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Title:

A Short Report of a Scottish Audit of Disability and Child Protection Medical Examinations

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Key practitioner messages:

- A Scottish national child protection audit has shown that practitioners can have differing understanding of the term 'disability' and are variable in their own recording of disabilities.
- It was apparent from the audit that disability was more likely to be recorded for older children than those under five.
- The audit found that an abuse allegation is less likely to be substantiated for disabled children by a Child Protection Medical Examination. For disabled children in our sample, there was a 'substantiation of abuse rate' of 33%, which was less than the 56% rate for non-disabled children. The differences in rates encourage us to consider what is an appropriate response when disabled children may have experienced harm and abuse.
- The audit highlights the vulnerability of disabled children to abuse and indicates the need to equip practitioners with the skills, competencies and confidence engage with and support this vulnerable group.

Word count (introduction to conclusion): 3005

Key words:

Disability; child protection; Scotland; paediatric examination; child abuse

Introduction

Research has highlighted the increased vulnerability of disabled children to all forms of abuse[1], and the heightened risk of serious harm and death as a result[2]. In Scotland, this has led to a Scottish Government-commissioned investigation into the relationship between disabled children and child protection practice[3]; a practitioner toolkit to address the issues raised and to support workforce development[4]; and dedicated sections on the protection of disabled children in successive editions of the National Guidance for Child Protection in Scotland[5].

Taylor's[3] finding that *'analysis of child protection policy across the UK has shown an invisibility of disabled children'* may have partially been addressed by these developments. However, the

invisibility of disabled children within statistical collections remains an ongoing concern. Jones et al.[6] and Sullivan and Knutson[7] both found that disabled children have experienced harm and abuse three to four times more than non-disabled children, but this is *"considered to be an underestimation, given the lack of attention placed on disabled child abuse, and due to the fact that disabled children are often invisible, marginalised, not listened to or heard"* [8]. The invisibility of disabled children also extends to child protection research, where conclusions are rarely extended to children with a disability[9].

In view of the steps taken to promote practitioner awareness and develop skills in working with disabled children and motivated by the first author's experience of a complex child protection case involving a disabled child, this audit sought to understand the number and characteristics of children referred for a Child Protection Medical Examination in Scotland, and the outcomes of these examinations. The findings from the audit provide insights into potential differences in child protection practice for disabled compared to non-disabled children, as well as confirming challenges in the collection of statistics concerning disabled children.

Background

Child Protection Medical Examinations are conducted as part of a multi-agency child protection investigation and are a holistic, comprehensive assessment of a child or young person's health and developmental needs[5]. They are undertaken by a paediatrician and/or forensic medical examiner to document injuries, or evidence of neglect, and conclude with a clinical opinion as to the probability of abuse, where possible. In high-risk situations, child protection medical examinations are carried out in line with national clinical guidelines, for example in acute child sexual abuse; and in cases of non-mobile infants with bruising and injuries. The findings from Child Protection Medical Examinations contribute to wider multi-agency decision making and safety planning process, and paediatricians produce a report which may be used in court.

Scotland's 14 regional health boards, have arrangements for access to a Child Protection Medical Team that, as a minimum, includes a Lead Paediatrician for Child Protection and a Lead Nurse for Child Protection. The Child Protection Medical Teams are supported by three Managed Clinical Networks (MCN) for Child Protection based in the North, East and West of Scotland[10]. At the regional level, regular MCN Child Protection meetings enable peer support for clinicians undertaking child protection medical examinations. At the national level, collaboration between the regional MCNs for Child Protection have led to development of national resources, including National Clinical Guidelines and a National Proforma for Child Protection Medical Examinations. This audit draws on the data collected by Child Protection Medical Teams using the National Proforma.

Methods

The audit of disabled children subject to Child Protection Medical Examinations was agreed to by Scotland's Lead Paediatricians for Child Protection in 2021. Drawing on data captured within the National Proforma, a data collection tool was developed in Microsoft Excel for data to be extracted for a sample of up to 50 Child Protection Medical Examinations per health board area, with the understanding that in smaller health board areas, the number of children seen is typically much lower than this. Three health boards (NHS Dumfries and Galloway, NHS Highland and NHS Tayside) completed and returned the audit, each of these providing data for Child Protection Medical Examinations carried out in 2021. All health boards were given regular reminders about the audit, with paediatricians at national MCN for Child Protection meetings encouraged to participate. However, in the context of the demands from the COVID-19 pandemic and its aftermath, some boards reported that they did not have the time or staff to complete the data collection.

Data were requested on the characteristics of the child (age, gender and disability); the category of abuse concern (emotional, physical/non-accidental injury, sexual or neglect) that led to the Child Protection Medical Examination; whether the case was a formal Child Protection Investigation requiring police, social work and health input to decision making and safety planning; and the outcome of the Child Protection Medical Examination. The Equality Act 2010 definition was used to define disability ("*a 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*"[11], with assessment of disability made based on clinical records. The outcomes of Child Protection Medical Examinations were classified as:

- 'Abuse': professional opinion or consensus view that the child is likely to have experienced abuse;
- 'Not abuse': professional opinion or consensus view that the child is unlikely to have experienced abuse, more likely that this was accidental or not an abusive reason for concern; and
- 'No further investigation': for case discussion issues only – the case has been discussed and no further child protection medical assessment input is needed at this time.

The three participating health boards provide a mix of child protection cases from the North to South of Scotland, and from cities to remote rural communities. NHS Dumfries and Galloway covers a largely rural and small town population of 150,000 in the south west of Scotland; NHS Highland includes the city of Inverness but is Scotland's biggest health board area with much of its 330,000 population living in rural and/or remote communities; and NHS Tayside includes the cities of Dundee and Perth but also serves rural communities across its 400,000 population.

The authors were very alert to the ethical dimensions of the research and the audit followed the NHS Health Research Authority and Medical Research Council decision tool[12]. Formal ethical approval was not required as this was an NHS-led audit of routine clinical activity completed by medical staff and no patient identifiable data, such as children's Community Health Index numbers, were shared between boards. However, ethical safeguards were applied to ensure confidentiality of the data shared and the handling of data in keeping with the General Data Protection Regulations and the Data Protection Act 1998.

Analysis

The three boards provided data for a sample of 72 Child Protection Medical Examinations carried out in 2021 (24 from NHS Dumfries and Galloway, 18 from NHS Highland and 30 from NHS Tayside). The data were returned to the Lead Paediatrician coordinating the audit on behalf of the three MCNs for Child Protection, who then collated the data into an Excel spreadsheet, checked the completeness of the data (including that individual children could not be identified from the data provided), and undertook a descriptive analysis of the data. At this stage, it was decided that cases where children were under the age of one year would be excluded because National Clinical Guidelines state that Child Protection Medical Examinations are carried out in cases where a non-mobile infant is found to have bruising, and this might skew the findings. Excluding children under the age of one, 57 cases remained in the sample (16 from NHS Dumfries and Galloway, 17 from NHS Highland and 24 from NHS Tayside). Following analysis by the Lead Paediatrician, the anonymised aggregated data were shared with three academics experienced in the analysis of child protection administrative data for their views on the audit findings and on the potential implications arising from the data.

Findings

The audit of the 57 children aged one or over who were subject to a Child Protection Medical Examination found that 18 children, or 32% of the sample, were recorded as disabled. By type of disability, 5 children were recorded as having mental health difficulties, 4 children developmental delays, 3 children speech or communication delays, 3 children autism, and 3 physical disabilities/conditions.

Further analysis of the children's characteristics found that:

- By gender, 12 (67%) of the 18 children recorded disabled were female, compared to 51% of the 39 children not recorded as disabled.
- By age, the average age of the 18 children recorded disabled was 10 years; compared to an average age of 6 years for the 39 children not recorded as disabled.

Of the children medically examined, physical abuse or non-accidental injury was a concern for 50% of the children recorded as disabled, followed by sexual abuse (45%) and neglect

(11%). For children not recorded as disabled, physical abuse or non-accidental injury was a concern for 74% of children, followed by sexual abuse (26%), neglect (8%) and emotional abuse (8%).

Analysis of the outcomes of the Child Protection Medical Examinations found that for the 18 children recorded disabled, 6 instances of abuse were identified (3 sexual abuse; 1 neglect; 1 physical abuse; 1 non-accidental Injury/neglect/emotional abuse), which is a 'substantiation of abuse rate' of 33%. Of these 6 children: 2 were recorded as having mental health difficulties, 2 developmental delays, 1 speech or communication delays, and 1 physical disability/condition; 5 were female; and all ranged between 7 and 15 years old. Of the 39 children not recorded as disabled, 22 instances of abuse were identified (15 physical/non-accidental injury, 5 sexual, 4 neglect, and 3 emotional), which is a 'substantiation of abuse' rate of 56%.

Limitations

The audit draws on a sample of 57 children aged one or over who were subject to Child Protection Medical Examination as part of a Child Protection Investigation. The majority of Child Protection Investigations do not require a Child Protection Medical Examination and, therefore, the findings should not be interpreted as representative of the children and concerns investigated by professionals. Most instances of online harm to children would, for example, not typically be examined by a paediatrician. Emotional abuse alone would also not typically lead to medical examination, which helps to explain why emotional abuse was not widely identified among the children in our sample.

Individual details about each child's characteristics were limited to gender, age and disability, and case files, medical notes and other supporting documentation were not requested or sought. Consequently, the audit did not capture information about a child's wider vulnerabilities, such as whether they were on the child protection register or in out of home care. Additionally, the nature of the concern is limited to the type of abuse that the child may have been exposed to and the audit does not capture if concerns have been raised by professional groups such as education or health staff. This may be relevant to any child who spends considerable time in a residential setting.

Boards also have small differences between them as to how they carry out child protection examinations. For example, in some boards all are done by a paediatrician and forensic examiner, and in others forensic examiners are only included for sexual abuse or serious injuries. Caution is therefore advised on extrapolating the findings to all boards.

Lastly, in terms of the response rate and sample size of this audit, NSPCC data show there was a fall in Scotland for child protection referrals in 2020/21[13]. This would have contributed to a smaller number of child protection medical examinations in the time period of the audit.

Discussion

The first key finding from the audit is that disabled children are more likely to be subject to a Child Protection Medical Examination than non-disabled children. 32% of the sample were recorded as disabled, which is a higher proportion than the 5% to 7% of the UK's children who are recorded as disabled within UK censuses. This finding is consistent with the understanding that disabled children have experienced harm and abuse three to four times more than non-disabled children[6,7] and consequently would be expected to make up a greater proportion of the children subject to a Child Protection Medical Examination. However, our data highlights that issues of physical and sexual harm, and neglect, are more likely to be identified, possibly due to the difficulty that practitioners have in differentiating disabled children's verbal and behavioural behaviour from the typical signs of emotional abuse often seen in non-disabled children. Our earlier point about the lack of medical examinations for both disabled and non-disabled children regarding emotional abuse is also pertinent for the purposes of this audit.

There have been a number of theories advanced as to why disabled children may be more likely to experience abuse[2,3], including:

- greater vulnerability, through, for example being dependent on others to provide more care including intimate care;
- a challenge for some children due to the nature of their disability to communicate about their abuse;
- signs and symptoms of abuse being misidentified as symptomatic of the child's disability;
- the behaviour of parents towards their child being framed as the stress of caring, rather than being abusive
- and some behaviours associated with a disability, being more difficult for parents to manage

The findings do, however, highlight an apparent under-recording of disability among Scotland's children on the Child Protection Register. For example, 7% of the 2,031 children on the Child Protection Register on 31 July 2022 were assessed as having a disability, with a further 41% of children not having their disability assessed, recorded or known[14]. This is a significant cause for concern, given that they are amongst the most vulnerable children in our communities. Without better identification and recording of disability across children's statistical collections, the number of disabled children is not visible to politicians, services and funders, and their rights and needs as a result of their disability and circumstances, risk not being met[15].

The second key finding is that abuse is less likely to be substantiated in Child Protection Medical Examination of disabled children referred. For disabled children in our sample, there was a 'substantiation of abuse rate' of 33%, which was less than the 56% rate for non-disabled children. The differences in rates encourage us to consider what is an appropriate

response when disabled children have potentially experienced harm and abuse. Should professionals be more risk-averse and protective of disabled children and request Child Protection Medical Examinations so that assessments are based on a fuller range of evidence and information? Or are professionals unnecessarily requesting Child Protection Medical Examinations for disabled children, particularly if substantiation of abuse could be achieved through other means, such as more participatory approaches that support disabled children to disclose and/or express abuse experienced? These are difficult questions to both pose and answer as they span issues of professionals' skills, confidence and experience in working with disabled children; approaches and resources to support the voice of disabled children to be heard and listened to; and thresholds for child protection intervention. Furthermore, they are not questions that can be answered through this type of audit exercise, with a more qualitative in-depth analysis and multi-agency discussion of individual cases needed. However, in the context of Scotland's commitment to and investment in the Scottish Child Interview Model[16] and the Barnahus model (or Bairns' Hoose as it has been called in Scotland)[17] these are important questions to explore to ensure that the needs and concerns of disabled children are responded to appropriately.

The third finding of note relates to the identification and recording of disability for younger versus older children. The average age of the 18 disabled children subject to a Child Protection Medical Examination was 10 years old, while the average age of the 39 non-disabled children was 6 years old. Does this finding suggest that disabled children are more likely to experience harm and abuse than non-disabled children when they grow older? Or is the average age of disabled children experiencing harm and abuse the same as non-disabled children, but professionals are less able to identify and/or record disability among young children? Distinguishing between disability and 'normal' age and stage developmental delays is difficult[18,19] and, relatedly, Health Visitor records in Scotland record developmental concerns for children aged 0-5 years but do not record disability. Paediatricians cannot therefore readily use Health Visitor records to establish whether a young child is disabled or not for Child Protection Medical Examination recording purposes. For context, 18% of Scotland's infants aged 27-30 months in 2021/22 were assessed as having a developmental concern[20].

Lastly, the audit findings showed that in the 18 children with disability, 3 were found likely to have experienced sexual abuse while in the 39 children without a disability, 5 were found likely to have experienced sexual abuse from the medical assessment. While the sample size is small, concerns of child sexual abuse made up 45% of queries leading to medical examination in disabled children and 26% in the non-disabled children. The results demonstrate that disabled children are more likely than their non-disabled peers to be considered at risk of sexual abuse.

Conclusion

This audit presents and analyses data for a sample of children subject to a Child Protection Medical Examination in Scotland. It found that almost one third of the children in the

sample were disabled but compared to their non-disabled peers, they were less likely to have been found to have experienced abuse. The findings highlight an apparent under-recording of disability within Scotland's annual child protection statistics[21]. It is hoped that this audit encourages enhanced collection and analysis of disabled children within statistical collections, so boosting the visibility of disabled children among politicians, services and funders.

The finding that abuse was less likely to be substantiated among disabled children than their non-disabled peers encourage us to consider how to respond to the potential abuse of disabled children. Are, for example, Child Protection Medical Examinations used unnecessarily? Or is a more risk-averse and protectionist approach appropriate? These questions help illustrate how working with disabled children is complex, and highlight the importance of building practitioner skills, confidence and competence in this area.

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