the *Aiming High for Disabled Children Short Breaks Implementation Guidance*<sup>15</sup> (for further details see Appendix 1) which local authorities and PCTs are expected to deliver.

- ◆ Ensuring such placements are as close to the child's home as possible, unless this is not appropriate. It may be necessary and appropriate to work with other agencies on a regional basis to provide emergency placements for children with specific needs, including specialist foster placements.

### Section 47 enquiries and police investigation procedures

The relevant LSCB function as set out in *Working Together to Safeguard Children* is "Develop policies and procedures for safeguarding and promoting the welfare of children in the area of the local authority including in relation to the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention." (paragraph 3.18 –3.19)

**2.23** *Working Together to Safeguard Children* (2006) sets out procedures to be followed when responding to an allegation of abuse, leading up to and including section 47 enquiries. These procedures should be adhered to when an enquiry concerns a disabled child. However, there are likely to be additional resources required for such enquiries where a disabled child is concerned, but it is important that there is no delay in completing these enquiries within the timescales set out in *Working Together*.

#### Action for LSCBs to consider:

- ◆ When section 47 enquiries and police investigations are being undertaken, ensuring time and resources are allocated to gather information from the child, family, and all those, including service providers, who have been working with the child.
- ◆ Ensuring appropriate preparation is undertaken, by children's social care and the police, prior to interviewing a disabled child. This should include seeking advice and information on the child's method of communication, their conceptual understanding, concentration span and the impact of a particular impairment on the alleged child protection concern.
- ◆ Ensuring that the specific practice guidance in relation to disabled children contained in *Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable and intimidated witnesses including children* (available to download from <http://www.homeoffice.gov.uk/documents/ach-bect-evidence/>) is adhered to when criminal investigations are being undertaken. Of particular relevance for disabled children is the Intermediary Special Measure, which allows for the involvement of an intermediary from the outset of the investigation through to interview and trial. The function of the intermediary is to ensure that communication between the child and the criminal justice system is accurate, complete and coherent. Most disabled children and young people will be eligible for an intermediary assessment.

- ◆ Ensuring protocols are drawn up and agreed on between children's social care and the police, concerning responsibilities for funding interpreters and other specialist communication advice and support. This includes funding, for example for an interpreter in the case of a disabled child from a BME community or for a British Sign Language signer, for a deaf child.
- ◆ Creating and maintaining an updated list of experienced interpreters and other support services who could assist with section 47 enquiries and/or police investigations.

### Therapeutic services for disabled children who have been abused

The relevant LSCB function as set out in Working Together to Safeguard Children is *"Participating in the local planning and commissioning of children's services to ensure that they take safeguarding and promoting the welfare of children into account."* (paragraph 3.36)

**2.24** Disabled children should be provided with therapeutic support following abusive experiences, as are non-disabled children. Without this it is known that unresolved emotions can show themselves in other ways – e.g. self-harm, challenging behaviour. Such problems can sometimes then become problems in themselves to be 'managed' with a failure to address the underlying causes. Unfortunately, this is not always recognised, particularly where a child has a speech, language and communication support need. Where it is recognised that therapeutic services are necessary, it can prove difficult to find services with staff who have the appropriate skills and expertise.

**2.25** The past experiences of disabled adults, who have experienced abuse in childhood, i.e. historical abuse, also need to be recognised, where possible investigated and therapeutic services offered.

#### Action for LSCBs to consider:

- ◆ Developing a resource bank of therapeutic services. This would be most realistically achieved on a regional basis.
- ◆ Ensuring that staff are aware that the Police/ Crown Prosecution Service should not and cannot prevent a child from having pre trial therapy, even if this may jeopardize a criminal prosecution. (For more details see *Provision of Therapy for Child Witnesses Prior to a Criminal Trial – Practice Guidance* available to download from <http://www.homeoffice.gov.uk/documents/therapy-vlnrbl-child-witness.pdf>)

## Disabled children living away from home in care homes, residential schools and health settings

The relevant LSCB functions as set out in Working Together to Safeguard Children are  
*“Co-operate with neighbouring children’s services authorities and their Board partners”* (paragraph 3.28); and  
*“LSCB procedures should include a clear policy statement that local procedures for safeguarding and promoting the welfare of children apply in every situation, and apply to all settings, including where children are living away from home. Individual agencies that provide care for children living away from home should have clear and unambiguous procedures to respond to potential matters of concern about children’s welfare in line with the LSCBs arrangements.”* (paragraph 11.4)

**2.26** Disabled children are over represented in the population of looked after children. Annual statistics show that 10% of children looked after in England have a disability (for further details see section 4.15). When disabled children are placed away from home they are far more likely to be placed in residential care rather than family settings, which in turn increases their vulnerability. Many other disabled children attend residential schools or are placed in health settings but are not legally looked after by the local authority. This means that they do not have the statutory rights and protection afforded by being looked after by the local authority.

**2.27** It is known that some children attending residential school placements funded by the local authority for 52 weeks of the year are not subject to regular reviews of their overall progress. Isolation from parents, and their placing authority and the absence of regular reviews means that changes in behaviour and other indicators of abuse or neglect may not be noticed and questioned.

**2.28** Disabled children are more likely than non-disabled children to spend time in health care settings. They may be admitted to children’s wards or hospices as a result of illness, deterioration in their condition, or for assessment 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.

**2.29** It is important that all residential educational settings, NHS and independent health providers have safeguarding policies and procedures, which specifically address the needs of disabled children.

**2.30** Organisational culture and custom and practice can contribute to institutional abuse or harm. 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. For disabled children in these particularly vulnerable situations, LSCBs need to ensure that rigorous quality assurance procedures are in place, representations and

complaints procedures can be accessed and understood by the children and that they have access to independent advocacy and independent visitors as and when appropriate.

**Actions for LSCBs to consider:**

- ◆ Ensure data is kept, on the numbers, location and status of disabled children placed in and outside of their local authority, in residential care homes, health settings and residential schools – (irrespective of their status as local authority, maintained/non maintained, independent or private and voluntary) and that this information is regularly reported to the LSCB.
- ◆ Taking account of the findings and recommendations of *Keeping our School Safe: Review of Safeguarding Arrangements in Independent Schools, Non-Maintained Special Schools and Boarding Schools in England* (Singleton, 2009) (available to download from <http://www.teachernet.gov.uk/wholeschool/familyandcommunity/childprotection/safeguarding/>)
- ◆ Ensuring that safeguarding policies and procedures are in place in all settings where disabled children stay overnight and if necessary, provide advice and assistance.
- ◆ Affording staff in residential settings the opportunity to participate in both general safeguarding training and in training, which specifically addresses disabled children's experiences of abuse and neglect.
- ◆ Raising awareness of the duty under section 85 of the Children Act 1989 which requires LEAs and health authorities to notify social services (now children's social care) of any child they accommodate or intend to accommodate in an educational or health setting for a period of 3 months or more. Children's social care must then take 'such steps as are reasonably practicable' to ensure the child's welfare is adequately safeguarded and promoted. This is especially relevant to disabled children in such settings.
- ◆ Ensuring the new provisions in the Children and Young Persons Act 2008 designed to offer additional safeguards for children placed in educational and health settings are acted upon and an appropriate range of services are provided to meet their needs. For more information see Appendix 1.
- ◆ Promoting the provision and monitoring the take up of independent advocacy and the provision of independent visitors to befriend and support disabled children who are looked after by the local authority.

## Disabled children in secure estate establishments

The relevant LSCB function as set out in Working Together to Safeguard Children is “Co-operate with neighbouring children’s services authorities and their Board partners.” (paragraph 3.28)

**2.31** Working Together to Safeguard Children (2006), recognises that young people in the youth justice system should be protected from harm and their welfare promoted. It is known that young people with learning disability, dyslexia and ADHD are significantly over-represented amongst those placed in young offender institutions. *Safeguarding Children: The third joint chief inspectors’ report on arrangements to safeguard children* (Ofsted, 2008) (available to download from <http://www.safeguardingchildren.org.uk/Safeguarding-Children/2008-report>) found that there is a lack of a common approach to safeguarding across secure establishments (secure training centres and youth offender institutions), where the focus is disproportionately on containment and does not apply a proper balance between security and welfare needs. The report concluded that the needs of children and young people with learning difficulties who offend are not well identified or catered for.

### Actions for LSCBs to consider:

- ◆ Ensuring that the safeguarding policies and procedures of Youth Offending Teams and establishments within the secure estate take account of the particular needs of disabled young people.
- ◆ Promoting awareness of the particular vulnerability of disabled young offenders.

## Robust monitoring, auditing and recording systems

The relevant LSCB functions as set out in Working Together to Safeguard Children are “Monitor and evaluate the effectiveness of what is done by the Local Authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve.” (paragraph 3.31 – 3.35); and “Collecting and analysing information about the deaths of all children in their area.” (paragraph 3.8)

**2.32** The need for clear, detailed, consistent recording of information is a prerequisite for best practice in safeguarding children, and this is particularly so where disabled children are concerned. Policies and procedures on recording should be in place, and LSCBs have a central role to play in ensuring compliance. In addition, robust auditing processes, which incorporate data collection, can only enhance information gathering, with analysis and dissemination of that information, supporting the planned outcomes for disabled children.

**Actions for LSCBs to consider:**

- ◆ Ensuring that professionals are aware that there are various points in the safeguarding process where it is essential to record that a child is disabled and/or to record the specific needs that a child has, including their method of communication, in order for the safeguarding process to work effectively.
- ◆ Utilising regular case audits and self – evaluation processes to monitor whether procedures are working well for disabled children, and also to share skills and problem solve. Providing information for local agencies on toolkits that can be used for this purpose. Ensuring learning in terms of both multi- agency and multi- disciplinary practice.

One LSCB Safeguarding Disabled Children and Young People sub group developed a self assessment audit tool to identify key information regarding the effectiveness of local safeguarding systems relating to disabled children and young people. The audit was completed by staff from both mainstream and specialist (disability) services. Agencies were asked to provide examples of good practice to illustrate the range of safeguarding activity in this area and promote organisational learning. The information gathered from this process was collated and used to identify 'emerging themes' which required further discussion and/or analysis and recommendations for further action.

- ◆ Ensuring robust data collection procedures are in place, which identify disabled children who are the subject of safeguarding concerns. Such information should be collated, analysed and disseminated if an accurate picture is to be obtained of the safeguarding needs of disabled children. The Integrated Children's System (more information from <http://www.everychildmatters.gov.uk/socialcare/integratedchildrenssystem/>), and the *Aiming High for Disabled Children* Agenda, are all means by which more accurate baseline data regarding the numbers of disabled children living within a Local Authority can be collected and collated.
- ◆ Analysing the information from the child death and serious case review processes relating to any disabled children. Research<sup>16</sup> on the overview of serious care reviews indicates that relatively low numbers of disabled children are the subject of a serious case review. However, this cannot and should not be seen as an indication that disabled children are less likely to suffer unexplained injury or death. More rigorous processes set out in the child death review and serious case review procedures, can only enhance identification of lessons to be learnt and improve practice thereby preventing abuse and neglect of disabled children.



A Safeguarding Children Board Serious Case Review subcommittee 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 the staff's 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 those 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 recognition of 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.

Source: DfES, (2006) Safeguarding disabled children a resource for Local Safeguarding Children Boards.

### Sex and relationships education and personal safety programmes

The relevant LSCB function as set out in Working Together to Safeguard Children is *"Participating in the local planning and commissioning of children's services to ensure that they take safeguarding and promoting the welfare of children into account."* (paragraph 3.36)

**2.33** Just like their non-disabled peers disabled children need to be provided with sex and relationships education (SRE). Such awareness raising is essential if

they are not only to be aware of what is happening to them physically and emotionally as they mature into young people, but also to enable them to recognise when they are being subjected to abusive behaviours and practices and equip them with knowledge and strategies to protect themselves from those who would seek to do them harm.

“Sometimes a touch is right and sometimes it isn't – it's difficult to explain the difference, if it feels wrong it probably is.”

#### **Actions for LSCBs to consider:**

- ◆ Seeking a commitment from mainstream and special schools to ensure the statutory elements of SRE are delivered in ways that are accessible to disabled children. For example, deaf children and children with speech, language and communication needs, require access to a range of symbols for feelings, body parts, desires and sexual acts appropriate to their age and understanding. It is important for children to be able to access signs and symbols from an early age as producing them at a later stage, for example when required for investigative purposes, may be construed by defence barristers as ‘leading’ in the investigative interview.

**How it is** is an image vocabulary that has been developed to help children communicate about feelings, rights and safety, personal care and sexuality

It has been developed by Triangle and funded and supported by the NSPCC.  
<http://www.howitis.org.uk>

- ◆ Encouraging staff in residential schools, care homes and health settings to promote SRE. Reinforcing the importance of staff having the skills and confidence to deliver SRE to disabled children and to utilize the expertise of professionals working in health and youth services, as well as those in the voluntary sector.
- ◆ Promoting the dissemination of information for parents and carers of disabled children about SRE. Ensuring awareness raising, help and advice is made available for parents about the developing sexual knowledge, behaviours and activity of their children.

The Family Planning Association Speakeasy Programme (more information in Appendix 2) designed to enable parents to gain knowledge, confidence and skills to enable them to be able to talk positively with their children about sex and relationship issues, has been delivered to groups of parents of disabled children. This work is being undertaken as a partnership between Bradford and Airedale PCT and Barnardo's Queens Road Parenting Support Service.

- ◆ Ensure disabled children are taken into account when developing local e-safety strategies.

### Notes

13. DoH/DfES (2004) Disabled Child Standard: *The National Service Framework for Children and young People and Maternity Services*. Available to download from [http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/DH\\_4089111](http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/DH_4089111)
14. Department for Children Schools and Families (2008) *Aiming High for Disabled Children National Core Offer*. DCSF, London. Available to download from <http://www.everychildmatters.gov.uk/socialcare/ahdc/coreoffer/>
15. Department for Children Schools and Families/Department of Health (2008) *Aiming High for Disabled Children: Short Breaks Implementation Guidance*. Available to download from <http://www.everychildmatters.gov.uk/socialcare/ahdc/shortbreaks/>
16. Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J. and Black, J. (2008) *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003–2005*. DCEF Research report DCSF – RR023.

# 3. Practice guidance for professionals

**3.1** This section offers practice guidance for all professionals working with disabled children. This includes those working in children's social care, health, education, schools, early years, youth services, the youth justice system, the police, and the independent and voluntary sectors. It aims to raise the awareness of practitioners of the possible safeguarding risks disabled children can experience, and to take these into account in their day-to-day involvement with disabled children. In particular it needs to be read in conjunction with Chapter 5 of *Working Together to Safeguard Children: A guide to Interagency Working to Safeguard Children* (2006)<sup>17</sup>. Other relevant legislation, guidance and policy specifically relating to disabled children can be found at Appendix 1.

**3.2** Safeguarding disabled children's welfare is everybody's responsibility, and given that we know that disabled children are more vulnerable to abuse than non-disabled children, awareness amongst professionals about safeguarding disabled children and what constitutes best practice, is essential. Section 4 details the reasons why disabled children are more vulnerable to abuse and these are summarised below:

- ◆ Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non disabled children
- ◆ Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- ◆ They have an impaired capacity to resist or avoid abuse
- ◆ They may have speech, language and communication needs which may make it difficult to tell others what is happening
- ◆ They often do not have access to someone they can trust to disclose that they have been abused
- ◆ They are especially vulnerable to bullying and intimidation
- ◆ Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

### What does this mean for practice?

- ◆ Professionals from all agencies/disciplines must be aware that the belief that disabled children are not abused or beliefs that minimise the impact of abuse on disabled children can lead to the denial of, or failure to report abuse or neglect.
- ◆ Essentially disabled children at risk of or who have experienced abuse should be treated with the same degree of professional concern accorded to non-disabled children.
- ◆ Additional resources and time may need to be allocated, if an investigation of potential or alleged abuse is to be meaningful. This is a basic premise and should not be ignored at any stage of the safeguarding process.
- ◆ Basic training and awareness raising of the susceptibility of disabled children to abuse is essential for all those working with disabled children, including ancillary staff such as bus drivers, care assistants, escorts and personal assistants.
- ◆ Reporting safeguarding concerns needs to be encouraged at all levels of professional involvement, and prompt and detailed information sharing is vital.
- ◆ The impairment with which a child presents should not detract from early multi-agency assessments of need that consider possible underlying causes for concern.
- ◆ Where a criminal offence is alleged, investigation by the police needs to be handled sensitively and in accordance with *Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children* (2000)<sup>18</sup>.
- ◆ Parents and carers need to be made aware (if they are not already) of the vulnerability of their children to abuse or neglect, but also of their potential role in the safeguarding process.

### All practitioners need to be aware of the possible indicators of abuse and/or neglect for disabled children

**3.4** Whilst at times, it is immediately apparent that a non-disabled child has suffered significant harm, it is not always so and lengthy enquiries are often necessary. Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is often more complex. However, it is crucial when considering whether a disabled child has been abused and/or neglected that the disability does not mask or deter an appropriate investigation of child protection concerns. Any such concerns for the safety and welfare of a disabled child should be acted upon in the same way as that for a non-disabled child, as set down in *Working Together to Safeguard Children* (2006).

**3.5** When undertaking an assessment (and considering whether significant harm might be indicated) professionals should always take into account the nature of the child's disability. The following are some indicators of possible abuse or neglect:

- ◆ A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- ◆ Not getting enough help with feeding leading to malnourishment
- ◆ Poor toileting arrangements
- ◆ Lack of stimulation
- ◆ Unjustified and/or excessive use of restraint
- ◆ Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- ◆ Unwillingness to try to learn a child's means of communication
- ◆ Ill-fitting equipment e.g. calipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
- ◆ Invasive procedures which are unnecessary or are carried out against the child's will.

For further examples see Section 4

**3.6** Some of the above behaviours can constitute criminal offences. For example misuse of medication to manage behaviour, depending on the circumstances, might be classed as assault and breach of the Medicines Act 1968 or breach of the Care Standards Act 2000. Similarly, inappropriate restraint, sanctions, humiliation, intimidation, verbal abuse, and having needs ignored may all, depending on the circumstances, be criminal offences.

If insufficient time is given for a child with restricted arm and hand movement to have an adequate lunch, the child could experience hunger or dehydration. A one off experience like this may not be very damaging, but the impact if such an experience is repeated over a few days or weeks is considerable.

Removing batteries out of an electric wheelchair to restrict liberty solely for the convenience of staff might equate to a non disabled child being locked in a room or having their legs tied.

**3.7** Professionals may find it more difficult to attribute indicators of abuse or neglect, or be reluctant to act on concerns in relation to disabled children, because of a number of factors, which they may not be consciously aware of. These could include:

- ◆ Over identifying with the child's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a disabled child
- ◆ A lack of knowledge about the impact of disability on the child
- ◆ A lack of knowledge about the child, e.g. not knowing the child's usual behaviour
- ◆ Not being able to understand the child's method of communication
- ◆ Confusing behaviours that may indicate the child is being abused with those associated with the child's disability
- ◆ Denial of the child's sexuality
- ◆ Behaviour, including sexually harmful behaviour or self-injury, may be indicative of abuse
- ◆ Being aware that certain health/medical complications may influence the way symptoms present or are interpreted. For example some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

**3.8** All professionals who work with disabled children should be alert to the above indicators of abuse and take them into account, where appropriate, if they have concerns about the welfare of a disabled child. They are however, particularly relevant to those undertaking safeguarding and/or criminal investigations.

"If children are given too much medication it can make them feel ill – parents need to read the instructions carefully."

### Initial contact and referral

**3.9** Where a professional has concerns that a disabled child may be being abused or neglected, they should follow their own agency policy and procedures for making a safeguarding referral to children's social care, the NSPCC, or the police. Of the utmost importance however, is to share such concerns at the first opportunity either with an appropriate manager or with the designated member of staff who has responsibility for safeguarding in the agency/service provider, so that a referral can be made promptly.

**3.10** Do not be 'put off' by concerns that a referral to a statutory agency will not be taken seriously or that an inappropriate concern is being raised about the welfare of a child. Disclosing abuse is difficult for any child. For a disabled child it may be especially difficult, as they may not have the means to communicate about their abuse experience(s). For some disabled children with speech, language and communication needs, making known that they have been subject to abuse, neglect or ill treatment is dependent on the positive action undertaken by professionals. Thus, it is of the utmost importance that such concerns are passed on to a statutory agency.

### For those working in children's social care

**3.11** Each local authority's IT system will include the information to be recorded on the contact and the referral and information record. The requirements of Contactpoint also need to be taken into account at this stage.

**3.12** For those receiving initial contacts and referrals concerning a disabled child, there are however additional points, which need to be taken into account at this early stage.

#### These are:

- ◆ When a referral is received which relates to a disabled child it is important to decide which team – the initial assessment team or the disabled children's team – should respond to this referral. As discussed in Section 2, not all practitioners working in disabled children's teams are trained to recognise safeguarding concerns. Similarly, those working in initial assessment teams may not feel confident about assessing the safeguarding needs of a disabled child. However, it is fundamental that all staff working with disabled children or who are likely to receive safeguarding referrals concerning disabled children, receive appropriate training to equip them with the knowledge and awareness to assess risk of harm to a disabled child and know how best to work together to provide a high quality service to the child.
- ◆ Extra resources may be necessary, especially where a child has speech, language and communication needs, in order to ensure that an appropriate assessment can be undertaken.



- ◆ It is thus recommended best practice that safeguarding concerns/referrals concerning disabled children are assessed by practitioners who are both experienced and competent in child protection work, with additional input from those professionals who have knowledge and expertise of working with disabled children.
- ◆ As with non-disabled children, it is not always obvious from an initial contact with a family that there is a child protection issue to be considered. Professionals, the family, the child and others may emphasise other problems or difficulties and the need for protection from harm may not always be obvious. Thus, the practitioner receiving the referral should systematically seek information about the identified needs and circumstances that have prompted the contact.

The following is a summary of a composite case study exemplifying some of the additional stumbling blocks to successful professional challenge in work with a disabled boy who experienced neglect at home.

A Serious Case Review was undertaken after the boy was accommodated at the age of 12 in a seriously neglected state. A large number of professionals were involved with the family and they differed in their opinion of his diagnosis. The child was educated at home from the age of eight and became socially isolated. Significant focus was placed on treating the boy as a disabled child, focusing on his behaviour, with little assessment of the daily care he received. Several agencies assessed that he needed to be cared for outside of the home but there was a year's delay in this happening. The insistence of a senior health professional finally led to the child being placed in foster care.

Key learning points included: not treating a child differently because of his or her disability; challenging parental power; the need for a lead professional; for professionals to have the confidence to challenge each other's opinions and for training in the recognition of neglect.

(Source: DCSF *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003–2005* Available from : <http://www.dcsf.gov.uk/research/programmeofresearch/projectinformation.cfm?projectid=14591&resultspage=1>

- ◆ As with safeguarding referrals concerning non-disabled children, it is important that where possible as much accurate information is gathered, in order to fully understand the context and assess the likelihood of harm to the child. It may be necessary to obtain an accurate assessment of the child's understanding and language abilities from their parent, teacher and speech and language therapist and then take advice on communicating or working with the assistance of someone who knows the child well. **In addition**, the following questions should be considered and asked when a referral is received concerning a disabled child:

- ◆ What is the disability, special need or impairment that affects the 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, simply ask the question: "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?

### Investigating allegations of abuse involving disabled children

**3.13** Where there is a reasonable cause to believe that a disabled child is suffering, or is at risk of suffering, significant harm:

*"The child should be seen by the practitioner and kept in focus throughout the work with the child and the family. The child's voice should be heard and account taken of their wishes and feelings."*

*(Working Together to Safeguard Children, 2006 p.99)*

**3.14** Additional resources may be required for disabled children if their account of abuse is to be made possible and their wishes and feelings heard. *Working Together* makes clear that there are four key processes underpinning safeguarding and promoting the welfare of children: assessment, planning, intervention and reviewing. Thus, where there are any concerns about the welfare of a disabled child, they should be acted on in accordance with the guidance set down in Chapter 5 of *Working Together*.

**3.15** It is particularly important however to note that:

*"Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers should act quickly to secure the immediate safety of the child."*

*(Working Together to Safeguard Children, 2006. p11)*

### Strategy discussion

**3.16** Disabled children are subject to the same procedures for initiating a strategy discussion, as non-disabled children.

*“Wherever there is reasonable cause to suspect that a child is suffering or is likely to suffer, significant harm, there should be a strategy discussion involving LA children’s social care and the police, and other bodies as appropriate and in particular any referring agency.”*

*(Working Together to Safeguard Children, 2006 p.89)*

One LSCB adopted practice guidance, which included the following:

*“At the strategy discussion, consideration should be given to appointing a support social worker to cover any complex issues relating 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 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.”*

### Section 47 enquiries and core assessments

**3.17** The core assessment is the means by which a section 47 enquiry is carried out. Section 47 of the Children Act 1989, states that the Local Authority has a duty to investigate when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm (*Working Together*, p. 118). The section 47 enquiry will include an objective assessment of the needs of the child, including the likelihood of abuse or neglect and need for protection, as well as the family's ability to meet those needs. These enquires should take account of any information gathered through the Common Assessment Framework (CAF) or initial assessment. The core assessment needs to be undertaken in line with the *Framework for Assessment of Children in Need and Their Families*<sup>19</sup>, which includes additional practice guidance concerning disabled children.<sup>20</sup>

**3.18** When undertaking investigations/assessments into allegations of abuse concerning disabled children, practitioners need to take into account the following considerations.

#### What does this mean for practice?

- ◆ Whilst section 47 enquiries are being carried out, the first responsibility, as with any investigation into allegations of abuse and/or neglect is to ensure that the child is safe.

- ◆ Where there are abuse allegations relating to a disabled child the safeguarding needs of any siblings living in the family home also need to be considered.
- ◆ Where there are allegations of abuse and a disabled child is the alleged perpetrator, investigations need to be handled with particular sensitivity. A duty of care should be shown to both the victim and the alleged perpetrator.
- ◆ Any enquiries planned or undertaken should be carried out with sensitivity and an informed understanding of a disabled child's needs and disability. This includes taking into consideration matters such as the venue for the interview/s; the care needs of the disabled child; whether additional equipment or facilities are required; who should conduct the interview and whether someone with specialist skills in the child's preferred method of communication needs to be involved.
- ◆ As with all section 47 enquiries, the need for accurate, detailed, contemporaneous recording of information is essential.
- ◆ Throughout all discussions (including strategy discussions, section 47 enquiries/core assessments, the initial child protection conference and any subsequent child protection review conferences), all service providers must ensure that they communicate clearly with the disabled child and family, and with one another, as there is likely to be a greater number of professionals involved with a disabled child than with a non-disabled child.
- ◆ The disabled child's preferred communication method for understanding and expressing themselves needs to be given the utmost priority, and where a child has speech, language and communication needs, including those with non verbal means of communication and deaf children, arrangements will need to be made to ensure that the child can communicate about any abuse or neglect she/he is experiencing and their views and feelings can be made obtained.
- ◆ Where the parents of a disabled child have a disability themselves, arrangements also need to be put in place to accommodate their needs throughout the investigation/assessment process.
- ◆ The number of carers involved with the child should be established as well as where the care is provided and when. A disabled child's network of carers could include short break foster carers, volunteer befrienders, sitters, personal assistants, community support workers, residential care staff, independent visitors and learning support assistants.
- ◆ The collating of medical information concerning the health needs of the child is important as it may have a bearing on the outcome of any enquiry/investigation.
- ◆ Where there is a need for a medical examination, consideration needs to be given to the most appropriate medical professional who should undertake the examination, the venue, timing and the child's ability to understand the purpose of the medical procedure.
- ◆ Where there is to be a police investigation into allegations of abuse or neglect of a disabled child, those undertaking such investigations should not make

presumptions about the ability of the child to give credible evidence. All such investigations should be undertaken in accordance with the practice guidance *Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children* (Home Office, 2000), which includes specific guidance in relation to disabled children. Measures made available through the Youth Justice and Criminal Evidence Act (1999), with the introduction of intermediaries, are specifically designed to address the barriers and enable disabled children to give evidence.

- ◆ Following any section 47 enquiries, the need for the disabled child and their family to be provided with ongoing support, should be recognised. This is especially important where disabled children have disclosed that they have been abused. The need for therapeutic services for disabled children, following such experiences is not always recognised. Emotions can show themselves in other ways, for example, self-harm or challenging behaviour.
- ◆ The needs of disabled people who have been abused as children, to be able to access therapeutic services should also be given consideration.
- ◆ A very useful question to ask when assessing a disabled child is:

*“Would I consider that option if the child were not disabled? Clear reasons are necessary if the answer is No.” (Assessing Children in Need and their Families: Practice Guidance, Department of Health, 2000 p.80)*

### **Initial child protection conference, completion of the core assessment, the child protection plan and child protection review conferences**

**3.19** *Working Together to Safeguard Children* (2006) clearly sets out the procedures to be followed, and these should be adhered where a disabled child is the subject of child protection concerns. It is especially important that the completion of the core assessment, within 35 working days, is met within this timescale. In order for this to be achieved it may be necessary to call upon extra and specialist resources.

### **Allegations of abuse by an employee or volunteer against a disabled child**

**3.20** In the event of allegations being made against an employee or a volunteer involving a disabled child, the safeguarding children policies and procedures of the agency or LSCB need to be instigated, in line with disciplinary procedures, where appropriate. This includes referring such allegations to the Designated Officer in the Local Authority (LADO). In addition the *Procedures for managing allegations against people who work with children* in Appendix 5 of *Working Together to Safeguard Children* (2006) should be adhered to.

**3.21** *The Guidance for Safer Working Practice for Adults who Work with Children and Young People* (DCSF, 2007)<sup>21</sup> developed by the Allegations Management Advisors Network is a particularly useful tool and offers best practice guidance to all those working with children.

**3.22** Where an employee or volunteer is dismissed or resigns during the course of investigations concerning the abuse of any child or vulnerable adult, a referral should be made to the Independent Safeguarding Authority (ISA) for consideration as to whether the individual should be barred from working with children and/or vulnerable adults.

**3.23** The ISA is a non-departmental public body, which investigates all allegations of abuse against children or vulnerable adults. It has assumed the duties and responsibilities of the Department for Children Schools and Families for investigating allegations and deciding whether individuals should be barred from working with children and vulnerable adults, formally placed on list 99 (teachers and those working in education), the Protection of Children Act List, (POCA) and the Protection of Vulnerable Adults List (POVA).

**3.24** The ISA (<http://www.isa-gov.org.uk/>) was established under the Safeguarding Vulnerable Groups Act 2006. Employers will be able to access on line information as to whether an individual is registered with the ISA (a requirement for all those employed in statutory and non statutory agencies working with children and vulnerable adults), once the Act is fully operational.

## Notes

17. HM Government (2006) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. Available to download from <http://www.everychildmatters.gov.uk/socialcare/safeguarding/workingtogether/>
18. Home Office (2000) *Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and using special measures*. Available to download from <http://www.homeoffice.gov.uk/documents/ach-bect-evidence/>
19. DoH et al (2000) *Framework for the Assessment of Children in Need and their Families*. Available to download from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4003256](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003256)
20. DoH(2000) *Assessing children in need and their families : practice guidance*. The Stationery Office
21. DCSF (2007) *Guidance for Safer Working Practice for Adults who Work with Children and Young People*. Available to download from <http://www.everychildmatters.gov.uk/resources-and-practice/IG00311/>

## 4. Research and statistical evidence on safeguarding disabled children and young people

*“Society still seems to be in denial about the fact that disabled children are more likely to be abused than non-disabled children. This may be because generally speaking less attention is paid to their human rights and to providing advocacy services for them. They are still commonly seen in terms of their impairment and the characteristics that make each child unique – age, gender, ethnicity, religion and culture – are subsumed in the one label. This has to change so that the systems set up to safeguard all children cover disabled children on equal terms.”*

Source: Stuart and Baines (2004) p 21<sup>22</sup>

### **How common is the abuse of disabled children?**

**4.1** Research evidence suggests that disabled children are more vulnerable to abuse than non-disabled children. A large scale American study that examined records of over 40,000 children found that disabled children were 3.4 times more likely to be abused or neglected than non-disabled children. Disabled children were 3.8 times more likely to be neglected, 3.8 times more likely to be physically abused, 3.1 times more likely to be sexually abused and 3.9 times more likely to be emotionally abused. Overall, the study concluded that 31% of disabled children had been abused, compared to a prevalence rate of 9% among the non-disabled child population.<sup>23</sup>

Smaller scale studies in the US have also reported significant levels of abuse of deaf children<sup>24</sup> and children with Autism and Asperger's Syndrome.<sup>25</sup>

**4.2** Research in the UK has been limited but a number of studies have indicated similar levels of abuse and neglect to that found in the US<sup>26</sup>. Higher levels of maltreatment of disabled young people than their non-disabled peers were found in a study of 3000 young people aged 18 –24.

In relation to sexual abuse by people who were known to the child but not family members 22% of disabled young people reported experiencing sexual abuse compared to 15% of the sample as a whole.<sup>27</sup>

**4.3** There is a widespread lack of local and national data on disabled children who are subject to safeguarding children procedures. Cooke and Standen<sup>28</sup> surveyed local authorities across the UK and found that only a third of authorities had specific guidelines for safeguarding disabled children and only 50% recorded whether an abused child had a disability. Despite 50 % of authorities reportedly collecting this data only ten were able to provide figures on the number of reported cases of abuse of disabled children. Practice was very variable. A detailed analysis of one local authority (Morris, 1999)<sup>29</sup> identified that although disabled children made up only 2% of the local child population they accounted for 10% of children on the Child Protection Register. There is also very limited data regarding the characteristics of children who have been the subject of serious case reviews. Brandon et al (2009) found 14 children (8%) of their full sample of 189 children who had been subject to a serious case review were disabled prior to the incident leading to the serious case review. This figure is a slight increase in the figure of 8 children (5%) in the previous study of 161 children (Brandon et al 2008).<sup>30</sup>

Of the 14 children in the 2009 study, those who were noted to have a disability prior to the incident ranged in age from 2 months to 17 years old. A small number of families had more than one child with a disability or complex health needs and their families' struggle to cope with the children's complex needs was apparent. An eleven-year-old child who died whilst in foster care had severe disabilities and complex health needs, but also unexplained injuries. One example of the small number of cases where a parent killed themselves and their child, included a mother who caused her own, and her disabled son's death, and one of the teenage suicide cases included a young woman with Asperger's syndrome. Another young man with autistic spectrum disorder and learning disabilities was the perpetrator of harm to a child.<sup>31</sup>

**4.4** Figures from the Children in Need Census (2005)<sup>32</sup> illustrate that disabled children are over represented among the looked after population, making up 10% of all children in care, and only around 5% of the overall population. Disabled children are also more likely than non-disabled children to be looked after because of abuse or neglect. In the sample week of the census there were



2400 disabled children looked after because of abuse or neglect: this accounted for 6.6 % of the total population of 36,000 children looked after for these reasons. As disabled children are estimated to account for 5% of the total child population it appears that they are more likely than non-disabled children to be looked after by local authorities because of neglect or abuse. It is important to note that inconsistencies have been reported in how disabled children are defined and counted and that any reported statistics are possibly underestimates given the barriers disabled children and young people face reporting abuse.

**4.5** More extensive data should be available from the forthcoming Children in Need census which has been redesigned into a continuous child-level data collection that will help inform the Department for Children Schools and Families on the numbers and characteristics of Children in Need, the services that they have received from the Local Authority and their outcomes and pathways of care. The new data will provide information on the overlap between disabled children, looked after children, and those with child protection concerns. Initial results from the 2008-09 CIN census are expected in autumn 2009.

**4.6** The numbers of disabled children living away from home is important when considering the increased vulnerability of disabled children to abuse and neglect. A study for the DCSF estimated that 13,300 disabled children in England are in long term residential placements in education, social care and health settings.<sup>33</sup> An additional group of disabled children (approximately 900) are living in foster care. The numbers of disabled children spending time away from home on short breaks is expected to grow with the additional funding levels for both local authorities and PCTs announced as part of *Aiming High For Disabled Children*. It is estimated that grants made available under *Aiming High for Disabled Children* will, by 2010 – 2011, double expenditure on short break provision by local authorities compared to 2007 – 2008 levels. A Shared Care Network Survey in 2007<sup>34</sup> indicated over 10,000 children in the UK were currently receiving services from family based short-term care schemes.

### **Why are disabled children more vulnerable to abuse?**

**4.7 Attitudes and assumptions** within society and amongst those working with children can lead to a view that abuse does not happen to disabled children and in turn this undermines the safeguarding of disabled children at all levels. Research by Kennedy (1992)<sup>35</sup> identified beliefs that disabled children were less likely to be damaged by abuse than other children. A failure to acknowledge and promote disabled children's human rights can lead to abusive practices being seen as acceptable. For example tying up or locking a child in a room would be recognised as abusive for a non-disabled child but may be seen as acceptable for a disabled child.

Marchant<sup>36</sup> identified five myths encountered in relation to the sexual abuse of disabled children:

- ◆ Disabled children are not vulnerable to sexual abuse
- ◆ Sexual abuse of disabled children is OK, or at least not as harmful as sexual abuse of other children
- ◆ Preventing the sexual abuse of disabled children is impossible
- ◆ Disabled children are even more likely than other children to make false allegations of abuse
- ◆ If a disabled child has been sexually abused, it is best to leave well alone once the child is safe.

Negative attitudes and assumptions can lead to institutional discrimination. An investigation by the Disability Rights Commission<sup>37</sup> revealed 'an inadequate response from the health service to the major physical health inequalities experienced by some of the most socially excluded citizens: those with learning disabilities and/or mental health problems.' This included disabled children and young people. Their investigation found children and young people in particular experienced 'diagnostic overshadowing' – that is reports of physical ill health being viewed as part of the mental health problem or learning disability – and so not investigated or treated. The Mencap report *Death by indifference*<sup>38</sup> found examples of widespread ignorance and indifference throughout our health care services towards people with a learning disability.

Attitudes about disability are also a contributory factor in the lack of reporting of abuse to disabled children. Estimates suggest that only one in thirty cases of sexual abuse of disabled people is reported compared to one in five of the non-disabled population<sup>38</sup> and a Norwegian study of children being examined in paediatric hospitals for possible sexual abuse reached similar conclusions.<sup>40</sup>

During a holiday away from a residential special school a child returned home and shared a bed with a male lodger. He displayed significant changes in his behaviour when he returned to school and he had bruising. His mother explained that they needed the lodger for his financial contribution and that her son's injuries were self-inflicted during epileptic fits. The school staff did not consider that the boy could be at risk of sexual abuse and never made a referral. The school nurse expressed concern about that his 'sharing a bed' with the lodger was 'inappropriate' but didn't feel there was anything else she could do as the boy wouldn't be able to go home otherwise. (Source: National Working Group on Child Protection and Disability. *It doesn't happen to disabled children*. NSPCC 2003)

**4.8 A reluctance to challenge carers** has been found together with a sense of empathy amongst practitioners with parents and foster parents who are felt to be under considerable stress.<sup>41</sup> Precey and Smith<sup>42</sup> have considered the contentious issue of the fabrication or induction of illness in disabled children and those with complex health needs by a parent. Parents have been known to deliberately exaggerate the effects of their child's impairment by falsely describing symptoms, seeking unnecessary treatment or inappropriately using medication.<sup>43</sup>

An advocate was asked to get involved by a local school who were worried a child was being overmedicated by his family. The school had observed the parents struggling to manage the boy's behaviour and particularly at the beginning of each week found the boy to be very drowsy and unable to relate to his surroundings. This had been reported to the social worker who was not prepared to raise the issue with the family saying they had enough to contend with as it was. The advocate eventually helped the parents see the impact that over medication was having and got advice for the parents on managing their son's behaviour. (Source: The Children's Society)

**4.9 Dependency** on a wide network of carers and other adults is the everyday experience of some disabled children in order that their medical and intimate care needs such as bathing and toileting can be met. The large number of adults involved and the nature of the care needs both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries. Some disabled children grow up to accept damaging, demeaning or over restricting treatment from others because they have never known anything more positive.<sup>44</sup> There is also the possibility that disabled children may be schooled into accepting others having access to their bodies.

Child protection enquiries and action planning need to take into account that a disabled child may be dependent on an abuser for personal care and/or for communication assistance. They may be less able to tell someone what is going on because of this dependency. (Source: National working Group on Child Protection and Disability. *It doesn't happen to disabled children* NSPCC 2003)

**4.10 Communication barriers** mean that many disabled children including deaf children have difficulty reporting worries, concerns or abuse. Some disabled children do not have access to the appropriate language to be able to disclose abuse; some will lack access to methods of communication and/or to people who understand their means of communication. Even if a child can find the confidence and the means to tell about abuse, many of the avenues open to abused children such as telephone help-lines and school based counselling are inaccessible to many disabled children. There is significant vulnerability for children who use alternative means of communication and who have a limited number of people who they can tell, since these same people may be the abusers. There is often a lack of access to independent facilitators or people familiar with a child's communication method. Research into children's advocacy services<sup>45</sup> has found that over two fifths of services could not provide advocacy for children and young people who do not communicate verbally and over a third of services could not provide advocacy for children with autism. Although there have been some developments in the provision of appropriate vocabulary in augmented communication systems researchers<sup>46</sup> have found these are not widely used and that professionals have concerns about the levels of understanding that disabled children might have about concepts of abuse.

The following example illustrates the enormous difficulty faced by children who do not have access to the necessary vocabulary to tell about abuse.

A child who made an initial disclosure using an augmentative communication system produced the following statement using her symbol board:  
*'nurse R cross she tell me up children up she mean cruel hurt leg her hand I cry'*

The statement was subsequently repeated by the child in an interview and was clarified through careful questioning to mean:

*'nurse [beginning with] R [got] cross. She tell me [to shut] up, [that I would wake the other] children up. She [is] mean/ cruel she hurt [my] leg [with] her hand I cry'*

The child did not have shut, smack or hit on her word board and therefore was not able to tell her story accurately the first time. (Source: Triangle)

**4.11 Lack of participation and choice** in decision-making can disempower disabled children and make them more vulnerable to harm as can a failure to consult with and listen to disabled children about their experiences. Disabled children may have learnt from their care or wider experience to be compliant and not to complain. Morris<sup>47</sup> found that disabled children's privacy was often not respected nor was there any encouragement to make choices for themselves, which in turn undermined their opportunities to develop confidence and self-esteem.

An eighteen year old young man was denied hospital treatment on the basis that he was unable to understand the procedure, could not meaningfully consent and there were concerns about how his behaviour would be managed following the operation. The young man's family with the support of an advocate challenged the decision on behalf of the young man. A symbol and picture communication book was produced by the advocate, detailing every stage of the operation. This meant that that the young man could give meaningful consent and understand what would happen immediately after the operation. A High Court finally ruled that the operation should go ahead. (Source: The Children's Society)

**4.12 Factors associated with impairments** can lead to greater vulnerability to abuse. Behaviours indicative of abuse such as self-mutilation and repetitive behaviours may be misconstrued as part of a child's impairment or health condition.<sup>48</sup> It is of vital importance that professionals are adequately trained and alert to recognise indicators of potential abuse or changes in children, which might indicate that something is wrong, and to understand particular behaviours associated with impairments. See Section 3 for more information about possible indicators of abuse and neglect.

A seven year old boy's constant masturbation was 'explained' by his autism and his attempts to touch adults sexually were initially attributed to his confusion about boundaries. Several years later his father was convicted of sexual assault of all three children in the family. (Source: Triangle)

Extensive bruising to the face, chest and arms of an eleven-year-old girl was said to result from falls during epileptic seizures. Medical advice was that the bruising was incompatible with falling and child protection procedures were initiated. (Source: Department of Health (2000) *Assessing children in need and their families: practice guidance*)<sup>49</sup>

**4.13 Isolation** from other children and adults means that many disabled children struggle to tell others about their experiences making it easier for abuse and neglect to remain hidden. Having few contacts outside the home, and inadequate and poorly co-ordinated support services for both disabled children and their families can increase isolation. The National Working Group on Child Protection and Disability note that disabled children (and others close to them) may not communicate about abuse because of a fear of losing the services on which they depend (NSPCC, 2003<sup>50</sup>).

A seventeen year old girl was visited at different times of the day and on different days of the week by her advocate. On each occasion the girl was found in a sparse day room sitting alone with a pile of Lego bricks on a tray in front of her. When challenged about this the staff showed the advocate an activity timetable. However there remained no evidence of any other activity taking place, no choice for the young woman and she was not able to describe any other things she had done, places she had visited or people who had visited her. (Source: The Children's Society)

**4.14 Double discrimination** faces many disabled children from black and minority ethnic groups and refugee and asylum seeking children. They can experience additional difficulties and challenges in accessing and receiving services and often those they do receive are not sensitive to their culture and language or relevant to their needs. Robert and Harris<sup>51</sup> draw attention to the risk of disabled children from refugee and asylum seeking families being severely isolated and hiding their impairment through fear of being different or of this adversely affecting their immigration status. Disabled children and young people are particularly vulnerable to forced marriage because they are often reliant on their families for care, they may have communication difficulties and they may have fewer opportunities to tell anyone outside the family about what is happening to them. Parents may want to find a carer for their child in the future, or are under pressure to follow cultural norms. Some disabled young people do not have the capacity to consent to marriage. Some may be unable to consent to consummate the marriage – sexual intercourse without consent is rape.

Nina was born blind and at the age of 16 she continued to be incontinent and had no feeling in her fingers or toes. At the time she attended the local school with support from a classroom assistant who assisted children with visual impairment. During a one-to-one session, Nina disclosed to the assistant that she was going to Pakistan to be forced to marry. She explained that she didn't want to go or get married and she asked for help. The assistant arranged for the local police to meet Nina on her way home. Again, she stated that she didn't want to get married and she wanted help. The police officer organised for her to be taken to accommodation for young people with disabilities. Nina stayed in the care of the local authority for several months and started to have contact with her family again. Eventually she was persuaded to return home and, despite her earlier protests, agreed to go to Pakistan with them. The police were later notified that she died from "food poisoning" and she was buried in Pakistan.  
(Source: The Forced Marriage Unit)

A thirteen year old Arabic speaking boy whose parents were from Somalia was placed in a residential special school. When an advocate visited him for the first time it became clear that he had no opportunity to practice his Muslim religion and no effort had been made to meet his cultural dietary needs. His sense of isolation was acute both from his family and his culture. The advocate immediately referred the boy for an Arabic speaking independent visitor.  
(Source: The Children's Society)

**4.15 Spending greater periods of time away from home**, particularly in residential settings, is a risk factor for abuse and Utting<sup>52</sup> noted that this risk is compounded in the case of disabled children. Researchers<sup>53</sup> have examined the particular vulnerability of disabled children in residential care linking this to characteristics of institutional life, problems in management and staffing and separation of children from parents and others whom they trust and who are able to understand their communication methods. The welfare of disabled children at residential schools (especially those with 52 week provision) and in health units has been questioned given the wide variation in practice of notifying the responsible local authority of the child's placement as required by section 85 of the Children Act 1989. Researchers concluded that for children in placements funded solely by education there is unlikely to be anybody other than a parent actively checking whether or not the child is safe and happy.<sup>54</sup> However a third of disabled children living in residential care have been found to be isolated from their parents.<sup>55</sup> *The Second Joint Chief Inspectors Report*<sup>56</sup> found that less than 50% of residential special schools met the National Minimum Standards for responding to complaints and just 40% of residential special schools did not meet or only partially met the National Minimum Standards for child protection systems and processes.

On a visit to a disabled teenager in residential care an advocate asked to take the young man out to the local park. He was told that two care staff would have to accompany him. The young man was strapped by each arm to a member of staff, the rationale being given that the young man would run away. On further investigation by the advocate it transpired this practice had been going on for several years without review. The advocate challenged the approach and after much perseverance the young man was allowed to visit the park with his advocate without being strapped to anyone. (Source: The Children's Society)

**4.16 Lack of understanding and training about safeguarding disabled children** can result in professionals not recognising the signs of abuse or neglect. This is all the more worrying given that research indicates that the identification of the abuse of disabled children is most likely to come from observations of physical signs, behaviour or mood changes.<sup>57</sup> Researchers found the coverage of safeguarding during the induction of residential school staff was poor or non-existent, and staff in residential special schools sometimes missed out on opportunities to participate in multi agency training.<sup>58</sup> Practitioners in child protection teams may have no specialised knowledge of disability, whilst disability specialists may have limited knowledge of child protection. Cooke and Standen<sup>59</sup> in their study of four local authorities highlighted that during the course of a year the names of disabled children were less likely to be put on the child protection register than a comparison group of non-disabled children. Partnerships between providers and PCTs are essential to ensure care for disabled children with complex health needs is provided safely. As more short break services are commissioned it is essential that sufficient staff are trained to ensure they are competent to deliver safe care in areas such as ventilation and tube feeding.

Poor seating over a period of time for a child who used a wheelchair had caused pressure sores that were not treated by the residential unit and resulted in the child's admission to hospital. (Source: The Children's Society)

Although there were named individuals in the trust who were responsible for dealing with child protection, the names of these people had not been communicated to staff. A number staff had not attended training in child protection and some were uncertain of the procedure to follow in the event of an incident.... Two members of staff working in the children's unit had not been subject to a Criminal Records Bureau check.... The use of baby alarms, locks and stable doors to restrict access was widespread with no documentation to describe the rationale for these practices.... Boys and girls were sharing double bedrooms in some instances. (Source: CSCI & Healthcare Commission Joint investigation into provision of services for people with learning disabilities at Cornwall Partnership NHS Trust. July 2006 p. 46)

**4.17** Practices within **The Criminal Justice System** can create barriers during child protection investigations relating to disabled children. In the past the

evidence of disabled children was rarely given in court because those involved in investigating allegations often assumed that disabled children would not be able to give credible evidence in criminal proceedings. However, research clearly indicates that children with learning disabilities can provide forensically relevant information if appropriate methods are employed.<sup>60</sup> The pilots and now the introduction of intermediaries under The Youth Justice and Criminal Evidence Act 1999 are intended to ensure that everyone, including children with learning disabilities can give their best evidence in a criminal court. See Appendix 1 for further details.

The foster parent of a thirteen year old boy with autistic spectrum disorder noticed on a visit home from residential school, bruising to his body and a black eye and on another occasion a fractured hand. The school had no record of any injuries and there was no explanation provided about how he had sustained them. His foster parent believed he could have indicated how he had been hurt. However because the child was not able to communicate verbally, a witness statement was not taken. (Source: National Working Group on Child Protection and Disability. *It doesn't happen to disabled children*. NSPCC, 2003)

A fifteen year old boy in a residential placement was hit by a member of staff and disclosed this to another staff member. The Local Authority, the police and the boy's advocate were contacted and the staff member concerned removed while the investigation took place. The advocate and staff at the home advised the Police about the young man's method of communication and the advance preparation that would be needed. The advocate was asked to accompany the young man to the interview. It immediately became clear no preparation had been done and the interview was not conducted in a child focused manner. As a result the Police were unable to obtain a full account of the incident from the young person. The advocate gave feedback to the police about the inappropriate way the interview had been conducted. The case was eventually dropped. (Source: The Children's Society)

**4.18 Limited personal safety programmes and personal, social and sex education for disabled young people** results in them being less aware about abusive behaviour and less able to communicate about abuse. Oosterhoon and Kendrick<sup>61</sup> reported on the challenges for teaching staff of teaching abstract concepts of sexuality, sex education and abuse. Some awareness raising and keeping children safe materials are built on assumptions about a child's abilities such as 'Say no, go run and tell' and could be counterproductive for disabled children. Some children's dependence upon others for intimate care requires the education to be tailored to meet the needs of the child and a focus, on for example appropriate and inappropriate touching. See Appendix 2 for examples of educational resources.

**4.19 Higher levels of bullying** of disabled children have been found in a number of recent studies and in some instances the severity of bullying or



harassment of disabled children could be classified as assault or abuse. The Office of the Children's Commissioner<sup>62</sup> found that disabled children and those with visible medical conditions can be twice as likely as their peers to become targets for bullying behaviour. The National Autistic Society<sup>63</sup> found that two out of five children on the autistic spectrum had been bullied at school. Mencap<sup>64</sup> found that nearly nine out of 10 people with a learning disability experience some form of bullying, with over two-thirds experiencing it on a regular basis. Guidance on *Bullying involving Children with Special Educational Needs and Disabilities*<sup>65</sup> notes that disabled children may be more at risk of bullying because of their impairment (for example, they may be less able to move away or they may have cognitive impairments which make anticipation and avoidance difficult). The experience or anticipation of being bullied can shape a young person's sense of self and social relationships and can have a corrosive and damaging impact on their self-esteem, mental health, social skills and progress at school. For some disabled children bullying can be an insidious and relentless pressure that can dominate their lives, leaving them feeling depressed and withdrawn. The lack of self esteem resulting from bullying can create can in itself make disabled children more vulnerable to abuse.

A twelve year old girl with learning disabilities was being physically bullied for over three months before any action was taken, despite telling parents and teachers at the start. 'He would push and swear at me, say mean things and walk up and slap me'. (Source: National Childrens Bureau, *Bullying and Disability Spotlight Briefing* 2007)

**4.20 Greater use of direct payments and personal budgets**, whilst supporting empowerment and choice, does carry some risks of children being harmed if the minimum requirements in respect of checks and references on those providing personal care have not been followed up. The Direct Payments guidance *Community Care, Services for Carers and Childrens Services (Direct Payments) Guidance, England (2003)* (available to download from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4096246](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4096246)) makes it clear that the system of direct payments should not place a child in a situation where they are at risk from harm. The local authority can exercise their discretion and refuse to give a direct payment if they consider a child is being placed in a situation where they would be at risk of harm as a result by being cared for by an unsuitable person.

However the local authority cannot insist that the person employed through Direct Payments should have a Criminal Record Bureau (CRB) check, prior to their employment (or be registered with the Independent Safeguarding Authority, when legislation, under the Safeguarding Vulnerable Groups Act 2006 comes into force, see Appendix 1 for further details) although of course this is strongly advised. Requesting a CRB check, together with the taking up of references, whilst not guaranteeing that a person is suitable to work with children, does offer a degree of reassurance about a carer's suitability to

undertake such work. In situations where the family decides not to accept the local authority's advice about best safeguarding practice some local authorities are asking the family to sign a statement stating that the issue has been discussed with them and they are aware of the risks involved. Such statements do not of course absolve the local authority of their duties to safeguard the welfare of children.

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# Appendix 1

## Summary of legislation, guidance and policy most relevant to safeguarding and promoting the welfare of disabled children and young people.

**This section summarises the legislation, guidance and policy that provides the current framework for safeguarding and promoting the welfare of disabled children. The general legislative context for safeguarding disabled children is the same as for all children. The same principles and the same duties apply, whether a child is disabled or not. This section sets out only those elements of legislation, guidance and policy specifically relevant for safeguarding and promoting the welfare of disabled children.**

### Disability Discrimination Legislation

#### **The Disability Discrimination Act (DDA) 1995**

([http://www.opsi.gov.uk/acts/acts1995/ukpga\\_19950050\\_en\\_1](http://www.opsi.gov.uk/acts/acts1995/ukpga_19950050_en_1)) as amended by

#### **The Disability Discrimination Act 2005**

([http://www.opsi.gov.uk/Acts/acts2005/ukpga\\_20050013\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2005/ukpga_20050013_en_1)) defines a disabled person (including a disabled children) 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'.

#### **The Code of Practice Rights of Access: services to the public, public authority functions, private clubs and premises**

([http://www.equalityhumanrights.com/en/publicationsandresources/Documents/Disability/Access\\_code.pdf](http://www.equalityhumanrights.com/en/publicationsandresources/Documents/Disability/Access_code.pdf)) covers access to goods, facilities, services and premises and makes it unlawful for a service provider to discriminate against a disabled person by:

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

The Disability Discrimination Act 2005 places a duty on all public bodies, to promote disability equality and positive attitudes towards disabled people. The

general duty requires public authorities to adopt a proactive approach, mainstreaming disability equality within all decisions and activities. The disability equality duty requires certain public bodies, including local authorities, PCTs and schools, to produce disability equality schemes and to involve disabled people, including children and young people, in their development and ongoing evaluation. Disability equality schemes must be published and include a statement saying how disabled people have been involved; an action plan saying how the scheme will be delivered; and a process to review the implementation and effectiveness of the scheme. Disability equality schemes have the potential to identify positive steps to tackle bullying and harassment of disabled children, challenge negative perceptions and promote positive attitudes. The **Duty to Promote Disability Equality Statutory Code of Practice** ([http://www.cde.london.ac.uk/resources/documents/legislation\\_and%20codes\\_of\\_practice/file2431.pdf](http://www.cde.london.ac.uk/resources/documents/legislation_and%20codes_of_practice/file2431.pdf)) sets out in detail how the duty should be implemented.

## Assessing Children in Need, the Provision of Services and Direct Payments

### The Children Act 1989

([http://www.opsi.gov.uk/Acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/Acts/acts1989/Ukpga_19890041_en_1.htm)) brought together most public and private law relating to children in England and Wales. Section 17 clarified the position of disabled children as children in need and defined disability using a National Assistance Act 1948 definition as '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'. The Children Act 1989 lays down a general duty on local authorities to safeguard and promote the welfare of children in their area and so far is consistent with that duty to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs.

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

(<https://www.tsoshop.co.uk/bookstore.asp?FO=1160011&ProductID=9780113214525&Action=Book>) sets out how to implement the Act for disabled children and a set of principles upon which work with disabled children should be based.

### The Framework for the Assessment of Children in Need and their Families

(2000) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4003256](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003256)) provides a systematic way of analysing, understanding and recording what is happening to children and young people within their families and the wider context of the community in which they live.

**Assessing Children in Need and their Families: Practice Guidance** (2000) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006576](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006576)). Chapter 3 sets out the issues to consider when assessing disabled children within the *Framework for Assessment of Children in Need and their Families*. This guidance points out that the basic needs of disabled children are no different from other children, that impairments may create additional needs and disabled children are also likely to face prejudice and disabling barriers to their inclusion in society. It notes that disabled children are particularly vulnerable to abuse and that potential indicators of abuse or neglect may prove difficult to disentangle from the effects of a child's impairment. A multi-disciplinary approach to assessment is emphasised, as is the importance of considering the safety of the different settings in a child's life. The guidance states that effective assessment must consider the direct impact of a child's impairment; any disabling barriers that the child faces and how to overcome such barriers.

Direct payments are cash payments in lieu of social care services which give greater choice and flexibility in how service users have their needs met. The **Carers and Disabled Children Act 2000** ([http://www.opsi.gov.uk/ACTS/acts2000/ukpga\\_20000016\\_en\\_1](http://www.opsi.gov.uk/ACTS/acts2000/ukpga_20000016_en_1)) extended direct payments to parents of disabled children and disabled 16 and 17 year olds. Subsequently Section 17 of The Children Act 1989 was amended by the **Health and Social Care Act 2001**

([http://www.opsi.gov.uk/Acts/acts2001/ukpga\\_20010015\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2001/ukpga_20010015_en_1)) making it mandatory for local authorities to offer the choice of direct payments following an assessment using the *Framework for the Assessment of Children in Need and their Families* (2000). A number of guidance documents refer to the fact that because direct payments are made under the Children Act 1989 they should safeguard and promote the welfare of children. These include:

**Direct Payments Guidance; Community Care, Services for Carers and children's services (Direct Payments) Guidance.** (Department of Health 2003)

([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4096246](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4096246)) and **Direct experience: A guide for councils on the Implementation of Direct Payments in Children's Services.** Carlin, J. and Lenehan, C. (2004) Council for Disabled Children.

([http://www.ncb.org.uk/Page.asp?originx831qz\\_38095559065671z57n1684035369](http://www.ncb.org.uk/Page.asp?originx831qz_38095559065671z57n1684035369))

## Safeguarding Disabled Children

Disabled children, like non-disabled children may be at risk of significant harm. Under Section 31 (9) of the Children Act 1989 as amended by the **Adoption and Children Act 2002** ([http://www.opsi.gov.uk/acts/acts2002/ukpga\\_20020038\\_en\\_1](http://www.opsi.gov.uk/acts/acts2002/ukpga_20020038_en_1)) 'harm' means ill treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill treatment of another; 'development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill treatment' includes sexual abuse and forms of ill treatment which are not physical. Under Section 31 (10) of the Children Act 1989, judgements about

significant harm rest on an assessment of a child's health and development compared with that expected of a similar child. Clearly in relation to a disabled child it can be challenging to distinguish between the impact of possible abuse and impairments.

***Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children*** (2006)

(<http://www.everychildmatters.gov.uk/socialcare/safeguarding/workingtogether/>) sets out the responsibilities of agencies to safeguard and promote the welfare of children. It has a specific section on the abuse of disabled children (Paragraphs 11.28 – 11.32) which highlights that disabled children may be especially vulnerable to abuse. *Working Together* makes clear that safeguards for disabled children are essentially the same as for non-disabled children and emphasises that particular attention should be paid to promote high standards of practice, a high level of awareness of the risks of harm and strengthening the capacity of children and families to help themselves. The guidance states that where there are concerns about the welfare of a disabled child they should be acted upon in accordance with the statutory guidance in chapter 5 of *Working Together*, in the same way as with any other child. Expertise in safeguarding and promoting the welfare of children and in disability has to be brought together to ensure disabled children receive the same protection from harm as other children. Direct communication with children, including disabled children is given high priority within *Working Together*.

*“Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings. In every area, children's social care and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice.”* (Paragraph 11.31)

In the statutory sections of *Working Together*, guidance is given about communicating specific concerns. The child should be seen within a timescale that is appropriate to the nature of concerns expressed at the time of the referral, according to the agreed plan (which may include seeing the child without his/her caregivers present). This includes observing and communicating with the child in a manner appropriate to their age and understanding. Local Authority children's social care is required by the Children Act 1989 (as amended by section 53 of the Children Act 2004) to ascertain the child's wishes and feelings about the provision of services and give them due consideration before determining what (if any) services to provide. Interviews with the child should be undertaken in 'the preferred language' of the child, which might mean their first language or their communication method or both. The guidance notes that for some disabled

children, interviews may require the use of non-verbal communication methods (Paragraph 5.40). It states that individuals should always be enabled to participate fully in the enquiry process and where a child is disabled it may be necessary to provide help with communication to enable the child to express themselves to the best of their ability (Paragraph 5.63). *Working Together* also makes clear that children may need time, and more than one opportunity, to develop sufficient trust to communicate any concerns they may have, especially if they have a communication impairment, learning disabilities, are very young or have mental health problems (Paragraph 5.64).

***Safeguarding children and safer recruitment in education*** (2006)

(<http://publications.teachernet.gov.uk/eOrderingDownload/Final%206836-SafeGuard.Chd%20bkmk.pdf>) is statutory guidance on implementing Section 175 of the **Education Act 2002** ([http://www.opsi.gov.uk/acts/acts2002/ukpga\\_20020032\\_en\\_1](http://www.opsi.gov.uk/acts/acts2002/ukpga_20020032_en_1)) which places a duty on schools, further education bodies and local education authorities to have arrangements in place for safeguarding and promoting the welfare of children and young people. The guidance highlights the importance of listening to children, particularly disabled children (Paragraph 12). The guidance also recognises that learning support assistants working with children with special educational needs and disabilities provide close support and may well become aware of indications of possible abuse or neglect. It is noted that extra care may be required to ensure signs of abuse and neglect are interpreted correctly and that any such suspicions should be reported in the same way as for non-disabled children. Section 157 of the guidance places similar responsibilities to safeguard and promote welfare on Independent Schools.

***What to do if you're worried a child is being abused: Practice Guidance*** (2006)

(<http://www.everychildmatters.gov.uk/resources-and-practice/IG00182/>) makes reference to the importance of adults communicating with disabled children in a way that is 'appropriate to their age, understanding and preference' (Paragraph 10.8) and points out that sometimes expertise in non-verbal communication may be required (Paragraph 16.3). It also emphasises that when a child protection conference concerning a disabled child is being convened, children's services managers should consider whether to invite a professional who has particular expertise in the child's impairment or long-term illness (Paragraph 44.2).

**The Safeguarding Vulnerable Groups Act 2006**

([http://www.opsi.gov.uk/acts/acts2006/ukpga\\_20060047\\_en\\_1](http://www.opsi.gov.uk/acts/acts2006/ukpga_20060047_en_1)) requires that those working or volunteering with children and vulnerable adults are registered with the Independent Safeguarding Authority (ISA). Once the registration scheme is fully implemented, it will not however be a statutory requirement for those employed under direct payments to register. However, those employing carers, through the use of direct payments, will have the opportunity to check whether a prospective carer is registered with the ISA and if they are not to question whether this is a suitable person to be employed as a carer.

**The Staying Safe Action Plan** (2008)

(<http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00151-2008&>) recognises the vulnerability of disabled children and proposes targeting support to help reduce risks of harm. It notes that professionals working with children may use the Common Assessment Framework to look at a child's additional needs and how these might be met. Contact Point will play an important role in ensuring that practitioners know who else is working with a child or young person. The Action Plan points out that these processes, often carried out in universal settings, can help to identify children who are more vulnerable to harm.

**The Criminal Justice System****The Youth Justice and Criminal Evidence Act 1999**

([http://www.opsi.gov.uk/Acts/acts1999/ukpga\\_19990023\\_en\\_1](http://www.opsi.gov.uk/Acts/acts1999/ukpga_19990023_en_1)) introduced special measures in relation to vulnerable and intimidated witnesses. Section 16 of the Act defines vulnerable witnesses as all child witnesses under 17 years and any witness whose quality of evidence is likely to be diminished because they suffer from a mental disorder; have a significant impairment of intelligence and social functioning (e.g. a learning disability); or have a physical disability or are suffering from a physical disorder.

The special measures available to vulnerable witnesses set out in the Act include:

- ◆ Screens to shield the witness from the defendant
- ◆ Live link allowing a witness to give evidence during a trial from outside the court through a televised link to the court room
- ◆ Evidence given in private without public and press in the court room
- ◆ Removal of wigs and gowns by judges and barristers
- ◆ Video-recorded interview with the vulnerable witness before the trial may be admitted by the court as the witness's evidence in chief.
- ◆ Video-recorded cross examination may be admissible instead of the witness being cross examined live at trial
- ◆ Approved Intermediaries to help a witness communicate with legal representatives and the court
- ◆ Aids to communication including communicators/ interpreters/ communication aids or techniques

From April 2008 the intermediary special measures have been rolled out nationally and are addressing some of the barriers that have existed for disabled children in the court setting.

**Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable and Intimidated Witnesses, Including Children** (2007)

(<http://www.homeoffice.gov.uk/documents/ach-bect-evidence/>) also known as the



ABE guidance, gives detailed guidance on planning and conducting interviews with children and vulnerable adults and includes a section on interviewing disabled children (Paragraph 2.202 – 2.222). The guidance makes clear that there should be no automatic exclusion from an interview at an initial stage as a result of age or disability (Paragraph 2.6). From April 2008, at the discretion of the Crown Prosecution Service, the involvement of an intermediary can be requested to facilitate and support a child's communication throughout the process. More information is available from **Who are intermediaries and what do they do.** (<http://www.homeoffice.gov.uk/documents/Intermediaries-guide-vulner.pdf?view=Binary>)

This guidance sets out the support for the witness, recording techniques, roles and who should be present, location, timing and duration of interviews. For disabled children the guidance makes clear that enough time should be allowed for planning and preparation, the interview should be tailored to the particular needs and circumstances of the child and information already available from existing assessments should be drawn upon. ABE stresses that account must be taken of the specific difficulties disabled children may have with new situations, with tiredness, medication and concepts such as time. It points out that the child's free narrative account may require additional facilitation and prompts and will not be possible with some disabled children such as those who rely on yes/no signalling or their communication aid restricts their vocabulary on certain topics. There is recognition that the questioning phase must ensure children are not asked confusing questions and with closed questions care is required to ensure the child is not inadvertently led.

### Frameworks and Policy Developments

**Every Child Matters: Change for Children** (2003)

(<http://www.everychildmatters.gov.uk/publications/>) sets out the government's aim for every child, whatever their background or their circumstances to have the support they need to

- ◆ Be healthy
- ◆ Stay safe
- ◆ Enjoy and achieve
- ◆ Make a positive contribution
- ◆ Achieve economic wellbeing

*Every Child Matters* aims to integrate services for children aged from 0 to 19 with agencies working together across professional boundaries to co-ordinate support around the needs of children and young people. Children's Trusts bring together all services for children and young people in an area, underpinned by the **Children Act 2004** ([http://www.opsi.gov.uk/Acts/acts2004/ukpga\\_20040031\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2004/ukpga_20040031_en_1)) duty to cooperate and to focus on improving outcomes for all children and young people.

**The Children Plan** (2007) (<http://www.dcsf.gov.uk/childrensplan/>) is the government's vision of how it intends to improve children and young people's lives over the next 13 years to 2020. It includes making a reality of the government's aspiration to make safeguarding children everyone's responsibility. The plan made a commitment to strengthen the way in which complaints about bullying are dealt with and to consider how to address bullying that takes place outside school. **The Children Plan One Year On** (2008) (<http://www.dcsf.gov.uk/childrensplan/>) updates on progress and the proposed actions to prevent and tackle bullying including requiring schools to record all incidents of bullying.

**The National Service Framework (NSF) for Children, Young People and Maternity Services** (2004)

([http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/DH\\_4089111](http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/DH_4089111)) requires all agencies to work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed. **Standard 8** of the NSF focuses on disabled children and notes that disabled children are more likely to experience abuse than non-disabled children and that children living away from home are particularly vulnerable. Standard 8 requires that Local Authorities, PCTs and NHS Trusts ensure that LSCBs have a system in place to ensure that all disabled children are safeguarded from emotional, physical and sexual abuse and neglect. The NSF requires interagency safeguarding children protocols to be comprehensive and notes that for disabled children this means:

**Safeguarding protocols include agreement in relation to:**

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

***Aiming High for Disabled Children*** (2007)

(<http://www.everychildmatters.gov.uk/socialcare/ahdc/>) is the Government's transformation programme for disabled children's services aiming to ensure all families with disabled children have the support they need to live ordinary lives as a matter of course. The programme has three priority areas: access and empowerment, responsive services and timely support and improving quality and capacity. Key to the transformation is the Core Offer – a set of standards, which families with disabled children can expect across the country from local services – and the disabled children's national indicator NI54.

Aiming High for Disabled Children incorporates additional funding streams in relation to short breaks, childcare, transition support and parent forums.

***The Short Breaks Implementation Guidance*** (2008)

(<http://www.everychildmatters.gov.uk/resources-and-practice/IG00319/>) states that in delivering the full service offer, all provider and commissioning bodies should be aware of the guidance on safeguarding set out in *Working Together to Safeguard Children*. It also provides an outcomes framework to illustrate the judgements that service commissioners need to consider to ensure that short breaks support disabled children to achieve the five Every Child Matters outcomes. In respect of Staying Safe the framework states (Annex A, p.37):

**Stay Safe**

Being safe from maltreatment, neglect, violence and sexual exploitation within a short break service means:

- ◆ That disabled children can recognise and have opportunities to talk about maltreatment and neglect
- ◆ That staff and carers are trained specifically in safeguarding disabled children and are given regular opportunities to update and refresh this training
- ◆ That services have robust safeguarding procedures to ensure that swift and appropriate action is taken to protect disabled children at the times that short break most usually occur, i.e. weekends
- ◆ That maltreated disabled children are subsequently protected
- ◆ That families of disabled children receiving short breaks are supported to work in partnership with the service provider concerning safeguarding and protection

**Continued >**

**Stay Safe (continued)**

Being safe from accidental injury/death means:

- ◆ That disabled children have the right medicine; that clinical procedures are safely administered and appropriate therapy and behaviour management is carried out by staff and carers who are trained and competent
- ◆ That the short break environment is appropriately adapted and the necessary equipment is in place
- ◆ That disabled children have accessible and safe transport to and from their short break service and whilst receiving it
- ◆ That disabled children have access to specialist health support whilst in their short break service

Being safe from bullying and discrimination means:

- ◆ That disabled children do not feel bullied or discriminated against whilst receiving the service

Having security, stability and appropriate care means:

- ◆ That disabled children do not have a multiplicity of carers whilst receiving the service
- ◆ That disabled children are cared for by the same staff members or carers who develop an understanding of the child's unique way of communicating.

**The Children and Young Persons Act 2008**

([http://www.opsi.gov.uk/acts/acts2008/ukpga\\_20080023\\_en\\_1](http://www.opsi.gov.uk/acts/acts2008/ukpga_20080023_en_1)) places a new duty on local authorities to provide short breaks services for disabled children and their families. The Act makes clear that breaks should not just be provided to those carers struggling to maintain their caring role, but also to those for whom a break would improve the quality of the care they can offer. The new duty is intended to come into force in April 2011.

**Disabled children living away from home**

Children may be accommodated by a local authority under several different provisions, or they may be subject to care orders or freeing for adoption orders. All such children are described as being 'looked after' by the local authority. Once children are looked after, the local authority must provide accommodation and maintenance for them and safeguard and promote their welfare in accordance with Section 22 of the **Children Act 1989**

([http://www.opsi.gov.uk/Acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/Acts/acts1989/Ukpga_19890041_en_1.htm)) and the associated regulations. The local authority has a duty to prepare a care plan, carry out regular reviews and to ensure that the child's wishes and feelings are ascertained.

Under section 118 of the **Adoption and Children Act 2002**

([http://www.opsi.gov.uk/acts/acts2002/ukpga\\_20020038\\_en\\_1](http://www.opsi.gov.uk/acts/acts2002/ukpga_20020038_en_1)), local authorities are required to appoint an Independent Reviewing Officer (IRO) to participate in and usually chair the reviews of the care plan for each child. **The Review of Children's Cases (Amendment) (England) Regulations 2004**

(<http://www.opsi.gov.uk/SI/si2004/20041419.htm>) along with statutory guidance imposes a duty on the IRO to ensure that a child's view is understood and taken into account. In the guidance relating to the **Children and Young Persons Act 2008** ([http://www.opsi.gov.uk/acts/acts2008/ukpga\\_20080023\\_en\\_1](http://www.opsi.gov.uk/acts/acts2008/ukpga_20080023_en_1)), it is anticipated that IROs will be given additional duties including ensuring that the local authority gives due consideration to any views expressed by the child. It is anticipated that guidance will also set out that IROs should have the skills or be able to access any specialist input necessary to elicit the views of children with communication impairments or complex needs. Disabled children whose parents receive a short break service which includes overnight stays are covered by the above regulations.

Some disabled children live away from home for up to 52 weeks in health and educational placements but do not have looked after status. If a disabled child is provided with accommodation for three months or more, the accommodating health or education services are required under section 85 the **Children Act 1989** ([http://www.opsi.gov.uk/Acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/Acts/acts1989/Ukpga_19890041_en_1.htm)) to notify the responsible local authority of the child's placement. The responsible authority is the authority within which the child was ordinarily resident prior to being accommodated. The local authority is then required to take such steps as are reasonably practicable to enable them to determine whether the child's welfare is adequately safeguarded and promoted while he is accommodated.

### **The Children and Young Persons Act 2008**

([http://www.opsi.gov.uk/acts/acts2008/ukpga\\_20080023\\_en\\_1](http://www.opsi.gov.uk/acts/acts2008/ukpga_20080023_en_1)) makes provisions to support family contact for children who are provided with accommodation under health or education legislation by amending Schedule 2, Part 1 of the Children Act 1989. This amendment creates a duty on local authorities to consider the welfare needs of disabled children in their area who are placed in education or health settings away from home, and then provide services to meet those needs. The duty makes clear the types of support local authorities should be providing to disabled children placed away from home.

## **Involving and listening to disabled children**

### **The Children Act 1989**

([http://www.opsi.gov.uk/Acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/Acts/acts1989/Ukpga_19890041_en_1.htm)) sets out clear duties to ensure that children and young people are able to participate actively in planning decisions that affect their lives. *The Children Act 1989: Guidance and Regulations, Volume 6: Children with Disabilities* states that disabled children have an equal entitlement to express their views and preferences.

*“If the 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. No assumptions should be made about ‘categories’ of children with disabilities who cannot share in decision making or give consent or refuse examination, assessment or treatment.”*

*(The Children Act 1989. Guidance and Regulations Vol 6: Children with Disabilities p 14 – 15)*

#### Section 53 of the **Children Act 2004**

([http://www.opsi.gov.uk/Acts/acts2004/ukpga\\_20040031\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2004/ukpga_20040031_en_1)) requires that before determining what services to provide or what action to take, the LA shall, so far as is reasonably practicable and consistent with the child’s welfare, ascertain the wishes and feelings of children in need and children at risk of significant harm about the provision of services or the action to be taken and give due consideration to wishes and feelings of the child (with regard to the child’s age and understanding).

#### **The Adoption and Children Act 2002**

([http://www.opsi.gov.uk/acts/acts2002/ukpga\\_20020038\\_en\\_1](http://www.opsi.gov.uk/acts/acts2002/ukpga_20020038_en_1)) recognised the crucial role of advocacy for children who wished to make a representation or complaint. Implemented in 2005 the **Get it Sorted** regulations (<http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=GIS+04&>) required local authorities to inform children about advocacy services at the point at which a complaint is about to be made. This guidance requires that advocates should be able to communicate effectively in a way the child is happy with.

#### **The School Standards and Framework Act 1998**

([http://www.opsi.gov.uk/Acts/acts1998/ukpga\\_19980031\\_en\\_1](http://www.opsi.gov.uk/Acts/acts1998/ukpga_19980031_en_1)) and the **Education Act 2002** ([http://www.opsi.gov.uk/acts/acts2002/ukpga\\_20020032\\_en\\_1](http://www.opsi.gov.uk/acts/acts2002/ukpga_20020032_en_1)) place legal obligations on schools to promote and safeguard the welfare of children and to prevent bullying. Guidance for schools **Bullying Involving Children with Special Educational Needs and Disabilities. Safe to learn: Embedding Anti Bullying Work in Schools** (2008) ([http://www.teachernet.gov.uk/\\_doc/12626/7655-dcfs-anti-bullying.pdf](http://www.teachernet.gov.uk/_doc/12626/7655-dcfs-anti-bullying.pdf)) on how to tackle bullying of disabled children was published by the DCSF.

### **Sex and relationship education**

#### **The Sex and Relationship Education Guidance** (2000)

(<http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0116-2000%20SRE.pdf>) points out that mainstream schools and special schools have a duty to ensure that children with special educational needs and

learning disabilities are properly included in sex and relationship education. In addition it makes clear that all staff including ancillary staff, physiotherapists, nurses and carers as well as teachers should follow the school's sex and relationship education policy when working with pupils with special educational needs and learning disabilities. ***The Review of Sex and Relationship Education in Schools*** (2008) ([http://www.teachernet.gov.uk/\\_doc/13030/SRE%20final.pdf](http://www.teachernet.gov.uk/_doc/13030/SRE%20final.pdf)) recommended that PSHE should become mandatory for Key Stages 1-4. The Government accepted this proposal and agreed to undertake a further review to consider how to turn the decision that PSHE should have statutory status into a practicable way forward.

# Appendix 2

## Resources to facilitate the safeguarding and promoting the welfare of disabled children and young people

**Safeguarding and promoting the welfare of all children has at its heart effective communication with children. This is no different for disabled children. There are a number of imperatives to maximise disabled children's opportunities to communicate which are summarised below. These are important for all disabled children and particularly for those with speech, language and communication needs, including deaf children and those who use non-verbal means of communication. This appendix / fact sheet also provides details of useful resources to facilitate communicating with disabled children and improve the resources which promote the safety and wellbeing of disabled children.**

### A recognition of all children's right to communicate

The right for all children to communicate is underpinned by The Human Rights Act 1998 and should be enshrined into the core values of all agencies working with children. Legislation requires that the wishes and feelings of children are ascertained and given due consideration when making decisions about providing services to meet a child's needs under sections 17, 20 and 47 of the Children Act 1989 as amended by section 53 in the Children Act 2004. (For more information see Appendix 1). This means that assessments and care plans should take into account a child's preferences and views, and applies to all children including those who have communication or cognitive impairments.

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

Disabled children have different speech and language and communication needs and may use a range of communication systems. These include for example British Sign Language, symbols or hand gestures such as Makaton and Rebus, Sign supported English, Fingerspelling and augmented communication systems. The resources section includes further details of these and other communication methods. Some children will have very limited communication with only a sign or word or movement that indicates yes and another indicating no. This does not mean that the child cannot understand or is not able to communicate what has happened to them.



It is essential that all those working with disabled children are supported to acquire the necessary skills to communicate with the children they are working with. However no one person can be an expert in all the different types of communication and it is therefore essential that those carrying out assessments, section 47 enquiries and criminal investigations are aware of the range of different communication methods and know where to seek specialist advice and help.

### **Awareness of the barriers to communication commonly experienced by disabled children**

Disabled children experience the same barriers to communication as non – disabled children such as the failure of adults to listen to them properly; a fear that they won't be believed or of the consequences if they are. As detailed in Section 2 disabled children experience additional barriers that directly impact on safeguarding processes:

- ◆ Judgments being made about a child's ability to communicate which are not based on accurate information and specialist advice, and non-verbal means of communication not recognised as valid
- ◆ Child's preferred method of communication not recognised and/or equipment or facilitation not being available
- ◆ Augmentative communication systems not containing the words necessary to describe an experience of abuse or neglect
- ◆ Assessments, enquiries and investigations not allowing enough time to enable the child's experience to be obtained in a full and accurate manner
- ◆ Independent interpreters/facilitators familiar with the child's method of communication not being available.

### **Specific actions to enable and support communication**

It is important that the communication needs of individual children are responded to quickly and appropriately within any assessment or enquiry. Actions to be taken include:

- ◆ Providing training in communication skills and methods
- ◆ Recognising that more time will be required and building this into allocations of work
- ◆ Making available to all staff up to date information about specialist advice, resources, experts, interpreters and facilitators and the funding to access these
- ◆ Taking full advantage of the measures made possible by the implementation of *Achieving Best Evidence* including intermediaries
- ◆ Ensuring disabled children with communication support needs can access complaints procedures, help lines and advocacy services.

## Useful Resources

### Websites containing information about resources to support communication with disabled children including:

[www.everychildmatters.gov.uk/socialcare/integratedchildrenssystem/resources/](http://www.everychildmatters.gov.uk/socialcare/integratedchildrenssystem/resources/) contains information about 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.

[www.disabilitytoolkit.org.uk](http://www.disabilitytoolkit.org.uk) designed by practitioners at The Children's Society, this is a one-stop information hub, providing essential resources, information and support that are required by professionals to support disabled children in decision-making and participation activities. This website is fully interactive and encourages users to share their resources, practice and ideas using the upload facility. Currently the database contains information on 45 resources reviewed by practitioners and 17 examples of good practice.

[www.ace-centre.org.uk](http://www.ace-centre.org.uk) provides support and advice in relation to children and young people with complex physical and communication impairments. The website offers information about assessments, communication technology and other methods of communication and the training available for the people supporting children to communicate.

[www.talkingpoint.org.uk](http://www.talkingpoint.org.uk) I CAN runs a website called *Talking Point*. This provides a wide range of information about speech, language and communication. The site is for parents and professionals who help children with speech, language and communication needs and includes speech and language information, a glossary, a directory of resources, news, case studies, discussion groups, ask-the-panels write ups and frequently asked questions.

[www.callcentre.education.ed.ac.uk/](http://www.callcentre.education.ed.ac.uk/) provides a wide range of information guidance and resources on how Information Technology can assist disabled children including many free resources about Augmentative and Alternative Communication.

<http://hbr.nya.org.uk/> The *Hear by Right* website provides ready access to a range of resources aimed at improving participation for all young people. Many of these resources can be used with no little or no adaptation for disabled children and young people depending on the nature of their impairment. Of particular interest is the standards framework, which has been used to assess the quality of young people's participation across the range of statutory and voluntary organisations.

**The Speech Language and Communication Framework** developed by The Communication Trust is a comprehensive framework of speech, language and communication skills and knowledge needed by anyone who works with children and young people. It is available to download and can be used as an interactive online tool at [www.communicationhelppoint.org.uk](http://www.communicationhelppoint.org.uk). Practitioners and managers can complete an on line evaluation of current skills and knowledge and identify competencies. The website links to training and resources that will support these competencies. Available to download from:  
<http://www.ican.org.uk/Communication%20Trust/Downloads.aspx>

**Communication, involvement and participation resources (listed in alphabetical order)**

**A Lot to Say** written by Jenny Morris and published by SCOPE is a guide for social workers, personal advisors and others working with disabled children and young people with communication impairments. Available to download from [www.scope.org.uk/downloads/action/publications/lotsay.pdf](http://www.scope.org.uk/downloads/action/publications/lotsay.pdf)

**How it is** consists of an image vocabulary for children about feelings, rights and safety, personal care and sexuality. The vocabulary comprises 380 images that are designed to be used as a flexible resource to support children to communicate about their feelings, bodies, rights and basic needs. The pack includes a booklet and CD ROM. More information is available from [www.howitis.org.uk](http://www.howitis.org.uk)  
Available to purchase from: NSPCC Publications and Information Unit, NSPCC, 42 Curtain Road, London EC2A 3NH. Tel: 020 7825 2775. Email [infounit@nspcc.org.uk](mailto:infounit@nspcc.org.uk).

**How to use easy words and pictures** produced by the Disability Rights Commission is an Easy Read guide that describes what Easy Read is and why it is needed and used. There is useful advice about how using the right words and pictures makes information easier to understand. Available to download from <http://www.equalityhumanrights.com/en/publicationsandresources/Pages/HowtouseEasyWordsandPictures.aspx>

**How to involve children and young people with communication impairments in decision-making** is one of the series of 'How to' guides from Participation Works. It covers what is meant by communication impairment, barriers to communication, creating the right culture, accessible information, getting to know children and young people, practical suggestions and additional resources. Available to download from: [www.participationworks.org.uk](http://www.participationworks.org.uk)

**I'll Go First** newly updated planning and review toolkit designed by with and for disabled children to enable them to communicate their wishes and feelings. The pack includes a series of colourful, hardwearing boards for children to complete with illustrations and electrostatic stickers and topics including keeping safe, review meetings and healthy living. A CD ROM version with a range of drag and drop objects, activities, people and feelings allows children to create their own

online record of their views, wishes and feelings. Available to purchase from:  
The Children's Society PACT Project Tel: 01904639056 or email:  
[pact-yorkshire@childrenssociety.org.uk](mailto:pact-yorkshire@childrenssociety.org.uk)

**In My Shoes** is a computer package that helps children and adults with learning disabilities communicate their views, wishes and feelings as well as potentially distressing experiences. It has been used in a wide range of circumstances, including with children who may have been abused and has been used successfully in interviewing vulnerable adults. Further information from <http://www.inmyshoes.org.uk/index.html>

**Listen Up** produced by Mencap, is a toolkit of multi-media resources to help children and young people with a learning disability complain about the services they use. Available free from Mencap publications, 123 Golden Lane London EC1Y 0RT Tel: 020 7454 0454.

**My Life, My Decisions, My Choice** is a set of resources to aid and facilitate decision-making including a poster, set of laminated ring bound cards and a guide for professionals. The resources, produced by The Children's Society were designed with disabled young people and are aimed at young people, and the professionals that work with them. Available free to download from: <http://sites.childrenssociety.org.uk/disabilitytoolkit/about/resources.aspx> or in hard copy format from The Disability Advocacy Project Telephone 020 7613 2886.

**Personal Communication Passports** are a resource outlining the key principles of making and using communication passports as a way of documenting and presenting information about disabled children and young people who cannot easily speak for themselves. Available from [www.callcentre.education.ed.ac.uk/](http://www.callcentre.education.ed.ac.uk/) where the resources can be explored online before purchasing. Tel: 0131 651 6236. A website to specifically address questions about planning, creating and using passports can be accessed at [www.communicationpassports.org.uk](http://www.communicationpassports.org.uk)

**Talking Mats** is a low tech communication framework involving sets of symbols. It is now an established communication tool, which uses a mat with pictures/ symbols attached as the basis for communication. It is designed to help people with communication difficulties to think about issues discussed with them, and provide them with a way to effectively express their opinions. Talking Mats can help people arrive at a decision by providing a structure where information is presented in small chunks supported by symbols. It gives people time and space to think about information, work out what it means and say what they feel in a visual way that can be easily recorded. Available from Talking Mats Telephone 01786 467645 Email [info@talkingmats.com](mailto:info@talkingmats.com). More information <http://www.talkingmats.com/>

**Ten Top Tips for Participation What disabled young people want.** This poster is written in words used by young people and gives advice about how to ensure

disabled children and young people have a say in decisions, which affect their lives. Available as free download from:

[http://www.ncb.org.uk/Page.asp?originx\\_666ui\\_67604737284116e48a\\_200835330g](http://www.ncb.org.uk/Page.asp?originx_666ui_67604737284116e48a_200835330g)

**Two Way Street: Communicating with Disabled Children and Young People** is a training video and handbook about communicating with disabled children and young people. The video is aimed at all professionals whose role includes communicating with children and was developed in consultation with disabled children and young people. The handbook (also available separately) gives further information and guidance plus details of the main communication systems in current use in the UK and annotated references to good practice publications. Available to purchase from: [www.triangle-services.co.uk](http://www.triangle-services.co.uk)  
Tel: 01273413141. More information available from  
<http://www.triangle-services.co.uk/index.php?page=publications>

### **Resources promoting sex and relationship education and personal safety skills:**

**Protecting you from sexual abuse** is a booklet about sexual abuse and the law for young people under 16 years old with a learning disability. Developed by The Home Office and in conjunction with The Downs Syndrome Association, Mencap and Respond the booklet in easy to read format provides information about sexual abuse so that young people can protect themselves and get help if they need it. Available free to download from [www.voiceuk.org.uk](http://www.voiceuk.org.uk)

**Safe: personal safety skills for deaf children** is a group work programme on DVD ROM designed to help give deaf children the knowledge, awareness and language they need to stay safe and make better informed life choices. The DVD ROM and practice guide includes sessions on feelings, relationships, differences, bullying, growing up (including sex education), how to seek help, safety and internet and mobile phone safety. Available to purchase from NSPCC publications Tel 0207825 7422 or email [publications@nspcc.org.uk](mailto:publications@nspcc.org.uk)

**Supporting Victims and Jenny Speaks Out** are books in the Books Beyond Words series developed by The Royal College of Psychiatrists, St George's University of London and Voice UK. Each of the books in this series tells a story through colour pictures that include mime and body language to communicate simple explicit messages. *Supporting Victims* is designed for people with learning disabilities and their supporters to understand what will happen when they go to court. It tells the story of Polly who is the victim of an assault. The man she accused is arrested and she is asked to be a witness at his trial. The books shows how the police help Polly to choose the special measures she need to give evidence in court. *Jenny Speaks Out* is about a disclosure of sexual abuse and shows how the warmth and trust of a carer and friends help Jenny to begin a healing process and a fresh start in her life. Available to purchase from [www.voiceuk.org.uk](http://www.voiceuk.org.uk)

***The Talking Together Series, It's my Right posters and All about Us CD ROM***

form a suite of resources produced by the FPA for parents and staff working with disabled children and disabled young people themselves. Available from <http://www.fpa.org.uk/Shop/Learningdisabilitiespublications>

***Living your Life*** developed by The Shepherd School in Nottingham is a sexuality and relationships education resource aimed at students with special educational needs aged 13 and above. It includes a workbook and photocopiable worksheets to help teachers design, deliver and evaluate a programme of SRE. Available to purchase from Brook [http://www.brook.org.uk/content/M8\\_1\\_sexrelationships.asp](http://www.brook.org.uk/content/M8_1_sexrelationships.asp) The Shepherd School have also put together a list of useful resources which can be found at <http://www.shepherdschool.org.uk/frames/school/projects/sared-resources.html>

***Young Disabled People can...*** Is a set of posters and booklet which explore the themes of relationships, sexual orientation, becoming a parent, contraception, sexually transmitted infections and access to sexual health services from the point of view of disabled young people. Available to purchase from Brook [http://www.brook.org.uk/content/M8\\_1\\_sexrelationships.asp](http://www.brook.org.uk/content/M8_1_sexrelationships.asp)

***The Sex Education Forum*** run by The National Children's Bureau aims to ensure the entitlement of all children and young people to SRE in a variety of settings. It provides a wide range of resources including a factsheet on sex and relationship education for disabled children and a useful list of resources.

Available to download from [http://www.ncb.org.uk/Page.asp?originx\\_7687bj\\_34006392250011p99w\\_20061023242n](http://www.ncb.org.uk/Page.asp?originx_7687bj_34006392250011p99w_20061023242n)

***In Abuse and Children who are Disabled: Training and Resource Pack (The ABCD Pack)*** available from Triangle [www.triangle-services.co.uk](http://www.triangle-services.co.uk), Marchant suggests considering the following questions when adapting Sex and Relationship Education materials for use with disabled children.

- ◆ Why might this message be confusing for a disabled child?
- ◆ What kind of safety code would make sense for the individual child?
- ◆ How could the materials be made more inclusive?
- ◆ Are disabled children included in the text and illustrations? Are they represented positively?
- ◆ Is the material itself accessible? How complex is the language? Are signs and symbols used? Is the material available in Braille, audio, large print, video or sub-titling?
- ◆ Does the message make sense for disabled children? Does it rely on abilities that the child has? Does it talk about experiences they are familiar with? Does it tackle all forms of infringements of disabled children's rights? Does it confuse issues of intimate care? Can the advice be acted upon? Does it address issues of race, culture and disability?

**Becta** have produced guidance to assist LSCBs to develop local e-safety strategies. For more information:

<http://localauthorities.becta.org.uk/index.php?section=esf>

**The National Education Network** has an online resource with links to national and international resources to use to develop e-safety policy and procedures for organizations. It also contains teaching resources and advice for children and parents/carers. For more information: [http://www.nen.gov.uk/hot\\_topic](http://www.nen.gov.uk/hot_topic)

**The FPA (Family Planning Association)** provides training in sexuality, sexual health and relationships for staff working with disabled people, including young people. In addition the FPA's Speakeasy programme offers parents and carers the opportunity to acquire the skills and confidence they need to talk to their children about sex and sexuality. It is locally organized and can link with educational, community and/ or health provisions in a particular area.

For more information :

<http://www.fpa.org.uk/Inthecommunity/Professionalswhoworkwithdisabledpeople>

<http://www.fpa.org.uk/Inthecommunity/Speakeasy>

**Training resources** are detailed in Appendix 3

### **Advice and information lines focused on safeguarding of disabled children and services supporting disabled children who are victims of abuse**

**Ann Craft Trust** offers advice on issues relating to the protection of vulnerable children and adults. Provides advice for professionals, parents, carers and other family members on general issues and specific cases. Contact 0115 951 5400 or for more information <http://www.anncrafttrust.org/Advice.html>

**NSPCC Child Protection BSL Helpline** for deaf or hard of hearing people who are worried about a child or need advice provides access to high quality BSL interpreters within minutes. Contact via ISDN videophone on 02084631148 or online via IP videophone or web cam to [nspcc.signvideo.tv](http://nspcc.signvideo.tv)

**Respond** provide a telephone helpline for young people and adults with learning disabilities who are being abused or who are worried about abuse. The service is also available for parents, carers and professionals. Contact the free help line number 0808 808 0700

**Triangle** provide consultancy working alongside those conducting child protection investigations, including 'facilitated interviews' and supporting the prevention and investigation of institutional abuse and the development of safer practice. Contact: Triangle [www.triangle-services.co.uk](http://www.triangle-services.co.uk) Tel: 01273413141

**Voice UK** gives support, information and advice for disabled young victims and witnesses of crime and abuse, their families and carers and professionals. Contact the free help line number 0845 122 8695 or email [helpline@voiceuk.org.uk](mailto:helpline@voiceuk.org.uk)

# Appendix 3

## Training and Continuous Professional Development to support the safeguarding and promoting the welfare of disabled children and young people

**Good training and programmes of continuing professional development are key to the effective safeguarding and promoting the welfare of disabled children whatever the organisational structure and responsibilities. There is also a need for specialist training that focuses specifically on safeguarding issues and disabled children.**

*Working Together to Safeguard Children* (2006) gives Local Safeguarding Children Boards a statutory responsibility to develop policies for safeguarding and promoting the welfare of children in relation to the training of all those working with children or in services that affect the safety and welfare of children. LSCBs should contribute to and work within the framework of the local workforce strategy. They should manage the identification of training needs and use this information to inform the planning and commissioning of training (Paragraphs 4.8 and 4.9).

As set out in section 3 a comprehensive training strategy should include the following elements:

- ◆ Issues relating to disabled children including their vulnerability to abuse included in basic safeguarding training across multi-disciplinary settings. This includes “frontline staff” and managers in universal services – for example children’s centre staff.
- ◆ Interagency specialist training relating to safeguarding disabled children
- ◆ Training on using the *Assessment of Children in Need* and their Families with disabled children.
- ◆ The needs and experiences of disabled children to be addressed in workshops or seminars on specific safeguarding issues
- ◆ The local Workforce Strategy to incorporate training in communication skills and methods as well as disability equality and deaf awareness training for staff across the children’s workforce.
- ◆ The establishment of agreed standards as to the content of safeguarding courses, including specialist training.
- ◆ The establishment of training pathways for all staff involved in safeguarding children, which ensure staff are not allocated cases involving disabled children until they have received appropriate training.



- ◆ The diversity, culture, religion and ethnicity of disabled children and their families to be incorporated into all safeguarding training.

### **The importance of disability equality and deaf awareness training**

Disability equality training helps people see disability as an equality and diversity issue. It assists those involved in safeguarding children to understand the barriers that disabled children face and to distinguish between a child's impairment or illness and the things, external to the child which create barriers to their safety, welfare, quality of life and the opportunities available to them. These can include negative attitudes and discrimination as well as social, economic and environmental barriers.

Disability equality training is relevant to all service providers, and is particularly helpful in enabling them to fulfil their duties under the Disability Discrimination legislation (For more information see Appendix 1).

Disability equality and deaf awareness training will assist staff to make the cultural shift from saying things like:

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

to

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

Or:

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

to

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

### **Core elements when commissioning training concerning safeguarding disabled children**

Some LSCBs have developed pools of trainers to deliver training on the safeguarding of disabled children, inputting into basic training and running specialist training. Some of the most successful models combine trainers with a background in safeguarding with those whose expertise is working with disabled children.

The following four core elements should be incorporated into training concerning safeguarding disabled children:

- ◆ 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.

Whilst this practice guidance cannot recommend individual trainers or consultants, the following are examples of a number of relevant national training resources and courses.

### Training Resources

**The ABCD Pack: Abuse and Children who are Disabled: Training and Resource pack** aims to: raise awareness of child abuse and disability, prevent the abuse of disabled children, investigate and assess possible abuse, empower and support abused and disabled children and Identify the implications of this work for managers.

The pack has 4 modules:

- ◆ Foundation and Awareness
- ◆ Prevention
- ◆ Investigation and Assessment
- ◆ Survival

Available to purchase from: NSPCC Training and Consultancy, 3 Gilmour Close, Leicester LE4 1EZ. Tel 0116 2347225 More information: [http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/ABCD\\_wda63729.html](http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/ABCD_wda63729.html)

**Safeguarding children: a shared responsibility.** This is a training pack for anyone whose work brings them into contact with children and families. It was commissioned by the Department for Children, Schools and Families to support What to do if you're worried a child is being abused (HM Government, 2006) (<http://www.everychildmatters.gov.uk/resources-and-practice/IG00182/>).

The full resource contains training materials for a wide range of audiences, a reader and a DVD. An easy-to-use CD-ROM enables trainers to select materials relevant to their particular audiences. The materials draw on the expertise and views of a wide range of people including children and young people, practitioners and representatives from the fields of health, social care, education and criminal justice.

This resource will enable those whose work brings them into contact with children and families to:

- ◆ understand what to do when they have a concern about a child's welfare
- ◆ know how to work as part of a multi-agency or multi-disciplinary team
- ◆ be clear about roles and responsibilities
- ◆ understand statutory requirements and how to apply them.

The resource was produced by the NSPCC in partnership with the Family Rights Group, North Lincolnshire Council, Oxfordshire Area Child Protection Committee, PIAT (Promoting Inter-Agency Training), Royal Holloway University of London and the Children's Rights Alliance for England. Available to purchase from: NSPCC

Training and Consultancy, 3 Gilmour Close, Leicester LE4 1EZ. Tel 0116 2347225  
More information: [http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/safeguardingchildrenasharedresponsibility\\_wda47874.html](http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/safeguardingchildrenasharedresponsibility_wda47874.html)

### Training Courses

**Safeguarding disabled children:** Two day open access course run by NSPCC. Aims to develop confidence and knowledge in connection with safeguarding disabled children and promoting their welfare. Explores categories of abuse and the impact on disabled children, the specific vulnerabilities of disabled children and their safeguarding needs, the difficulties faced by some children when needing to communicate what they are experiencing, different safeguarding roles and responsibilities and how to help to protect disabled children more effectively. Contact: NSPCC Training [www.nspcc.org.uk/Inform/trainingandconsultancy](http://www.nspcc.org.uk/Inform/trainingandconsultancy) Tel 0116 234 7225 Email: [training@nspcc.org.uk](mailto:training@nspcc.org.uk)

**Keeping disabled children safe:** One day open access course run by The National Childrens Bureau. Aims to raise awareness of and develop strategies for safeguarding disabled children. Explores factors that make disabled children more vulnerable to harm, an understanding of safe practice in the provision of intimate care, strategies that professionals can use to minimize the vulnerability of disabled children and includes developing an action plan to change local practice. Contact: NCB Training on 020 7843 6084 or [training@ncb.org.uk](mailto:training@ncb.org.uk)

**Safeguarding disabled children:** A one day multi-agency awareness and skills course developed by The City of York Safeguarding Children Board in partnership with The Children's Society. Aims to enhance skills and knowledge in communicating with children with additional needs, identify vulnerability and abuse associated with physical and learning disability and sensory impairment and intervening appropriately to safeguard and promote the welfare of disabled children and young people. Contact: The Children's Society PACT Project Tel 01904 639056 Email [pact-consultancy@childrenssociety.org.uk](mailto:pact-consultancy@childrenssociety.org.uk)

**Introduction to safeguarding and protecting disabled children and young people:** Delivered by Barnardo's this course aims to develop knowledge, skills and awareness of issues in relation to the abuse of disabled children and young people and to promote safe and effective practices. Contact: Sam Morey, Barnardo's, Tanner lane, Barkingside, Essex IG6 1QG Email: [samantha.morey@barnardos.org.uk](mailto:samantha.morey@barnardos.org.uk) Tel: 020 8498 7085

**Safeguarding disabled children and young people who are supported in foster care (short & long term care):** Delivered by Barnardo's this programme is run over two days to accommodate Foster Carer, Contract Carer and Short Break Carer's responsibilities. It aims to provide an opportunity for carers to come together to explore issues of disability and the abuse of disabled children. Contact: Sam Morey, Barnardo's, Tanner lane, Barkingside, Essex IG6 1QG Email: [samantha.morey@barnardos.org.uk](mailto:samantha.morey@barnardos.org.uk) Tel: 020 8498 7085

**Safeguarding Disabled Children:** One and Two day courses delivered by the Ann Craft Trust. The courses look at the specific vulnerabilities of disabled children and aim to raise awareness, develop knowledge and help practitioners to improve their skills in undertaking assessments of disabled children. Contact 0115 951 5400 or for more information <http://www.anncrafttrust.org>

**Communicating with disabled children and young people:** A two day course with half day follow up, accredited through the National Open College Network run by The Children's Society. Aims to promote meaningful communication and equip workers with base line skills to communicate with disabled children. Explores the communication process, how to make communication meaningful in decision making processes , offers familiarity with a range of communication materials and planning effective action plans to ascertain the views of a disabled child or young person. Contact: The Children's Society PACT Project Tel 01904 639056 Email [pact-consultancy@childrenssociety.org.uk](mailto:pact-consultancy@childrenssociety.org.uk)

**Introduction to Communication and Consultation:** Two day open access course run by Triangle. Aims to increase competence and confidence in consulting with disabled children about their views, wishes and feelings. Introduces participants to different approaches to communication. Contact: Triangle [www.triangle-services.co.uk](http://www.triangle-services.co.uk) Tel: 01273413141 Email: [info@triangle-services.co.uk](mailto:info@triangle-services.co.uk)

**Advanced Communication and Consultation:** Two day open access course run by Triangle. Aims to further develop skills in consulting with disabled children and apply these skills and approaches in different contexts. Contact: Triangle [www.triangle-services.co.uk](http://www.triangle-services.co.uk) Tel: 01273413141 Email: [info@triangle-services.co.uk](mailto:info@triangle-services.co.uk)

**Sex and relationships education for young people with physical impairments:** Two day course run by the Family Planning Association aiming to to raise participants' confidence and skills in addressing sex and relationships issues with young people with physical impairments. Contact Helen Shipley, Tel: 0845 122 8661, Email: [helens@fpa.org.uk](mailto:helens@fpa.org.uk)



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