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East Dunbartonshire Child Protection Committee

Additional Child Protection Guidance for Practitioners: Protecting Disabled Children and Young People from Abuse and Neglect

August 2023

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Section 1

Background and Rationale

1.1 Introduction

Children and young people with disabilities have an increased risk of experiencing abuse but don't always receive the support and protection that they need. Children with a disability can have additional needs related to physical, sensory, cognitive and/or communication needs. To ensure that their wellbeing is safeguarded and promoted, it needs to be recognised that additional action is required in relation to the individual child's circumstances.

It is worth noting that some children are affected by disabilities and developmental delays who are awaiting diagnosis or in some cases, where needs have not been identified. Goff and Franklin (2019) report that this can impact on the visibility of children with disabilities in terms of impairment-related needs not being recorded within service planning and delivery (as cited in Franklin *et al.,* 2022).

These additional practice notes have been designed to be read in conjunction with local single and inter-agency child protection procedures, the *National Guidance for Child Protection in Scotland (2021),* particularly Part 4, '*Child Protection in Specific Circumstances'* and *NHSGGC Children's Health Services Complex Care Management for Children and Young People with Exceptional Health Care Needs Protocol (August 2021).* Other relevant legislation, guidance and policy specifically relating to children with a disability can be found in Appendix 1.

1.2 Current Context

A large-scale study in the US established that whilst children with a disability are likely to suffer much the same abuse as other children, they are 3 to 4 times more likely to be abused than non-disabled children (Sullivan & Knutson, 2000).

More recently, a UK review (2022) was carried out to address the relative invisibility of children with a disability within child protection practice. In drawing on research evidence of known safeguarding risks and poorer outcomes for this group of children, the review sought answers as to why children with a disability are at greater risk of harm. Limitations to the research should be acknowledged in terms of the focus of the studies being predominately in relation to child sexual exploitation/child sexual abuse or intra-familial harm, with little evidence of other forms of harm.

The study draws on research carried out in the UK since 2000 and provides an up to date, rich source of data on the complexity and multi-layered risks for children with a disability. It details outcomes for children with disabilities who have experienced abuse and associated trauma from the perspective of the children, parents and practitioners and includes the following findings:

- Outcomes were dependent on opportunities for telling and/or recognition of abuse by others, and the subsequent responses from services.
- Access to justice via thorough police investigations and criminal proceedings was rarely an outcome for children with disabilities. They were often perceived as unreliable witnesses, especially if they had communication needs. Disablism appeared to affect practice, with little evidence that access needs were met, or adjustments made.

- A small number of outcomes could be identified from interventions. Young people have clear ideas about their desired outcomes from services..

(Franklin, A. *et al*, (2022).

1.3 Scope and purpose of Guidance

These additional practice notes are for all practitioners including those working in children and family social work teams; health, education, schools, residential care, early years, youth services, the youth justice system, the police, independent and third sector, and for adult services who might be supporting parents with disabled children or involved in the transition between these child and adult services.

The aim of the guidance is to raise practitioner awareness of the increased vulnerability of children with a disability and ensure that they take this into account in their involvement with the wider family unit where there are children with disabilities.

Section 2

Definition of a child with a disability

The aim of the UN Convention on the Rights of the Child (UNCRC),1989 is to ensure that all children grow up in a spirit of peace, dignity, tolerance, freedom, equality and solidarity. The UNCRC applies to all children under the age of 18.

Most, but not all, children with a disability will have additional support needs. Some children with a disability may need adjustments made to ensure they have equal opportunities to participate fully. These kinds of adjustments are covered by the Equality Act. Education (Additional Support for Learning) (Scotland) Act 2009

As defined in the Equality Act 2010**:** a disabled person, including a child, is considered to be disabled if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities. It includes children and young people up to the age of 18, with a comprehensive range of physical, emotional, developmental, learning, communication, and health care needs.

Children with a disability are defined as 'a child in need' under section 93(4) of the Children (Scotland) Act 1995.

The National Guidance for Child Protection in Scotland 2021 uses the social model of disability, which, rather than focusing on medical problems or physical deficits, explores the social and environmental barriers, cultural processes and policy frameworks that disable children with an impairment (Scottish Government, 2021).

Section 3

Increased vulnerability of children with a disability

3.1 Why children with a disability may be at greater risk

As evidenced in the review by Franklin, A. *et al*, (2022), children with a disability are at greater risk of harm partly from the effects of their disability and their environment; partly because of the response of practitioners. Findings include:

- Children with a disability are often invisible in services or can be hidden but in plain sight *within* services. This invisibility increases risk as this reduces the chances of signs of abuse being identified, and/or limits opportunities for disabled children to tell. Practitioners can assume the children are protected by others, or that children will disclose if abuse occurs. Children with disabilities report that practitioners do not always seek their views. There is a lack of understanding of the intersectionality of disability and child abuse, and of intersectional issues for children with a disability.

- Attitudes, which could be defined as disablist and discriminate against children with a disability, can render the children invisible, and/or seen as better protected than non-disabled peers which can lead to greater risk. Some practitioners treating all children the same fails to account for impairment effects in a child's life or any barriers caused by a disability. Disclosures of abuse by children with a disability can be minimised due to them being seen as unreliable witnesses.

- The lack of services for children with a disability and/or high thresholds for services creates increased risks for this group. Thresholds for risk and responses were bound in varying notions of vulnerability and resilience for this group and were tied up in misunderstandings of disability.

- Structures, processes, and attitudes create and reinforce the vulnerability of children with a disability. Isolation, a lack of voice and agency and overprotection were seen to create vulnerability. A lack of accessible sex and relationship education was seen to reinforce this.

See Appendix 2 for additional examples

Harm may be accentuated by intersecting contextual factors, including the impact of poverty and housing insecurity; lack of support for parents who have learning disabilities or physical or mental health problems, domestic abuse, parental substance use, family isolation from positive community relationships or professional support, immigration status anxieties, insecurities in relation to leave to remain in the country, access to funds and housing, and abusive, coercive control within the family or care setting (Scottish Government, CP Guidance, 2021).

See Appendix 3 for examples of where practitioners might find it more difficult to attribute indicators of abuse or neglect or may be reluctant to act on concerns in

relation to children with a disability. It is likely that they are not consciously aware of this, but it could lead to a practitioner not responding or reporting abuse or neglect.

3.2 Recognising indicators of possible abuse and neglect

The National Guidance for Child Protection in Scotland (Scottish Government, 2021) defines different types of abuse and neglect and outlines indicators of abuse and neglect that can affect any child or young person.

Children with a disability experience the same sort of abuse as other children and young people: neglect, physical abuse, sexual abuse (including exploitation) and emotional abuse. Neglect seems particularly prevalent.

Any concerns for the safety and wellbeing of a child with a disability should be acted upon timeously as directed by the National Guidance for Child Protection in Scotland (Scottish Government, 2021) and local inter-agency guidance (Child Protection Procedures (protectingpeopleeastdunbarton.org.uk)).See Appendix 4 for features of abuse particular to children with a disability.

Section 4

Respecting Rights

The rights of the child/young person **must** be supported and protected to ensure their voice is both heard and considered in decisions around their wellbeing and safety. Grace *et al,* 2018 talk about the emphasis placed on gathering the voice of the child and argue that there is a need for at least equal emphasis being placed on respectful adult listening. Youtube Video, Was Not Heard, 2020

Where there are allegations of abuse relating to a child with a disability, the safeguarding needs of any siblings living in the family home also need to be taken into consideration (section 93(4) of the Children (Scotland) Act 1995).

Section 5

Working with family members and carers of disabled children

There is a need to invest in the development of strong relationships with families of children with a disability. Often families will be involved with a range of professionals, and it is important to identify a lead professional to ensure the development of genuine partnership working, with a clear focus on the needs of the child.

It is acknowledged that services working with children with disabilities may have empathy for the parents struggling to cope but it is important to always keep the child at the centre. At times, parents will actively try to enlist the help and support of the professionals which can divert attention away from the needs of the child. This is particularly significant in a child protection context where a risk assessment **must**

include consideration of the adequacy or safety of parenting, as opposed to the provision of care.

The authors of a practitioner-led research on engagement with families in the child protection system in Scotland found the quality of relationships between service users and social workers to be crucial for effective engagement. Engagement is defined in the report in a participative sense, to mean the involvement of family members in shaping social work processes.

They suggest a range of measures that can help establish strong relationships with families, how practitioners can build trust in the face of fears of service users and underline the need for honest, upfront, and clear communication about situations. Examples include:

- persistence even where there is initial hostility
- consistency and 'doing what you say you will'
- maintaining empathy and respect when discussing difficult issues
- a balanced attitude, acknowledging positive factors whilst remaining clear about risks
- flexibility around institutional timescales
- taking time to explain clearly to service users what is happening and why
- being honest and 'upfront', even where service users may not like what is said
- an inclusive approach to working with families, finding ways to enable different members to express their views
- reducing the number of professionals at meetings, and allowing service users to bring someone for support
- avoiding professional jargon in meetings and reports
- keeping reports short
- involving service users in preparing reports

Gallagher, *et al* (2011)

As in all cases of suspected child abuse, it is important to develop cooperative working relationships as far as possible with the families and carers of children with a disability.

Section 6

Where there is a child protection concern, local child protection guidance should be followed. Where a concern is in relation to a child with a disability, additional consideration and information will be required.

The referrer should:

- state the child's diagnosis (if known), the main difficulties affecting day to day functioning and avoid describing solely in broad terms such as learning disability
- state the child's medical conditions, associated treatments and how these are managed
- describe how the child communicates thoughts, behaviours, feelings, wishes

and any communication aids required e.g., symbols/pictures/Makaton
- consider the need for advocacy
- describe how the child expresses distress
- detail other agencies/services that are involved and what their specific role/ service is (e.g., support, respite care), including passing on any additional support needs of the adult carers
- detail child's network - family members, friends, neighbours and specifically identify those who provide care and/or support

The Lead Professional should consider/ask the following questions:
- what is the nature of the child/young person's disability? ask for a description of the child/young person's impairment rather than just using generic terms, for example, 'learning disability' does not tell you much about the child or their needs
- ensure accurate recording of any impairments or conditions, this will be important if further enquiries are required about how the condition might be expected to affect the child
- how does the child/young person's impairment affect the child on a day-to-day basis?
- note if the impairment or condition has been medically assessed and/or diagnosed?
- how does the child/young person communicate their needs and wants?
- is there someone who can support the child/young person's communication, e.g., a speech and language therapist or teacher?
- how does s/he show s/he is happy or unhappy?
- what type of assessment was conducted, when and has it been reviewed?

Investigation of allegations of abuse involving disabled children
Where the child at the centre of the investigation has a disability, the following consideration should be applied:
- matters such as the venue for the interview/s; the care needs of the child, whether additional equipment or facilities are required, who should conduct the interview, who should be present at the interview and whether someone with specialist skills in the child's preferred method of communication needs to be involved
- the child's preferred communication method for understanding and expressing themselves needs to be given priority, and where the 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 they are experiencing, and their views and feelings can be gathered
- due to the number of practitioners involved, the lead professional should co-ordinate and consider the impact of information sharing on the investigation in line with NHSGGC Children's Health Services Complex Care Management for Children and Young People with Exceptional Health Care Needs Protocol (August 2021).
- the collation 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

- the number of carers involved with the child should be established as well as where the care is provided and when
- the child's network of carers could include short break foster carers, befrienders, childminder, personal assistants, community support workers, residential care staff, and learning support assistants
- consideration could also be given to information provided by transport drivers/escorts, for example, where there is to be a police investigation into allegations of abuse or neglect of a child
- those undertaking such investigations should not make presumptions about the child's ability to give credible evidence. All investigations should be undertaken in accordance with Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland (Scottish Government, 2011) and the use of special measures for vulnerable witnesses with special support needs in the guidance pack on the Vulnerable Witnesses (Scotland) Act 2004 (Scottish Executive, 2006)
- If a child is over the age of 16, consideration should be given as to which procedures should be used: adult support and protection procedures(Adult Protection | East Dunbartonshire Council) or child protection procedures (Child Protection Procedures (protectingpeopleeastdunbarton.org.uk))

Key messages for practice:

- Essentially, children with a disability at risk of, or who have experienced abuse, should be treated with the same degree of professional concern accorded to non-disabled children.
- The child's voice is key to any investigation and practitioners need to be creative in seeking and sharing the child or young person's voice
- Ongoing multi-agency training and awareness raising of the increased vulnerabilities of disabled children to abuse is essential for all those working with children, including ancillary staff such as bus drivers, care assistants, escorts, and personal assistants.
- Reporting child protection concerns needs to be encouraged at all levels of professional involvement; and prompt and detailed information sharing is vital.
- There should be a clear agreement within the local authority as to who takes the lead role for child protection referrals and investigations, and this should be identified in local procedures. There may also be liaison with adult services for older young people.
- Where a criminal offence is alleged and a child is deemed to be a witness the Vulnerable Witnesses (Criminal Evidence), (Scotland) Act (2019) should be adhered to.

References

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Appendix 1

Children's Rights and legal Framework

The Scottish Government is committed to supporting and promoting children's rights and the **United Nations Convention on the Rights of the Child (1989)**. All children and young people have these rights. There is also a strong UK and Scottish legal framework which enshrines the welfare of the child as paramount.

Getting it Right for Every Child (2008) GIRFEC provides a consistent framework and shared language to ensure seamless transition through services in applying the same model and principles in promoting, supporting, and safeguarding the wellbeing of children and young people.

GIRFEC link:
http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright

The Equality Act (2010) aims to strengthen the law to support progress on equality. The Act consolidates and harmonises a range of equality legislation, replacing familiar laws such as the Sex Discrimination Act 1975, the Race Relations Act 1976, and the Disability Discrimination Act 1995. The Act provides protection from discrimination, harassment and victimisation based on a range of 'protected characteristics' and include disability.

The Children and Young People (Scotland) Act 2014 is a key part of the Scottish Governments strategy for making Scotland the best place in the world for children to grow up. By facilitating a shift in public services towards the early years of a child's life, and towards early intervention whenever a family or young person needs help, the legislation encourages preventative measures, rather than crisis' responses. Underpinned by the Scottish Government's commitment to the United Nations Convention on the Rights of the Child 1989 (UNCRC), and the national approach to, Getting it Right for every Child (GIRFEC), the 2014 Act also establishes a new legal framework within which services are to work together in support of children, young people and families.

Useful links:

UK Social Work Practice in Safeguarding Children with Disabilities 2022

Australian study into disability and child sexual abuse in institutional contexts 2016

The Independent Inquiry Into Child Sexual Abuse, October 2022

Social Care Commentary: protecting children with a disability 2017

was-not-brought-guidance-final-2-25.pdf (scot.nhs.uk)

Mellow Ability - Mellow Parenting

Parent Plus Programme

Appendix 2

Risks from the effects of a child or young person's disability and the environment

Many children with a disability are at increased likelihood of being socially isolated with fewer outside contacts than non-disabled children, they may particularly lack the support of peers in whom they confide.
Their dependency on parents, carers, and service providers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour e.g., they may have less choice, be used to obeying/complying to survive, lack belief they can control things in their lives.
They may not know they are being abused or neglected because they lack the life experience to make that judgement.
There may be established practices within the family which minimise or hide risk factors or actual abuse.
They may lack self-worth and feel that the abuse is their fault, even be desensitised to abuse.
They may have speech, language and communication needs which may make it difficult to tell others what is happening.
They are especially vulnerable to bullying and intimidation.
Looked after disabled children are vulnerable to the same issues that exist for all children living away from home e.g., foster/kinship care.
They are particularly susceptible to abuse due to their additional dependency on residential and hospital staff for their day to day physical and other care and support needs as they may not have the vigilance of family members to be alert to such abuse.
They are less likely to know about/understand their rights and may not have access to advocacy to support their communication needs.
They are more likely to require adaptations to support their knowledge and understanding of sex education e.g., they may not have the communication aids which allow them to describe body parts and abuse.

Appendix 3

Factors that may influence practitioners' actions in identifying and responding to indicators of abuse or neglect in relation to children with a disability

The belief that children with a disability are not abused; or are not at risk of certain types of abuse and harm i.e., child sexual and criminal exploitation; online abuse; forced marriage.
Assuming that an investigation cannot take place without a disclosure of abuse.
Beliefs that minimise the impact of abuse on children with a disability e.g., that due to their impairment they are less likely to remember or be adversely affected by an abusive incident.
A lack of professional curiosity, competence, and confidence in exploring reasons for distress or signs of maltreatment.
A lack of practitioner awareness of the impact of neglect when there are delays or fragmentation in the assessment and sharing of information.
A lack of knowledge about the child e.g., not knowing their typical behaviour or the impact of their disability on their daily life.
A lack of the awareness of the child's method of communication and tools to support this, therefore not giving them a voice.
Assumptions being made about the impairment rather than the needs of and risks to the child e.g., accepting a parent or carer's explanation that an injury or behaviour is the result of the impairment rather than considering other possible causes.
Lack of understanding of the health care needs of a child with a disability e.g., medication being delayed by one hour can cause significant risk of life-threatening seizures which is not the case with typically developing children and young people.
Not considering behaviour, including harmful sexual behaviour or self-injury, which may be indicative of abuse e.g., making assumptions that children with a disability who can communicate will disclose abuse – an assumption not made for other children or young people.
Not being aware of how certain health/medical complications may influence the way symptoms present or are interpreted i.e., some conditions cause spontaneous bruising or fragile bones potentially resulting in more frequent fractures.
Assessments which focus on needs relating to impairment rather than general wellbeing e.g., lack of time given to assessment which considers family history,

chronologies, concerns about or actual harm to other children within the family group.
Not being alert to the possibility of abuse by professionals caring for children with a disability.

Appendix 4

Features of abuse particular to children with a disability

Not being brought to medical appointments, misuse of medication, failure to provide treatment or providing inappropriate or unnecessary invasive procedures against the child's will. was-not-brought-guidance-final-2-25.pdf (scot.nhs.uk)
Using ill-fitting equipment or not allowing adaptations a child might need such as, calipers, safe space, inappropriate splinting, or inappropriate physical confinement.
Threats of abandonment/exclusion and/or depriving access to visitors.
Exclusion: from family events, overuse of respite, unnecessary schooling away from home.
Not feeding the child enough in order to keep them light for lifting, or over- feeding.
A disregard for a child's right to privacy i.e., poor toileting arrangements.
Inappropriate use of physical restraint.
Rough handling, extreme behaviour modification.
Lack of communication or stimulation; unwillingness to try to learn a child's means of communication or withholding their means of communication.
Teasing, bullying, or blaming because of their impairment.
Verbal abuse: achievements ridiculed or ignored.
Punitive responses to behaviour.
Having too high/low expectations of child or young person.
Over protection.
Misappropriation of a child's finances.