

# Safeguarding Disabled Children

## Protocol

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## 1. Introduction

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

The document should be read alongside *Working Together to Safeguard Children 2018* <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> which sets out the core legal requirement to keep children safe and how all agencies should work together to both safeguard and promote children's welfare. It should also be read alongside the Framework for the Assessment of Children in Need and their Families (2000), which provides a framework to assist in determining whether a child is in need under the Children Act 1989 and deciding how best to provide help. However, the Framework for the Assessment of Children in Need has been incorporated into the Working Together document.

Research tells us that disabled children and young people are at increased risk of abuse – *'We have the right to be safe Protecting disabled children from abuse'* (NSPCC Miller and Brown, 2014).

Disabled children are entitled to the same levels of protection and assessments of their needs as any child.

A disabled child or young person is first and foremost a child or young person. This acknowledgement is essential for recognising the possibility of abuse in disabled children.

Disabled children may have needs relating to physical and/or sensory impairment, and/or cognitive impairment. They are more vulnerable than their non-disabled peers for a number of reasons including negative attitudes and unequal access to services and resources. A fundamental principle underlying this protocol is that disabled children have the same human rights as non-disabled children to be protected from harm and abuse.

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

The London Child Protection Procedures should be used in support of this document. <http://www.londoncp.co.uk/>

## 2. The role of the Safeguarding Children Board in relation to this protocol

The objective of the Local Safeguarding Children's Board (LSCB) is to agree how the relevant organisations in Enfield will cooperate to safeguard and promote the welfare of children in Enfield, and to ensure the effectiveness of what they do.

Disabled children should be seen as children first. Being disabled should not and must not mask or deter an appropriate enquiry where there are child protection concerns. It is the responsibility of the ESCB to ensure that all Board members take seriously their responsibilities to protect disabled children and young people.

### 3. Context

The protocol is written within the context of local and national initiatives and legislation, - Aiming High for Disabled Children 2007 which culminated in the Short Break Duty - The Breaks for Carers of Disabled Children Regulations 2011 - and the Children and Families Act 2014 which encompasses the wide reaching Special Educational Needs/Disability (SEND) reforms.

The Joint Service for Disabled Children brings together Social Care, Health and Education who collaborate with the Voluntary Sector and work in partnership with parents, including Our Voice Parent Forum and Enfield National Autistic Society (ENAS) and with disabled children and young people, to develop and deliver a range of innovative family support services and short breaks.

All disabled children and young people are supported to be active participants in planning and decision making. Emphasis is laid on Early Help Services acknowledging the additional responsibilities and stress that families may experience in bringing up a disabled child.

The Joint Service for Disabled Children reports and is accountable to the SEND Partnership Board chaired by the Director of People Services. All boards have parental representation via the various parent forums and pro-actively engage with young people to ensure their views are represented.

The work of the Joint Service is supported and enhanced by partner agencies represented on all the Boards. Multi-agency colleagues work collaboratively and within a spirit of co-production to ensure best practice and to raise the profile of disabled children and young people.

Essential to this work is ensuring that generic and specific safeguarding training is planned and delivered to all partners as part of a regular rolling programme supporting professional development.

### 4. Disability

For the purpose of this protocol “disability” will include children with profound, severe, moderate or mild needs including: -

- physical or learning disability
- Hearing or visual impairment.
- Autism
- Children who have challenging behaviour as a result of their learning disability.
- Children who have complex health needs and who may have palliative, life limiting or a life-threatening condition

This list is not exhaustive, the protocol will apply to any child with an increased vulnerability whether this is temporary or permanent.

## 5. Vulnerability

A disabled child is as vulnerable to physical, emotional, sexual abuse or neglect as any other child. The safeguarding risks may present from within the family and increasing awareness demonstrates that disabled children are also at risk outside the family from grooming and child sexual exploitation and grooming for child criminal exploitation and trafficking. The following factors may raise the level of risk:

### Dependency

- Lack of access to 'keep safe' strategies available to others
- A need for practical assistance in daily living, including intimate care from a number of carers from different organisations, which may lead the child or young person to confuse "good" and "bad" touching. Increased numbers of adults involved in a caring role and the nature of the care needs both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries. There is the possibility that disabled children may be 'schooled' into accepting others having access to their bodies.

### Isolation

- An increased likelihood that the child is socially isolated due to inadequate and poorly co-ordinated support services
- Parents may find it hard to challenge professionals/carers who are providing a service for their child for fear of losing the service
- Spending greater periods of time away from home. Disabled children are more likely to spend time away from their families than non-disabled children for example in short-break services or in residential schools

### Communication Barriers

- Carers and staff lacking the ability to communicate effectively with the child
- Difficulties for professionals in eliciting information, wishes and feelings from a child with a disability which may hinder disclosure
- A lack of access to independent facilities and/or children's advocacy services
- A lack of choice and participation in decision making and failure to consult and listen to disabled children can result in disempowerment

### Factors Associated with Impairment

- Behaviour and/or physical symptoms may be seen as related to disability rather than abuse
- A lack of training or inadequate training may lead to failure to recognise indicators of potential abuse

### Attitudes and Assumptions

- Professionals may be reluctant to believe anyone can harm a child with a disability and find it hard to challenge carers

### Reluctance to Challenge Carers

- Professionals may feel overwhelmed by the child's needs. Professionals may empathise with parents felt to be under considerable stress and may therefore find it difficult to challenge families

- Parents'/carers' own needs and ways of coping may conflict with the needs of their child

### **Limited Personal Safety Programmes and Personal Social and Sex Education**

- This can lead to disabled children being less aware of abusive behaviour and less able to communicate their feelings. A lack of appropriate training materials exacerbates disabled children's vulnerability
- Physical pain and or psychological trauma can be related to the effects of FGM, a physical impairment not usually understood as a disability. (M Owojuyigbe et al. Reproductive Health Matters 2017; 25(50): 80-91).

The NSPCC have helpful information in relation to protecting children from FGM. <https://learning.nspcc.org.uk/child-abuse-and-neglect/fgm/#heading-top>

Barnardo's have set up a National Centre in partnership with the Local Government Association (LGA). The centre provides specialist social work intervention to local authorities, alongside training for professionals across the UK. It engages with communities to change attitudes towards harmful practices, so children can be safeguarded from FGM and child abuse linked to faith or belief.

<https://www.barnardos.org.uk/what-we-do/protecting-children/fgm>

- Some sex offenders may target disabled children in the belief that they are less likely to be detected

### **Higher Levels of Bullying**

- Assumptions that disabled children are not bullied increases their vulnerability. For some disabled children bullying can be an insidious and relentless process that can dominate their lives leaving them feeling deprived and withdrawn

### **Lack of Family Support Services**

- Disabled children may be more vulnerable to abuse due to sustained pressure on families, unmet need, isolation and stress. Parents and carers own needs and ways of coping may conflict with the needs of the child

## **6. Examples of Abuse**

Do not ignore the universal indicators of abuse – as outlined in point 5 - and in addition the following abusive behaviours should be considered:

- Inappropriate feeding (too much, too little, too late).
- Rough handling, for example unjustified or excessive physical restraint not carried out in accordance with good practice guidelines.
- Extreme behaviour modification including the deprivation of liquid, medication, food, clothing or socialisation
- Failure to respond to the developmental needs of the child (including sexual development)
- Misuse of medication, including sedation
- Failure to attend appointments
- Failure to follow medical regimes
- The inappropriate use of invasive procedures
- Ill-fitting equipment or inappropriate splinting
- Not using or learning the child's methods of communication.
- Child Sexual Exploitation (CSE)
- Forced marriage

- Modern day slavery
- Female Genital Mutilation (FGM)
- Child Criminal Exploitation
- Trafficking

This list is not exhaustive

## 7. Communication

The right to communicate – children, adults, disabled and non-disabled – is underpinned by the Human Rights Act 1998 – UN Rights of the Child.

It is essential to understand that all disabled children communicate, but when a child has a disability the following factors need to be taken into account: -

- Disabled children find it easier to communicate given appropriate resources, support and the presence of someone who knows them well. This may not necessarily be a parent
- Workers must familiarise themselves with the child's method of communication or use a facilitator known to the child. It is essential that all those working with disabled children are supported and trained to acquire the necessary communication skills
- Where a child is unable to tell someone of her/his abuse she/he may convey anxiety or distress, e.g. changes in behaviour. It is the responsibility of carers and staff to be aware and sensitive to changes in children's behaviour
- No assumptions should be made about any disabled child's ability to share in decision – making or give consent to or refuse examination, assessment or treatment. Non – verbal communication is as valid as verbal communication

## 8. Disabled Children Who May Abuse

Society may be reluctant to recognise that some disabled young people may abuse other children. It is only by recognising and responding to indicators of abuse that appropriate intervention and services can be effectively provided. Disabled children, like other children can be both victims and perpetrators of abuse and can be particularly true of child criminal exploitation where disabled children can be exploited and groomed to abuse other young people. Any assessment of need should be aware of this factor.

## 9. How to make a child protection referral of a disabled child or young person

**Allocated to a Social Worker in the JSDC's Specialist Team – Cheviots - or stepped down from an allocated Social Worker within 3 months of the referral being made.**

If a CP concern is identified via a Police Merlin, the Merlin should be sent directly to the Children's MASH by the MASH Police Team. The MASH will forward this to the Cheviots mailbox – [cheviots@enfield.gov.uk](mailto:cheviots@enfield.gov.uk). If it is urgent, please phone Cheviots Duty worker on 0208 363 4047

If the child has an allocated Social Worker or has been stepped down from an allocated Social Worker within 3 months of this referral, refer by phoning Cheviots - 020 8363 4047-

and send supporting information on a Safeguarding Assessment Referral Form (SARF) which can be downloaded from the Enfield Safeguarding Children Board or via the Local Offer websites. See the link below -

<https://new.enfield.gov.uk/enfieldscb/professionals-volunteers/childrens-single-point-of-entry-spoe/>

Send the information directly through to Cheviots mail box – [cheviots@enfield.gov.uk](mailto:cheviots@enfield.gov.uk). If urgent, send this information within one hour by secure e-mail after telephoning to discuss the issues.

**How to make a child protection referral for a disabled child or young person who does not have an allocated Social Worker in the Joint Service for Disabled Children’s Specialist Team – Cheviots**

All other child protection referrals and safeguarding concerns for disabled children, including children and young people who are open to the Joint Service because they are receiving short breaks or family support services and including cases closed to Cheviots, should be progressed by a referral to the MASH.

Download the SARF from the Enfield Safeguarding Children Board or via the Local Offer websites – see the link above - and email it to the MASH.

This form is used by all agencies to assess and refer children and families where there are safeguarding concerns.

Contact the MASH on 020 8379 5555. All referrals should be made within one day of recognition of risk, immediately if urgent and followed up in writing within 48 hours. If in doubt contact the MASH to discuss your concerns with a MASH Manager. For all out of hours child protection referrals - refer to the Emergency Duty Team via the Civic Centre (0208 379 1000) or directly to the Police if you feel the child is at immediate risk of harm.

It is the referrer’s responsibility to make a referral swiftly to prevent any delay. Once a referral has been received, it will be processed within 24 working hours. Should the concerns be of an urgent nature, it will be processed immediately.

If you are unclear whether your concern is a safeguarding matter, the Children’s MASH can be contacted on 020 8379 5555 where your concerns can be discussed with a manager. All referrals should be made within one day of recognition of risk, immediately if urgent and followed up in writing within 48 hours.

It is important for staff members screening calls and contacts in the MASH to understand the issues affecting disabled children. This will enable them to recognise whether concerns are of an urgent nature. If in doubt the MASH should liaise with the JSDC for advice and guidance. The following should be clarified when making or responding to a referral for a disabled child or young person:

- Details of all members of the family and of all the professionals currently involved.
- Detail the child protection reasons for making the referral and describe the child’s impairment /condition or disability and how it affects them

- Ensure there is a full description of the impairment/disability: For example, 'learning disability' could mean many things and does not tell you much about the child or their needs. It may be helpful to consider the following questions:
- How does the impairment, condition or disability affect the child on a day-to-day basis?
- How does the child communicate? If someone says the child can't communicate, ask, "How does the child indicate s/he wants something? How does s/he show s/he is happy or unhappy?"
- What are the specific requirements of the child and what are the barriers that may prevent them from reporting how they feel or what has happened to them?
- Has the impairment, condition or disability been medically assessed or diagnosed?

## 10. What Happens Next

Checks are made to see if the family are currently known or have been known to social care.

A duty Manager will decide whether the information meets the threshold for a Section 47 (S47) enquiry (Child Protection) –if the child is suffering or likely to suffer significant harm - and whether the concerns require an urgent strategy discussion with the police. A Strategy Meeting may be called to facilitate multi agency discussions about any risks posed and to form a plan.

Should it be agreed that a S47 be initiated a Child and Family Assessment will be started. It is important to note that a disabled child is likely to be in contact with a large number of professionals who may be vital sources of information. An Initial Child Protection Conference will be convened if safeguarding concerns are validated.

Signs of Safety is the assessment model that is used in Enfield and is a strengths-based model as opposed to a deficit-based model and so looks at what families can do and supports them to do these things well. Consequently, any and all professionals actively involved with the child and family will be contacted to contribute to the assessment to ensure a proper understanding of the child and family's strengths and needs.

## 11. Training

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

A comprehensive training strategy should include the following elements:

- Issues relating to disabled children including their vulnerability to abuse included in basic safeguarding training across multi-disciplinary settings.
- This includes 'frontline staff' and managers in universal services – for example children's centre staff
- Interagency specialist training relating to safeguarding disabled children

- The needs and experiences of disabled children to be addressed in workshops or seminars on specific safeguarding issues
- The local workforce strategy to incorporate training in communication skills and methods as well as disability equality and deaf awareness training for staff across the children's workforce
- The establishment of agreed standard as to the content of safeguarding courses, including specialist training
- The establishment of training pathways for all staff involved in safeguarding children, which ensures staff are not allocated cases involving disabled children until they have received appropriate training
- The diversity, culture, religion and ethnicity of disabled children and their families to be incorporated into all safeguarding training
- Disability equality training is relevant to all service providers, and is particularly helpful in enabling them to fulfil their duties under Equality Legislation

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

- Challenging attitudes towards disabled children and abuse or neglect
- Increasing knowledge of the needs and circumstances of disabled children and of the nature of their vulnerability to abuse or neglect
- Increasing knowledge of relevant legislation, guidance and procedures and their application to disabled children
- The acquisition of skills to communicate with disabled children and to carry out assessment of their needs, and enquires and investigations of abuse or neglect

All safeguarding training delivered by the ESCB will include perspectives of and issues affecting disabled children where appropriate. All training is offered from an inclusive and diversity aware standpoint.

Specialist training on issues affecting disabled children is also offered to particular groups of workers or specialist services on a single agency basis. All ESCB agencies working with disabled children should develop their own training plans where necessary to address issues of disability and safeguarding

## **12. Children's Portal**

During 2019 Enfield's Children's Portal will come on stream. It is a web-based single point of access and it will allow you in phase 1 to:

- make a referral for child protection or family support
- view all your referrals in one place
- access information, advice and guidance
- submit a foster carer enquiry

In phase 2 referrals will be able to be made to the LADO and the JSDC.