Redbridge Local Safeguarding Children Board

Redbridge Local Safeguarding Children Board (LSCB)

CHILDREN WITH A DISABILITY (CWD) PROTOCOL

APRIL 2015

Executive Summary

The Ofsted Thematic Report on protecting disabled children, published on 22 August 2012, acknowledged that there is lack of clarity and possible under recognition of abuse of children who are disabled.

It is an overview of work undertaken in 12 authorities looking at over 170 cases of disabled children known to a variety of agencies. The report identifies a mixed picture of practice and strategic understanding of the work in relation to safeguarding disabled children. In its recommendations the report starts to develop a model of excellence in relation to safeguarding disabled children. It seeks to challenge all agencies to evaluate their performance in relation to both the way in which safeguarding disabled children is seen as a strategic priority and how this is developed in everyday practice. This protocol is a contribution to that work. It seeks to identify a number of practice issues that would ensure that practitioners are more likely to be able to both identify and respond appropriately to safeguarding issues for disabled children in a timely manner. The first tier of safeguarding is will always be around supporting appropriate styles of parenting for disabled children, providing high quality specialist services and making sure that people know when and where to refer to if they suspect a child is at risk in any way.

The protocol defines the wide range of children and young people who may be regarded as having some form of disability. It outlines the reasons why children with disabilities may be more vulnerable to abuse. The protocol informs how abuse may be identified, the importance of communication with children, and if concerns are identified, what action should be taken.

1. Introduction

Research tells us that disabled children are at increased risk of abuse yet we know from our many years experience of child protection work with disabled children that they are often not given the protection they need. Disabled children are entitled to the same levels of protection and assessments of their needs as any child.

- First and foremost a child with disability is a child. This acknowledgement is essential for recognising the possibility of abuse in children with disabilities.

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

- It is important to recognise that identifying safeguarding concerns for disabled children can be difficult as a child may have additional behavioural issues that have similar characteristics to signs of abuse.

- Safeguarding strategies and activity should therefore acknowledge and address both disabled children's human right to be safe and protected from harm, and the additional action that has to be taken in order for disabled children to access this common human right. The specific needs and circumstances of disabled children should be addressed at all stages of the safeguarding process.

Alongside this protocol, reference should be made to the London Child Protection Procedures, Part B, Practice Guidance, Chapter 1, Children with Disabilities.

2. The role of the Local Safeguarding Children Board (LSCB) in relation to this protocol

The objective of the Local Safeguarding Children's Board (LSCB) is to co-ordinate the work of all relevant organisations to safeguard and promote the welfare of children in Redbridge, and to ensure the effectiveness of that work. As part of this work the LSCB acknowledges that disabled children are more vulnerable than non-disabled children.

The Safeguarding Board will be regularly updated in line with service development and new guidance. The LSCB will also receive regular reports on the extent of safeguarding activity in relation to disabled children in an effort to improve local understanding of the extent and nature of the safeguarding needs of disabled children and to ensure that all partner agencies are clear as to the contribution required of them for this work to be effective.

3. Disability

For the purpose of this protocol "disability" will include children with profound, severe, moderate or mild needs in the following areas:

- Learning disability
- Communication difficulties (including autistic spectrum disorder)
- Physical disability and/or medical conditions
- Sensory impairment

This list is not exhaustive and the protocol will apply to any child with an increased vulnerability whether this is temporary or permanent. It should also be recognised that a disabled child may have additional behavioural problems, linked to their disability. Behavioural issues may make it difficult to identify safeguarding concerns as a child may exhibit similar characteristics for both.

4. Vulnerability

A disabled child is as or more vulnerable to physical, emotional or sexual abuse or neglect as any other child, though the following factors may raise the level of risk:

- Physical dependency with consequent inability to protect themselves from abuse.
- Professionals may be reluctant to believe anyone can harm a child with a disability and find it hard to challenge carers.
- Professionals may feel overwhelmed by the child's needs and by the sheer hard work carers face and find it difficult to challenge carers.
- An increased likelihood that the child is socially isolated.
- Parents may find it hard to challenge professionals/carers who are providing a service for their child.
- Disabled children are more likely to spend time away from their families than non-disabled children, in short-break services, residential schools and so on;
- Lack of access to "keep safe" strategies available to others.
- A need for practical assistance in daily living, including intimate care from a number of carers from different organisations, which may also lead the child to confuse "good" and "bad" touching.
- A lack of continuity in care leading to an increased risk that behavioural change may go unnoticed.
- Lack of understanding of a child's communication.
- Carers and staff lacking the ability to communicate adequately with the child.
- Difficulties for professionals re eliciting information, wishes and feelings from a child with disability which may hinder disclosure.
- Children with disabilities may be more vulnerable to abuse due to sustained pressure on families.
- Parents'/carers' own needs and ways of coping may conflict with the needs of the child.
- Behaviour and/or physical symptoms may be seen as related to disability rather than abuse.
- Some sex offenders may target disabled children in the belief that they are less likely to be detected.
- Some disabled children may not understand that what is happening to them would be considered abuse and therefore do not disclose.

5. Examples of Abuse

In addition to the universal indicators of abuse/neglect, the following abusive behaviours should be considered by managers and practitioners undertaking assessments and reviewing work with disabled children and their families:

- Inappropriate feeding. (Too much, too little, too late).
- Rough handling, for example unjustified or excessive physical restraint not carried out in accordance with good practise guidelines.

- Extreme behaviour modification including the deprivation of liquid, medication, food, clothing or socialisation.
- Not following appropriate behavioural guidance. This may place the child at risk e.g. managing self-injurious behaviour.
- Failure to respond to the developmental needs of the child (including sexual development).
- Misuse of medication, including sedation.
- Failure to follow essential medical regimes.
- The inappropriate use of invasive procedures.
- Misapplication of programmes or regimes.
- Ill fitting equipment e.g. callipers, sleep board which may cause injury or pain, inappropriate splinting.
- Not using or learning the child's preferred method of communication.

6. Communications with the Child

The right of us all to communicate – children and adults, disabled and non-disabled – is underpinned by the Human Rights Act 1998. It is essential to understand that all children with disabilities communicate, but when a child has a disability the following factors need to be taken into account:

- Where a child is unable to tell someone of her/his abuse she/he may convey anxiety or distress in some way, e.g. behaviour changes or increase in symptoms and carers and staff must be alert to this.
- Children with disabilities will find it easier to communicate given appropriate resources, support and the presence of someone who knows them well; this may take time and require appropriate levels of training and support.
- Workers must familiarise themselves with the child's method of communication or use a facilitator known to the child.
- No assumptions should be made about 'categories' of children with disabilities who cannot share in decision – making or give consent to or refuse examination, assessment or treatment.

7. Raising concerns if you feel a disabled child is displaying abusive behaviour towards others.

Disabled children may not be aware that the effect of their behaviours on other children could be considered to be abusive. It is often the siblings of disabled children that could be classed as suffering from abuse as a result of the disabled child's behaviour. This could be as a result of excessive physical aggression or a young person exploring their sexuality and not understanding the appropriate boundaries in regards to touch.

When making a referral in regards to safeguarding of others from disabled children, ensure that the information that you provide is as detailed as possible. Provide details of the disabled child's disability, age, communication methods and any history leading up to the referral that you have.

8. How to Make a Child Protection Referral

- By phone to the Child Protection and Assessment Team (CPAT) 0208 708 3885 or 020 8708 5897 (after 17:00 and at weekends).

- Send supporting information to cpat.referrals@redbridge.gov.uk

State on referral if child is known to Children with Disabilities Team and if so, send a copy to them.

Referral should be made within one day of recognition of risk, immediately if urgent and followed up in writing within 48 hours

The following should be clarified when making or responding to a referral:

- What is the disability, special need or impairment that affects this child?

- Ensure there is a clear and specific 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;

- It may help to try and explain how the disability or impairment affects the child on a day-to-day basis?

- How does the child communicate? If someone says the child can't communicate, consider asking, "How does the child indicate s/he wants something? How does s/he show s/he is happy or unhappy?"

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

9. What Happens Next?

- Referral logged on PROTOCOL (social care Integrated Children's System) and checks made.
- First Line Manager will decide whether the information passes the threshold for a Section 47 (S47) enquiry (Child Protection) – child is suffering or likely to suffer significant harm.
- Strategy Meeting may be called to plan an investigation.
- Assessment may be started. A disabled child may be in contact with a large number of professionals who may be vital sources of information.
- Initial Child Protection Conference (ICPC) may be called if concerns are validated in the investigation.
- If S47 is not validated – Section 17 Support may be considered.

The first tier of safeguarding is will always be around supporting appropriate styles of parenting for disabled children, providing high quality specialist services and making sure that people know when and where to refer to if they suspect a child is at risk in any way.

REMEMBER CHILD PROTECTION IS EVERYONE'S RESPONSIBILITY. IF YOU DO NOT AGREE WITH THE DECISIONS TAKEN OR ADDITIONAL CONCERNS BECOME EVIDENT, IT IS YOUR DUTY TO ACT. PLEASE REFER TO THE LSCB RESOLUTION AND ESCALATION POLICY.

References:

- Protecting disabled children: thematic inspection, Ofsted, August 2012

- London Child Protection Procedures – London Safeguarding Children Board, Part B3, Chapter 1, Children with Disabilities, 5th Edition, 2016

- Safeguarding Disabled Children: Practice guidance, Chapter 2, DfES, 2009

- "It doesn't happen to disabled children" – child protection and disabled children, Report of the National Working Group on Child Protection and Disability, NSPCC, 2003