

# CHILD PROTECTION AND THE NEEDS AND RIGHTS OF DISABLED CHILDREN AND YOUNG PEOPLE: *A SCOPING STUDY*



Sir Halley Stewart Trust

## **ABRIDGED REPORT**

*Kirsten Stalker, Pam Green Lister,  
Jennifer Lerpiniere, Katherine McArthur*



University of  
**Strathclyde**  
Education



**Faculty of Education • University of Strathclyde • February 2010**

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### **Front Cover:**

The photograph, supplied by iStockphoto, shows a model and is used for illustrative purposes only.

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### **RELATED PUBLICATIONS**

An extended version of the Research Review has been submitted to the journal Child Abuse Review.

### **DISCLAIMER**

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## KEY FINDINGS

Disabled children are 3.4 times more likely to be abused than non-disabled children (Sullivan and Knutson 2000). Research has shown that children with communication impairments, behavioural disorders, learning disabilities and sensory impairments are particularly vulnerable.

Broadly speaking, the four jurisdictions of the UK share a mainstreaming approach to safeguarding. However, our policy analysis found that Scotland is alone in the UK in largely failing, since 1998, to address disabled children's heightened vulnerability and need for added protection in national policy frameworks. Key informants expressed concern that the invisibility of disabled children in Scottish policy could be contributing to under-reporting of abuse. However, there is an opportunity to redress the balance as Scottish guidance on inter-agency working on child protection is currently under review.

England has a broad raft of policies aimed at safeguarding all children, in which the needs of disabled children are considered, and a wide range of policies aimed at improving the lives of disabled children in which safeguarding issues are considered. There are also dedicated policies and guidance aimed specifically at safeguarding disabled children.

In Wales and Northern Ireland, the guidance is more focused. Welsh policy is based on the social model of disability. In Northern Ireland, some attention is paid to the needs of disabled children in most safeguarding policy documents.

Worrying indications of poor practice in safeguarding disabled children were raised by key informants in Scotland, and to some extent in England. These are anecdotal reports but they concur with research published in the UK. There were some encouraging examples of good practice, effective inter-agency working and imaginative therapeutic work with individual children.

Previous research and our key informants reported that disabled children receive differential, meaning lesser, treatment than others in safeguarding services in England and Scotland, including lower levels of reporting and registration. Higher thresholds may be applied to this group than to others. Some professionals are unwilling to believe that disabled children are abused.

Professionals often lack training, skills and experience in communicating with disabled children, a problem identified in the literature and by key informants.

Research shows that the quality of information recorded by safeguarding services about disabled children is often poor. Key informants reported that, while information sharing has generally improved, there is no common system across agencies for recording the presence of impairment and in some cases it may not be recorded at all.

Key informants thought disabled children were seldom involved in case conferences. There was little evidence of independent advocates being used to seek or represent children's views. It was reported that often disabled children are not seen as credible

witnesses and consequently, relatively few cases go to court. Other research has shown that court systems may fail to take account of disabled children's needs. Children's disability teams often lack knowledge of child protection and child protection teams of disability (reported in research and by our key informants).

Some inspections compensated for low numbers of referrals and registrations of disabled children by over-sampling for this group. It was suggested that inspections should have a more specific focus on disabled children.

Relatively little research on safeguarding and disabled children has been published in English in the last decade and only a handful of studies in the UK, revealing significant gaps in up-to-date knowledge about this important subject. Very few studies have asked disabled children about their experiences of abuse and/ or the child protection system.

In conclusion, the research suggests that disabled children's rights to receive the same level of safeguarding as others are not being consistently upheld. The issues raised in this scoping study now need more detailed investigation.

### ***Policy, practice and research implications***

- Guidance should alert practitioners to the additional needs of disabled children caused by barriers, impairments and heightened vulnerability, and to authorities' statutory duties under disability legislation.
- Authorities should avoid relying on a single practitioner as the sole local 'expert' on the abuse of disabled children. Safeguarding disabled children should not be seen as a matter for health services alone.
- Disabled children and their families would benefit from closer joint working between children's disability teams and child protection teams.
- Safeguarding systems needs to be more sensitive to disabled children's needs eg: accessible routes for children to disclose, extra time allowed to interview them, independent advocacy, support for communication and a review of court procedures.
- Inspection processes should pay greater attention to disabled children's needs. Dedicated inspections of safeguarding services to disabled children at local and national level to identify strengths, weaknesses and ways forward would be a good starting point.
- There is need for a comprehensive training programme, involving disabled people in the delivery, aimed at staff at all levels within all agencies working with children. Training should include messages from research, communicating with disabled children, disability awareness, disability legislation and rights, and making safeguarding systems accessible to disabled children.
- Alongside other children at school, disabled children should receive sex education, safety skills training and information about their rights.
- Further research is required on, *inter alia*, the links between gender, disability and abuse, the impact of cultural factors, the incidence of abuse of disabled children in the UK, the role of preventive services and the views and experiences of disabled children.

## STUDY AIMS AND METHODS

### Definitions

Child abuse, as defined by the NSPCC, refers to “behaviour that causes significant harm to a child. It also includes when someone knowingly fails to prevent serious harm to a child” (see <http://www.child-to-child.org/about/childprotection.htm>). The four types of abuse included in this study are physical, emotional, sexual abuse and neglect. The World Health Organisation treats maltreatment, a word used in the US, as synonymous with abuse. Child protection, as defined by the voluntary agency Child-to-Child, is “a broad term to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm” (see <http://www.child-to-child.org/about/childprotection.htm>). This term is still used in Scotland and N Ireland and is the one we use most in this report. England and Wales use the term *safeguarding*, which perhaps implies the inclusion of early intervention and preventative practice. Finally, in referring to *disabled children* we include young people aged 0-18 with physical, sensory, learning or communication impairments or mental distress.

### Aim and objectives

This was a scoping study which aimed to lay the groundwork for a larger piece of research.

The objectives were:

- to scope current knowledge about child protection and disabled children
- to review current social policy and practice in the field, and
- to pilot ways to seek disabled children’s views about the child protection system.

### Methods

Four methods were used to address these objectives, as described below.

#### 1: Literature review

The aims of the literature review were to assess the nature and strength of the evidence base around disabled children and child protection and to establish what is and what is not known about the topic. The review was conducted according to Arksey and O’Malley’s (2005) guidelines for scoping literature. This involves a five-part framework: developing the research questions, identifying relevant studies, study selection, charting the data and, lastly, collating, summarising and reporting the results. We included original research published in English between 1996 - 2008 and relating to the abuse of disabled children or to child protection systems and disabled children. This was not an exhaustive review but systematic searches were made of key relevant databases – Community of Science, PsycINFO, Ingenta connect, Ovid and the Web of Knowledge. Hand searches were made of two leading journals in the field – *Child Abuse & Neglect* and *Child Abuse Review*. After excluding texts which did not meet the criteria, 32 relevant articles were identified and ‘charted’ using a proforma. The majority of these papers report research carried out in the USA, with the remainder originating from Canada, New Zealand, Australia, Israel, Norway, Sweden and the UK.

## **2: Analysis of child protection policies**

An analysis was conducted of current legislation, guidance and policy relating to child protection across the UK (Scotland, England, Wales and Northern Ireland), along with a critical evaluation of how far these appear to address the needs of disabled children. This involved identifying, reading and analysing a large number of documents. Comparison was made between the different jurisdictions, highlighting any apparent strengths and weaknesses.

## **3: Key informant interviews**

The aim of these interviews was to identify and explore current debates and issues regarding child protection and disabled children, seek views on the effectiveness of policy and practice in meeting the needs of disabled children and thus help identify key questions for further research. Purposive sampling was used to select key informants expected to have close knowledge of policy issues relating to child protection and disabled children. The original intention was to interview respondents across the UK but, despite repeated efforts on our part, we were unable to secure interviews in Wales or Northern Ireland, either at government, inspectorate or voluntary sector levels. This may have been partly related to the number of high profile child abuse cases receiving widespread adverse publicity at that time, particularly the Baby Peter case in England and the Brandon Muir case in Scotland. In all, 10 interviews were carried out with senior policy makers and practitioners, based in central government, the inspectorates, the police, the NHS, the voluntary sector and a Children's Commissioner Office. Two were based in England and eight in Scotland.

## **4: Piloting methods of seeking disabled children's views**

This involved developing and testing out an approach for engaging with disabled children to seek their views about child protection services. Much time and careful consideration went into the design and preparation of materials, researcher training and recruiting young people through a voluntary agency. We were only able to interview a small number of young people, but useful lessons were learnt for future research design. As this exercise yielded methodological rather than substantive findings, it is not discussed in this abridged report.

## **Data Analysis**

Documentary analysis was used to make sense of policy documents. Where respondents agreed, interviews with key informants and young people were audio recorded and fully transcribed. In the few cases where key informants did not wish the interview to be recorded in this way, the researcher took notes during the discussion and wrote them up in full shortly after. Following Miles and Huberman (1984), each transcript was closely read and re-read, initial themes identified and emerging concepts and patterns noted and developed.

## **Ethical considerations**

Ethical approval was obtained from the University of Strathclyde Ethics Committee. Key informants were given an Information Sheet about the study, stressing there was no obligation to participate and giving assurances about confidentiality. However it was pointed out that key informant agencies might be identifiable. They were asked to sign a Consent Form if willing to participate.



## RESEARCH REVIEW

### *Are disabled children more likely to be abused?*

Previous research has provided clear evidence of the higher incidence of abuse among disabled children, compared to their non-disabled peers. The most authoritative and widely quoted study to date is by Sullivan and Knutson (2000) in the US. These authors are critical of the methods used in some former studies which relied on the opinions of child protection workers to determine the presence of impairment in children. Sullivan & Knutson surveyed 50,278 children aged 0-21 enrolled for education programmes in the state of Nebraska between 1994-95. Among non-disabled children in this sample, they found a 9% prevalence rate of abuse, whereas the comparable rate for disabled children was 31%. Therefore, children with impairments were 3.4 times more likely to be maltreated than those without. Among the 4503 children identified as having been maltreated, 22% had an impairment, while this was true of only 6.7% of non-maltreated children.

Several other studies also point to an increased risk of abuse among disabled children. In New Zealand, Briggs (2006) looked at 116 students with learning disabilities aged 11-17 (61 female and 55 male). In this sample, 32% of girls reported sexual abuse to the study, while reports from school counsellors suggested that 44% of female students were victims of abuse. Briggs does not give separate figures for boys but reports that sexual abuse was 'equally common' among boys. A Scandinavian study by Kvam (2004) surveyed 302 adults on the Norwegian Deaf Register and found that 134 had been exposed to unwanted sexual experiences during childhood. Finally, in Israel, Reiter et al (2007) found that adolescents with intellectual disabilities were more frequently abused than non-disabled youths from similar socio-economic backgrounds.

There is limited up-to-date information regarding the prevalence of abuse among disabled children in the UK. Research by Cooke and Standen (2002) found that the quality of information across the UK – at that time at any rate – was poor. They surveyed 73 Area Child Protection Committees (ACPCs) in Britain. Although over 50% of ACPCs claimed to record the presence of impairment among children placed on child protection registers, only 10% could actually supply a figure<sup>1</sup>. An NSPCC study of 'maltreatment' in the family (Cawson 2002) asked a random sample of 2968 people aged 18-24 about their childhood experiences, 129 (4.4%) of whom reported having an impairment or long-term illness in childhood. (The study method – computer assisted personal interviews – excluded people with certain impairments). Levels of abuse, both self-reported and researcher assessed, were as high or in most cases higher among the disabled participants than the non-disabled in all categories of maltreatment. Similarly, in a retrospective case review of nearly 120,000 children born between 1983 and 2001 in West Sussex, Spencer et al (2005) concluded that overall those with disabling conditions 'seemed to be' at increased risk of registration for abuse and neglect, although this varied according to condition (see below).

<sup>1</sup> Information about disability status was included in Scottish Government Child Protection Statistics for the first time in 2008-09 but in 23% of cases was unknown (Scottish Government 2009). Comparable data are not collected by the Department of Children, Schools and Families in England (personal communication, DCSF, Jan 2010), Wales (personal communication, Care and Social Services Inspectorate Wales, January 2010) or Northern Ireland (OFMDFM 2009).

Worryingly, there is also some evidence to suggest that abuse of disabled children is under reported. Cooke and Standen (2002) report that only 10 (14%) of 73 ACPCs were able to answer a question about the number of disabled children who were the subject of reported child protection concerns during the past year. Morris (1999), in a study of three English authorities, found that the numbers of disabled children on child protection registers in two authorities were lower than what might have been expected if disabled children were being placed on registers at the same rate as non-disabled children, given the proportionate numbers of each group within the population. In one area the expected number might have been 30 but was only 18; in the second area, it might have been 29 but was only 17. In contrast, in the third authority disabled children made up 2% of 0 - 17 year olds but 10% of the child protection register. Cooke and Standen (2002) suggest that a 'considerable number' of abused disabled children are not being identified.

Kvam (2000) conducted a study of all 1293 children aged 4-14 referred to paediatric hospitals in Norway between 1994 and 1996 following sexual abuse. Although 11% of Norwegian children are disabled, they comprised only 6.4% of the sample. Given Sullivan & Knutson's (2000) estimate of prevalence among disabled children in the US, much higher numbers of disabled children would be expected in this study, again suggesting that under reporting may be a problem. In Kvam's later (2004) study, this interpretation of the evidence was reinforced: 49% of 102 deaf adults who had been abused as children (and answered this question) had not reported it to anyone. Furthermore, around 11% had told someone but were not believed. Similarly, Hershkowitz et al (2007) report that disabled children failed to disclose abuse much more often than their non-disabled peers: among those who did disclose, disabled children were more likely to delay doing so for at least a month after the incident.

An important question arising from the association between disability and child abuse is the direction of causality, i.e. to what extent does maltreatment contribute to impairment as opposed to disability predisposing to abuse? Since impairment is as multi-faceted as abuse, the relationship between them is both complex and variable. Firth et al (2001) posit that developmental delay can be an outcome of physical and sexual abuse. Similarly, Spencer et al (2005) suggest that the high rates of registration they found for children with conduct disorder or learning disabilities may be partly because these conditions have the same etiologic pathway as child abuse and neglect.

### ***Are types of impairment associated with different forms of abuse?***

Several studies have investigated whether different types of impairment are variously associated with different forms of abuse. Morris (1999) found that disabled children were more likely to be referred and/or registered for emotional abuse and neglect than non-disabled children. Sullivan & Knutson's (2000) study showed that most abused disabled children endured multiple forms of maltreatment, with neglect again being the most common. Although they found no association between type of impairment and form of abuse, their findings suggested that children with communication difficulties and behavioural disorders had a much heightened risk of maltreatment, between 5 and 7 times that of non-disabled children. Knutson et al (2004) also reported that children with communication difficulties could be at greater risk of physical abuse. Similarly, Kvam (2000) found significant associations suggesting that physical abuse is more likely in

children with learning disabilities, sensory impairments and concentration problems. In a later study, Kvam (2004) found not only that deaf children are more at risk of sexual abuse, but that the level of sexual abuse is more serious than for the general population.

Spencer et al (2005), in their whole population study within one local authority, were unable to conclude that specific disabling conditions predispose to abuse but did find that patterns of registration varied with specific impairments. In contrast to the studies quoted above, children with autism and sensory impairments were not at increased risk, while those with conduct disorders and moderate/ severe learning disabilities were at increased risk in all abuse categories. Those with non-conduct psychological difficulties and children with speech and language impairments were more likely than others to experience physical or emotional abuse or neglect, but not sexual abuse.

Taken as a whole, research findings in this area are inconclusive, perhaps suggesting more complex patterns of interaction between impairment and abuse. However the balance of evidence points to increased vulnerability for children with particular impairments as noted above.

### ***How do demographic variables impact on disabled children's vulnerability?***

Recent research has also attempted to examine the impact of demographic variables such as gender, social and cultural factors on the abuse of disabled children.

With respect to gender, a complicated and inconsistent pattern has emerged. Sobsey et al (1997) found that among abused disabled children, boys were over-represented in all categories including sexual abuse when compared to non-disabled children. Conversely, Sullivan and Knutson (1998) found that more girls than boys were sexually abused, although gender was not significantly related to physical abuse or neglect. The same authors (2000) later found that among non-disabled children, girls were more likely to be abused than boys (56% compared to 44%) but that, among disabled children, boys were more likely to be maltreated. Kvam (2000) reports that, among disabled children suspected of having been abused, 65% were female and 35% male, whereas the comparable figures for non-disabled children were 79% female and 21% male. Of the 302 deaf adults in Kvam's later (2004) study, 46% of the women and 42% of the men had been abused as children, making the incidence of abuse for deaf males more than three times that for hearing men. Hershkowitz et al (2007) report that significantly more disabled girls were victims of *sexual* abuse, but males significantly outnumbered females as victims of *physical* abuse. Therefore, disability status seems to affect the association between maltreatment and gender although the full picture has yet to be painted.

Briggs' (2006) study further complicates these findings, showing that while sexual abuse was equally common among girls and boys, females were significantly more likely to report sexual abuse to a trusted adult. Similarly, Kvam (2000) found that the average age of disclosing abuse was 2 years older for disabled boys than girls, suggesting that males tended to be older when first abused or that this abuse was slower to come to light than for girls.

## ***What is known about the professional response to abused disabled children?***

### ***Social services and therapeutic work***

There has been surprisingly little work on the professional response to abuse of disabled children in Britain, or the effectiveness of current safeguarding services. In their survey of 73 ACPCs in the UK, Cooke & Standen (2002) compared outcomes for disabled and non-disabled children. The authors found that disabled children received much the same response as non-disabled child in terms of legal interventions, more attention in terms of medical examinations and treatment, and in every other area a lower response, especially regarding placement on child protection registers and protection plans, where there was 'significantly less' intervention.

Many other researchers have pointed out the critical gaps in services for disabled children (e.g. Morris, 1999; Kendall-Tackett et al, 2005) and the National Working Group on Child Protection and Disabled Children (2003) noted that failure to apply standard child protection procedures to disabled children is common, arguing that the safeguarding of disabled children is not sufficiently in the mainstream. The problem extends to the USA, where Lightfoot & LaLiberte (2006) report that there is no standard approach to child protection for disabled children, with very few agencies having written policies on the subject. Documenting information on impairments has also been identified as a problem (Mitchell et al, 1999; Shannon & Agorastou, 2006).

### ***Criminal justice and legal services***

There is some evidence that the rights of disabled children are not always upheld in professional responses to abuse, particularly in terms of investigative practices. In the US, Giardino et al (2003) note a lack of trained experts who can deal with issues of both abuse and disability while child abuse investigators have reported discomfort interacting with disabled children (Manders & Stoneman 2000). Cederborg & Lamb (2006), examining the Swedish legal system's treatment of abused children with learning disabilities, found that courts did not take account of the differing capabilities and needs of vulnerable witnesses. Children with learning disabilities were often expected to provide the same sorts of reports as other children in order to be deemed credible and expert assessments were seldom requested. Similarly, Agnew et al (2006) attribute the under-representation of children with intellectual disabilities in the Australian legal system to coercive and leading styles of questioning by police and caregivers.

### ***What are the long-term effects of abuse of disabled children?***

Little is known about the long term effects of the abuse of disabled children. Mansell et al (1998) found that among victims of sexual abuse, children with developmental disabilities exhibited a similar pattern of clinical findings to non-disabled children. This finding is reinforced by Sequeira & Hollins (2003) who reviewed research into the abuse of children and adults with learning disabilities. In addition, Sequeira, Howlin and Hollins (2003) studied a sample of adults with learning disabilities who had experienced abuse between the ages of 4 and 39 (median age 15), and found that this experience was associated with increased rates of mental health issues, behavioural problems and post-traumatic stress symptoms. The seven disabled adults in Higgins and Swain's (2009<sup>2</sup>) life story research

recount a range of problematic effects arising from childhood sexual abuse but also demonstrate a capacity to overcome such experiences and ‘ultimately succeed in life’ (p10).

***What is known about disabled children’s views and experiences of child protection services?***

Although the importance of seeking children’s views about matters affecting them is well recognised in social research, very few studies have asked disabled children and young people about their experiences of abuse or the child protection system: we were only able to identify Morris (1995)<sup>3</sup>, Barnard (1999) and Briggs (2006) as having done so. Morris’s study is now some years old and was not primarily about abuse; Barnard’s research involved only two relevant cases and has some methodological weaknesses while Briggs’s New Zealand study focused primarily on safety issues. As reported above, Cawson (200) used computer assisted personal interviewing to explore the experiences of 18-24 year olds, including some disabled individuals who had been abused as children. However, their views are not analysed as a separate group. This is a significant gap in knowledge which we have begun to address by piloting a method to seek the views of disabled children using child protection services and which we intend to address in further research.

<sup>2</sup> Published after our research review was completed but added here.

<sup>3</sup> Published before our review period (1996-2008) but added here because so few studies have talked to young disabled people about child protection.

## **ANALYSIS OF CHILD PROTECTION POLICIES ACROSS THE UK**

A detailed analysis was carried out of legislation, guidance and related policy documents concerning child protection / safe guarding in the four jurisdictions of the UK. The aim here was to examine how far and in what ways these address the particular needs of disabled children. The policy of the four jurisdictions is summarised below.

### **England**

#### ***Every Child Matters***

In England recent safeguarding policy has been developed in response to the Victoria Climbié Inquiry report (Laming, 2003). This resulted in the Every Child Matters green paper (The Stationery Office, 2003) and subsequent policy agenda. A raft of policy papers has been published. These safeguarding documents are complemented by the Every Disabled Child Matters (<http://www.edcm.org.uk>) and Aiming High for Disabled Children agendas (DfES 2007a).

The main policy for safeguarding in England produced under the Every Child Matters agenda is *Working Together to Safeguard Children* (DfES, 2006a). A separate set of safeguarding guidelines, *Safeguarding Disabled Children: A resource for local safeguarding children's boards* (DCSF, 2009) was developed for disabled children. The Westminster government commissioned the Children's Society to develop the disabled children safeguarding resource in response to concerns raised by respondents to the *Every Child Matters* green paper.

#### ***Working Together to Safeguard Children***

*Working Together to Safeguard Children* (DfES 2006b) has a section specifically about the abuse of disabled children which is cross-referenced to the *National Service Framework for Children, Young People and Maternity Services* (DfES 2004a) standards 5, 7 and 8. Standard 8 is published separately as a National Framework for Disabled Children and young people and those with complex health needs (DfES 2004b).

#### ***Inspection Reports***

The most recent inspection of child protection services was published in 2008 (Ofsted, 2008). In the safeguarding children section, disabled children are one of the vulnerable groups that are considered separately.

#### ***Safeguarding Disabled Children***

*A Staying Safe: Action Plan* (DCSF, 2008) was produced which highlighted that disabled children are more likely to experience harm than other children and that new action relating to disabled children had been developed. The most recent *Safeguarding Disabled Children* document (DCSF, 2009), explains how the *Working Together to Safeguard Children* guidance can be used with disabled children. It locates this guidance within the broader policy strategies *Aiming High for Disabled Children* (DFES 2007a) and *Aiming High for Children and Young People* (2007b).

## **Scotland**

### ***The 1998 guidance: Protecting Children - A Shared Responsibility***

In 1998 the Scottish Office (Scottish Office 1998) issued guidance on inter-agency co-operation in relation to child protection, in which a sub-section is devoted to 'children and families affected by disability'. The document contains various references to the particular needs of disabled children within the generic framework.

### ***"It's everyone's job to make sure I'm alright"***

The Scottish Executive child protection services inspection review (Scottish Executive 2002) did not provide a coherent or systematic appraisal of how well child protection services met the needs of disabled children. The Review made 17 recommendations, none specific to disabled children.

### ***The Child Protection Reform Programme***

The Child Protection Reform Programme (CPRP) was launched in 2002 with the aim of implementing the recommendations of the review. Few references were made to disabled children in the key documents developed as part of the CPRP. For example, the guidance *Protecting Children and Young People: Child Protection Committees* (Scottish Executive 2005c), which replaced the 1998 guidance, makes no reference to disabled children.

### ***The Safe and Well Guidelines***

In 2005, the Scottish Executive published the *Safe and Well Guidelines* (Scottish Executive 2005b), which are aimed at education staff, schools and education authorities. The guidelines include a clear statement that disabled children may be more vulnerable to abuse. Somewhat hidden in an appendix, there is more detailed guidance about protecting disabled children than in any other documents published as part of the CPRP.

### ***Getting it Right for Every Child (GIRFEC)***

Child protection policy is closely linked to the Getting it Right for Every Child (GIRFEC) initiative (Scottish Executive 2005a). GIRFEC takes a mainstreaming approach, based on the principle that all children should be treated in the same way. Consequently, GIRFEC policy and guidance make little reference to the needs of disabled children. More recently, the Scottish Government coordination role around children's disability has been moved to sit within the GIRFEC team, and thus has been centralised.

### ***Inspection Reports***

Since these documents have been produced, further inspections of child protection services in Scotland have been undertaken. In the overview report (HMIE, 2009) there is no reference to disabled children.

### ***The 1998 Review Group***

In 2009, the Scottish Government set up a Review Group to 'refresh' the 1998 guidance and to ensure that new guidance reflects the major advances in policy, practice and research of the last few years. The Review Group has expressed a commitment to taking account of the needs of disabled children.

## **Wales**

### ***Working Together to Safeguard Children***

In 2001 the *Framework for Assessment of Children in Need and their Families* (NAW 2001a) was produced in order to ensure the effective assessment of children's needs. The guidance was introduced as part of the Welsh Assembly's *Working Together to Safeguard Children* (NAW 2000) programme. Reference is made to disabled children throughout the Welsh framework. In the practice guidance, *Assessing Children in Need and their Families: Practice Guidance* (NAW, 2001b) there is a section on disabled children. The guidance notes for assessment, *Framework for the Assessment of Children in Need and their Families: Guidance and Glossary* (NAW, 2001c), also includes a section about the assessment of disabled children.

### ***Inspection Reports***

Child protection service inspections carried out in Wales between 2001-2002, with an overview report published in 2004 (SWIW, 2004), revealed that practice related to disabled children was relatively poor.

### ***Development of National Service Frameworks and Guidance***

The National Service Framework for Children and Young People and Maternity Services in Wales, launched in 2005, includes a chapter on disabled children and young people.(WAG 2005a)

In 2006 a report of a wider strategic review of all safeguarding services was published (WAG, 2006). The emphasis in this report was that all children require to be safeguarded. There is no specific mention of disabled children in this report.

Throughout the guidance for Local Safeguarding Children's Boards (WAG 2005b) and for chief officers, managers and practitioners (2007) reference is made to disabled children.

### ***Disabled Children Matter***

The Disabled Children Matter Wales campaign set up in 2007 asked the government to develop a comprehensive plan to improve services for disabled children in Wales. The government responded by reiterating its commitment to disabled children's services in the document *We Are on the Way* (WAG, 2008).

## **Northern Ireland**

### ***Co-operating to Safeguard Children***

In 2003 the *Co-operating to Safeguard Children* document, produced by the Department for Health and Social Services and Public Safety in Northern Ireland (DHSSPSNI), provided generally comprehensive guidance on child protection roles, responsibilities and procedures (DHSSPSNI 2003). The guidance for the consideration of ACPCs suggests that consideration should be given to the setting up of working groups to provide specialist advice, for example in relation to disabled children.



### ***Regional Area Child Protection Committee Policies and Procedures***

Acting on this recommendation, ACPCs<sup>4</sup> developed a set of guidelines (*Regional Area Child Protection Committee Policies and Procedures* (ACPC, 2005). Disabled children are referred to throughout the ACPC guidelines.

### ***Inspection Report***

The inspection report *Our Children and Young People – Our Shared Responsibility* (DHSSPSNI, 2006) emphasises the rights of vulnerable children, including disabled children, to be protected. As a result of this report, a ten year strategy to develop services for children *Our Children and Young People – Our Pledge* has been produced (OFMDFM 2006).

### ***Development of Standards and Guidance***

Following from this, *Understanding the Needs of Children in Northern Ireland Guidance* (DHSSPSNI 2008b) and the *Standards for Child Protection* (DHSSPSNI 2008a) were produced in 2008. *Understanding the Needs of Children in Northern Ireland Guidance* (DHSSPSNI, 2008b) was developed to provide a single assessment framework for practitioners to follow. Throughout this document, it is stressed that the needs of disabled children must be considered.

Guidance developed in relation to recording information within the child protection system (*Administration Systems*, DHSSPSNI, 2008c) clearly states that disabled children's needs and wishes should be recorded.

The recent Safeguarding Children cross department statement on child protection ([http://www.allchildrenni.gov.uk/safeguarding\\_children\\_statement-3.doc](http://www.allchildrenni.gov.uk/safeguarding_children_statement-3.doc).) highlights the added risk of abuse for disabled children. It acknowledges the recommendations relating to the care of disabled children and notes that the DHSSPSNI is working to finalise standards in this area.

### ***Overview***

There are clearly some similarities between jurisdictions, particularly between England, Wales and Northern Ireland. In Wales the policy explains the social model of disability and incorporates examples of practice with disabled children in an integrated manner. In England, there is widespread, ongoing and substantial development of policies both in the field of disability and child protection which requires careful cross-referencing in order to understand the broad policy context. The Northern Ireland child protection policy, while less comprehensive than that of England and Wales, does pay attention to disabled children throughout the documentation. In contrast, child protection policies and guidance at national level in Scotland reveal significant gaps with regard to disabled children.

<sup>4</sup> Under planned legislation, ACPCs will be replaced with Safeguarding Panels.

## FROM POLICY TO PRACTICE: KEY INFORMANTS' VIEWS

### Overview

Most key informants believed that disabled children should be part of mainstream child protection policy, based on a view that these children have the same basic needs and rights as any others, but that their particular needs should be highlighted and addressed within policy documents. There was concern about the invisibility of disabled children in current Scottish policy which, one informant suggested, was contributing to under-reporting. Another informant pointed to the Disability Equality Duty set out in the Disability Discrimination Act 2005 which requires public authorities (including central and local government) to 'disability proof' all their policies.

Although only two key informants were based in England, each occupied a senior post in central government or an inspectorate and thus had an overview of developments across the country. It was reported that *Safeguarding Disabled Children: A resource for local safeguarding children's boards* (DCSF 2009) is intended to show how the 'all children policy' should be implemented for this group. The DCSF also provides training materials which emphasise that it is 'everyone's responsibility' to ensure the protection of disabled children. Overall a more positive picture emerged of progress south of the border, although practice varied between different areas in England and, we were told, there was more work to be done.

### Communicating with disabled children

Communication was identified as a challenge for many professionals north and south of the border. Most informants saw it as professionals' responsibility to find the best way to engage with a child:

*All children can communicate something and [professionals] shouldn't ever dismiss the possibility of getting information from children if you find the right way.*

Besides underestimating children's abilities, some social workers were described as resistant to engaging with disabled children, reportedly preferring to talk to parents instead. One inspector quoted a social worker as stating

*"Well of course it wasn't really my job to make a relationship with [a disabled child]. I was only looking at the care plan so I didn't meet her because the adults thought everything was going ok."*

Reluctance to engage with disabled children is likely to be based on a lack of confidence, knowledge and experience. A gap in training was reported for police, education and social work staff in terms of communicating with disabled children, especially those with communication impairments. The extra time needed to interview many disabled children could be problematic where investigations had to move quickly or specialist support workers were not readily available, especially in rural areas.

One key informant recounted this ‘real life’ example of good practice:

***Case Example: Good practice in communication***

This was a large family where the father had abused all the children. However, at first it was thought that one child who did not use language and was regarded by the family as ‘not worth worrying about too much’, had escaped the abuse. Her siblings were called to court but it was assumed that this girl could not contribute to the investigation and thus she was not even interviewed. However, the social worker referred this child, along with her siblings, to a sexual abuse unit, on the grounds that she might have been affected by what was going on in the family rather than that she had actually been abused. Some very skilled work was done with the child, using games, toys and other methods to help her explain what had happened and as a result she started talking. She revealed that she had been abused by her father and indeed by another relative. Initially, there was a struggle to arrange a case conference, to get this case taken up and acted upon. Subsequently, however, some very good interagency working was done to protect her.

***Under-reporting of abuse***

It has been noted in inspections of child protection services in Scotland that disproportionately low numbers of disabled children appear on child protection registers. It was suggested that higher thresholds are sometimes applied to this group than other children. On the basis of discussion with social services managers, one informant believed that some social workers who form close working relationships with parents, witness the levels of demand and subsequent stress associated with caring and then see ‘a wee bit of neglect and whatever’ are disinclined to register formal child protection concerns. An inspector had come across poor practice which led her to believe that some social workers are more tolerant of parents smacking disabled children than other children. Similarly, where professionals have concerns about a disabled child who does not have an allocated social worker, it was suggested:

*People get together and look at it and realise the family needs quite a lot of support and so maybe rather than going down the child protection case conference investigation route, [they decide] this family needs support from the team for children with disabilities.*

Other professionals were described as unwilling to believe that disabled children could be abused and consequently not ‘seeing’ it.

Representatives from the three inspectorates involved in this study each expressed concern about the paucity of information about disabled children in child protection inspections and reports. Scottish inspections compensated for the low numbers of disabled children by over-sampling for this group. However, it was suggested that inspections should have a more specific focus on disabled children. In England, it was

noted that joint inspection reviews frequently did not feature disabled children. A previous Head of Ofsted had proposed an inspection in relation to the *Working Together to Safeguard Disabled Children* guidance (DfES 2006b) but due to 'time constraints' this had not happened.

### ***Differential treatment within the child protection system***

As well as difficulties entering the child protection system, several informants reported that, once in it, disabled children were often poorly served. For example, the police representative commented that the police generally lacked training and expertise in interviewing disabled children and that this was an area ripe for improvement. There were instances of the police having to rely on a child's relatives to facilitate communication. This had implications for the reliability of evidence, not least when there were suspicions that the relative perpetrated the abuse.

It was reported that disabled children were less likely than other children to be seen as credible witnesses and that fewer cases involving disabled children went to court.

One key informant gave the following example from her practice experience.

#### ***Case Example: Credible Witness – poor practice***

A young boy was abused by two adults in his own home. His parents had separated; the boy lived with his father who was abusing alcohol, and it was two of his friends who had abused the child. The boy's aunt found out about it and removed him from the house. A joint child protection investigation began and the boy was very clear about what had happened. He knew one adult's first name but did not know the other person's name. The father knew them both but refused to identify them. The investigating team decided to take no further action, despite the boy having given a full description of what had happened – in the key informant's words: *horrendous abuse that he had suffered in their hands, sexual, emotional and physical...it went on for a long period of time.*

Concern was expressed that courts fail to meet disabled children's needs, with insufficient use of video recording to allow children to give evidence without attending a trial.

There was a view that children with communication impairments, complex or rare conditions and those with mental health problems fared less well than others in the child protection system. Young people with learning disabilities were said to be better served, because themed inspections targeted at adults with learning disabilities had raised awareness of their needs. Concerns were raised about children and young people living away from home, especially those in 52 week a year residential school placements. They were considered especially vulnerable due to lack of family support and few external contacts.

It was reported that disabled children are seldom involved in case conferences. There was little evidence of independent advocates being used although several respondents

identified it as good practice to do so. An informant pointed out how disempowering it is for young disabled people to feel that their experiences are not being taken seriously and they are not receiving justice. The boy who reported abuse by family friends but whose case was dropped by the police was left feeling 'exceptionally angry'. The key informant commented:

*It just reinforces the feeling of not being worthy of all the rights and entitlements of an able-bodied child or young people. There is an awareness for most disabled children that they are struggling and they are different and that must be really, really difficult.*

### **Joint working**

North and south of the border, joint working was said to be more effective for disabled children than others because their families were likely to have ongoing support from a number of agencies. In Scotland there was consensus that joint working and a sense of shared responsibility between the various agencies involved in safeguarding had improved over recent years. Social workers were generally seen as carrying overall responsibility for child protection: other agencies, except health, were said to rely on social work colleagues for specialist knowledge of disabled children. However, there were reports that, in some Scottish local authorities, just one social worker would be designated as having responsibility for disabled children.

In England, as reported above, some areas were described as showing excellent practice, others were not. Some tension was reported between the policy of joint working and shared responsibility and the risk that, with no single body taking responsibility, in practice disabled children could fall through the net. Sometimes safeguarding disabled children was seen as a matter for health services. The role of the lead professional was seen as critical in effective joint working although, at the time of interview, it was too early to judge the effectiveness of this role.

North and south of the border, better co-ordination is needed between children's disability teams and child protection teams: it was reported that the former often lacked knowledge of child protection and the latter, of disability. Although information sharing had generally improved, the presence of impairment is not recorded consistently between agencies and in some cases may not be recorded at all. This impedes joint working, accurate assessment of the incidence of abuse among disabled children and resource planning.

Concerns were expressed about the adequacy of resources for protecting disabled children in Scotland, including how the cessation of ring-fenced monies, under the Scottish Government Concordat with local authorities, might impact on services for disabled children. Provision was described as unevenly available across the country with a shortage of resources for meeting children's mental health needs, implementing care plans and providing long-term family support. There were not enough children's disability teams. The English informants noted that resources tended to be routed to more complex cases with less attention paid to lower level need.

## ***SUMMARY AND IMPLICATIONS FOR POLICY, PRACTICE AND RESEARCH***

### ***Limitations of the study***

There are limitations to the conclusions that can be drawn from any small scoping study. We are confident about the findings relating to the literature review and the analysis of safeguarding policies across the UK. It was disappointing that we were unable to conduct interviews with key informants in Wales and Northern Ireland in order to find out more about policy implementation and current practice issues in these jurisdictions. In addition, there were eight key informants in Scotland but only two in England and therefore we have more information about policy implementation north of the border. It was not intended to examine policies at local level: we acknowledge that, even where central policy may be lacking, there will be areas of good practice locally which have not emerged in this research. In this study we did not seek practitioners' views: they will be included in our future research. Despite these limitations, it is reassuring to find a high level of consistency in several of the key findings arising from different parts of the study - the research review, the policy analysis and the key informant interviews.

### ***Research about child protection and disabled children***

While there may be much practice wisdom at local level, many important aspects of this subject lack clear research evidence. Disability is disproportionately associated with all forms of child abuse especially emotional abuse and neglect (although the direction of causality is undetermined): this problem is likely to be even greater than estimated due to under reporting. The impact of gender on the relationship between disability and abuse is poorly understood. Some previous studies have suggested that unlike the pattern associated with non-disabled children, disabled boys may be at greater risk of maltreatment than girls, but the reasons for this difference are unclear. There is evidence that communication impairments, behavioural difficulties, sensory impairments and learning disabilities increase children's vulnerability to abuse. (It is of course possible that some 'behavioural difficulties' arise as a result of abuse).

There is limited information on prevalence rates in the UK and while little is known about the effectiveness of child protection services for this group, concerns have been raised about the protection of disabled children. Research has highlighted a tendency towards compromised professional responses to disabled children who have been abused and questions emerge about how well child protection services address their needs. There is little up to date evidence about this however, nor about the extent, reasons and most importantly outcomes for the children concerned. Very little is known about disabled children's views and experiences within the child protection system.

### ***Policies across the UK***

There are some policy similarities between the four jurisdictions, particularly between England, Wales and Northern Ireland. There, policy and guidance do address, in different degrees, the safeguarding needs of disabled children. In Wales, policy rests on the social model of disability and the guidance incorporates examples of practice with disabled

children in an integrated manner. In England, there is widespread, ongoing and substantial development of policies both in the field of disability and child protection which require careful cross-referencing in order to understand the broad policy context. Northern Ireland child protection policy, while less comprehensive than that of England and Wales, does pay attention to disabled children in most documents. In contrast, Scotland is alone in largely failing, since 1998, to draw detailed attention to the needs and rights of disabled children (except in an appendix to one document). When research shows that this group is at higher risk of abuse yet at the same time afforded less protection, then it may be questioned whether a generic policy of this kind does in fact enable them to be treated equally. However, Scotland now has an ideal opportunity, in the 1998 Review Group, to redress the imbalance.

### ***Current practice issues***

The research revealed worrying indications of poor practice in some areas; for example; where it is based on misinformation or misunderstanding about disabled children, where professionals working closely with parents are reluctant to challenge them about child protection concerns or to place children on registers, when the need for a 'quick conviction' means that the time required to interview and secure support for a disabled child is not always available and when it is assumed that disabled children cannot act as credible witnesses. One key informant described the psychological and emotional damage done to young people when, on top of the abuse they have experienced, the perpetrators are not pursued, despite the young person's testimony. Disabled children were thought to be seldom involved in case conferences and there seems to be little use of independent advocates. Previous research has shown that children with communication impairments face increased risk of abuse so it is worrying that key informants identified communicating with young people as a significant difficulty for many practitioners. The need for improved skills and confidence in this area was a recurring theme and is closely linked to meeting children's needs and respecting their human rights.

Alongside these causes for concern came some encouraging reports. Significant improvements were reported in child protection over recent years, especially joint working and information sharing. There was some evidence of good practice at local level. A raised awareness of disabled children's needs and rights, along with greater acknowledgement of their abilities, was reported in England as a result of the Aiming High for Disabled Children initiative, and predicted for Scotland through the For Scotland's Disabled Children campaign, showing that perceptions can change for the better.

### ***Implications for future policy, practice and research***

The study findings have important implications, some new, others echoing earlier recommendations made by research included in the review.

#### ***Policy***

- Disabled children have the same basic needs as any others and they have the right in law to be treated equally. Policy guidance and frameworks should alert staff to additional needs caused by barriers and impairments. One way of addressing this is by highlighting disabled children's needs in generic child protection frameworks with cross references to separate guidance dealing with disability issues.

- The Departments for Children, Schools and Families (England), Children, Lifelong Learning, Education and Skills (Wales) and Health, Social Services and Public Safety (N Ireland) should require local authorities to record and return the numbers of disabled children on child protection registers.

### ***Joint working***

- There needs to be more joint working between children's disability teams and child protection teams at local level. This could include worker secondments, dual specialisms and joint training (see below).
- Protecting disabled children should not be seen as primarily a health services responsibility. However, health services may have good prior knowledge about, and working relationships with a family which can form a sound basis for joint planning and investigation.
- Common definitions of disability/ impairment are needed across agencies, along with consistent mechanisms for recording it, both to alert professionals to children's individual needs and abilities and to facilitate resource planning.
- Given the high number of staff who may be working with a disabled child and her family, information sharing should be carefully considered and should not become an end in itself.

### ***Training and consciousness raising***

To mark the importance and priority which should be accorded to training, this would work best if co-ordinated by one body as a recognised programme funded by government. It should include:

- Joint training for child protection and children's disability teams
- Training at all levels - (politicians, chief executives, middle managers and, in Scotland, Children's Panel members were all specifically identified by key informants as targets for training but basic care staff are equally important) - in social care, education, health services, the police, youth work, leisure services and the voluntary sector.
- The involvement of disabled adults/ survivors, organisations of disabled people and voluntary sector organisations in delivering training.
- Topics covered, as appropriate for different groups, should include messages from research, disability awareness, making the child protection system accessible and sensitive to disabled children, disability legislation and the legal rights of disabled children, communicating with disabled children, children's mental health needs and the implications of rare conditions. This is not an exhaustive list.
- Education authorities should ensure disabled children and young people have sex education, safety skills training and are made aware of their rights.

### ***Making the child protection system more accessible and sensitive to disabled children's needs***

- More accessible avenues for disabled children to disclose should be developed eg: help lines, advocacy, complaints procedures
- Staff should be made aware of tried and tested materials, and sources of expert advice, eg: Walk in my Shoes (see



[http://www.inmyshoes.org.uk/In\\_My\\_Shoes/Introduction.html](http://www.inmyshoes.org.uk/In_My_Shoes/Introduction.html)) and Triangle (<http://www.triangle.org.uk/>).

- Extra time to interview disabled children should be built into procedures wherever possible.
- More readily available specialised support is needed in rural areas.
- Wherever possible, children's views should be made known at child protection case conferences. It may be appropriate for some young people to participate in meetings, with a supporter/ advocate present or their views may be reported by a worker who has consulted with them.
- The appropriateness of current court procedures for disabled children should be reviewed.

### ***Assessment***

- It is important to work closely with parents, or individuals with parental responsibilities, whenever possible and to respect their knowledge of the child.
- Marchant and Jones (DH, 2000) offer many useful pointers for assessment of disabled children in relation to child protection.

### ***Inspection***

- Inspection processes should pay more attention to disabled children, for example, in criteria used to determine equal treatment.
- Particular attention should be paid to the needs and rights of disabled children in residential settings, especially those in 52 week a year placements, who may be at increased risk.
- Consideration should be given by national inspectorates to conducting dedicated inspections of safeguarding disabled children.

### ***Preventive and therapeutic work***

- There is a need for more preventative services from an early age, such as short breaks, which can help reduce stress and avoid crises.

### ***Topics for further research***

- These include - interactions between gender, disability and abuse; incidence and risk in the UK; the role of support services in prevention; the therapeutic needs of disabled children; the views and experiences of disabled children in the child protection system; analysis of policy at local level; and public bodies' implementation of the Disability Equality Duty in relation to protecting disabled children.

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## Notes



## *Notes*

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