



NSPCC

**‘We have the right to be safe’
Protecting disabled children
from abuse**

Main Report

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October 2014

EVERY CHILDHOOD IS WORTH FIGHTING FOR

'We have the right to be safe': Protecting disabled children from abuse

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Preface

This report identifies key issues about safeguarding and disabled children. It outlines the rationale for the NSPCC's work with disabled children, identifies influencing factors on risk and safeguarding, considers what we know from research and reviews of service delivery before moving on to the policy context and current state of safeguarding services in the UK. Finally, the report sets out what is needed to improve the protection of disabled children.

The importance of involving deaf and disabled young people in understanding the nature of the problems and in finding solutions is recognised, as is the role of all stakeholders in working towards the protection of disabled children from abuse.

The report has drawn from a number of sources including:

- literature reviews
- deaf and disabled children, young people and young adults
- NSPCC practitioners and managers
- key organisations and individual experts in both the disabled children and safeguarding and child protection fields.

It considers the safeguarding needs of disabled children from a wide range of impairment groups including children with moderate, severe and profound and multiple learning disabilities; children with specific learning difficulties; children with physical or visual impairments; deaf children; children with an autistic spectrum condition; children with physical or mental health needs; children with speech, language and communication needs; and children with behavioural, emotional and social development needs.

The term “disabled” covers a wide range of impairments that have a different impact on the child, their needs and their experience of disabling barriers. Any one child's experience of their impairment will be unique to them. In consequence, each issue considered in this report is of varying relevance for children within different impairment groups and for individual children themselves. However, some issues will be common to the experience of children across a number of impairment groups.

Terminology

The terms “disabled children” and “children with disabilities” are both widely used by professionals. We have taken an approach that reflects the social model of disability and used the term “disabled children” throughout to include all impairment groups. This enables us to focus on barriers to the wellbeing and protection of disabled children and to build on the strengths and opportunities that exist.

The recognition of disabled children as full human beings is only comprehensively achieved by adopting the social model of disability. This perspective separates out the impairment (the characteristics of someone's body or mind) from the disabling barriers (the way society and individuals react to impairment). A disability rights perspective, informed by the social model of disability, asserts that it is not impairment which determines quality of life but disabling attitudes and unequal access to education, communication, employment, leisure activities, housing, health care and so on. This is why the disabled people's movement uses the term “disabled children” rather than “children with disabilities”. The former term refers to what society does to children with impairments (i.e. it disables them by prejudicial attitudes and unequal access), while the latter term uses the word “disabilities” to mean impairments and thus defines them by what their bodies or minds cannot do. Within the social model of disability, the word “disability” refers to oppression and disempowering factors, not to impairment. (Morris 1998, p.12)

We have referred to particular impairment groups when referring to specific research findings and planned activities.

The term “deaf and disabled” is used in the context of consulting with deaf children and young people. This is because some deaf young people identify themselves as deaf and not disabled. In other contexts the term “disabled” is used to refer to all disabled children, including deaf children.

“Children” refers to both children and young people. This report covers children from the ages of 0 – 18 years of age but some of the issues will also be relevant for disabled young adults.

“Safeguarding” refers to a broad range of activities, including child protection, to prevent abuse and promote wellbeing.

“Child protection” refers to policies, procedures and practice to protect children when there are concerns about a child's safety and wellbeing.

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Finally, and most importantly, we would like to thank all the deaf and disabled children and young people who have provided valuable insights over the years and helped us to understand the risks more fully as well as what we can do to address these.

Messages from NSPCC disabled ambassadors

“Some disabled people get treated badly, get treated like a kid. They get isolated in their thoughts and minds. They could even self-harm. You need to give them more freedom.”

“When a young person is disabled, their mothers sometimes smother them too much, they need to let them go, they need to learn for themselves and experience the real world. Sometimes because parents don't let them experience the real world, they don't know what abuse is.”



NSPCC Ambassador

It's harder to make yourself heard at times. You can't communicate easily, because of whatever problem. And you also have to depend on other people. Even if you're able to verbalise what you want to say, you are always in a weaker position, as you need that help. So in order to safeguard yourself, you need to make sure staff, carers, are vetted, and make sure they know they're not just doing a job – they're helping a person.

“We need someone to come down to our level and tell us that there are people that could help.”

“If people don't listen to young people, it could be more dangerous for them. If they don't know ways of dealing with life today, it's harder to be themselves.”



NSPCC Ambassadors

“Everyone has the right to be safe, and not a victim of society.”

“That’s where the avenues of abuse open up, when the young person needs support. That person has to have that help; if that person wants to take advantage of that, they can.”

“People do get bullied. You should make people understand it’s wrong. They don’t know about different things. PSHE¹ is so important. Bullies can see you as an easy target.”

There needs to be honesty about any incident, no matter how embarrassing or scary.

1 Personal, social and health education

If I had £1 million to spend on keeping disabled young people free from abuse...

“I’d have workshops for young people telling them what’s safe – what they can do, where to turn to. And giving the same to parents, to professionals, to teachers. They need to be aware of the young person’s needs.”

“I’d give people education, and make sure that there is employment for young disabled people. You should educate them about staying safe, the social model, terminology, and creating a culture of disability awareness in schools and colleges.”



NSPCC Ambassador

Executive summary

Rationale

The rights of disabled children to protection from abuse are enshrined in the UN Convention on the Rights of the Child (UNCRC) and all work to protect and safeguard disabled children should be grounded in the Convention. Article 19 provides for the protection of the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, and maltreatment or exploitation, including sexual abuse. Article 2 addresses the rights of all children, without discrimination of any kind, to all rights enshrined in the Convention, irrespective of the child's or his or her parent's or legal guardian's disability. Article 23 recognises the right of the disabled child to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

The UN Convention on the Rights of Persons with Disabilities, ratified by the UK in 2009, reaffirms that all disabled people must enjoy all human rights and fundamental freedoms, and Article 7 states that all necessary measures should be taken to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. Article 16 details the right of all disabled people, in accordance with the Convention, to be free from exploitation, violence and abuse.

Research, mostly conducted outside the UK, shows that disabled children are three times more likely to be abused than non-disabled children (Jones *et al.* 2012). Disabled children have an equal right to protection, yet barriers can exist at all stages of the child protection process (National Working Group on Child Protection and Disability 2003). Positive action can reduce the risk and help realise disabled children's equal right to protection. The NSPCC is well placed to lead on this work in collaboration with key stakeholders.

Understanding the drivers

Factors that increase risk and lessen protection include:

- attitudes and assumptions that do not treat disabled children equally and have an impact on all aspects of their lives – reluctance to believe disabled children are abused, minimising the impact of abuse and mistakenly attributing indicators of abuse to a child's impairment
- barriers to the provision of support services that lead to the disabled child and their family being isolated
- impairment-related factors such as dependency on a number of carers for personal assistance, impaired capacity to resist/avoid abuse, communication impairments and an inability to understand what is happening or to seek help

- barriers to communication and seeking help where the child's opportunities for seeking help may be very limited
- barriers to the identification of concerns and an effective child protection response such as: lack of holistic child-focused assessments, reluctance to challenge parents/carers and professional colleagues, a skills gap and resource constraints (Westcott 1993; Sobsey 1994; Westcott and Cross 1996; Westcott and Jones 1999; National Working Group on Child Protection and Disability 2003; Commission for Social Care Inspection *et al.* 2005; Briggs 2006; Fisher *et al.* 2008; Murray and Osborne 2009; Ofsted 2009, 2012; Stalker *et al.* 2010; Stalker and McArthur 2012).

What we know

Disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children (Sullivan, Vernon and Scanlan 1987; Cross *et al.* 1993; Sullivan and Knutson 2000; Kvam 2004; Spencer *et al.* 2005); Jones *et al.* 2012.

Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions and deaf children. Evidence on risk and severity of impairment is mixed. Most research suggests that disabled boys are at greater risk of abuse than disabled girls when compared to non-disabled children. There is a lack of knowledge about the differing risks to disabled children at the various stages of their development although there is some evidence that for maltreated children with health/orthopedic and communication impairments, there is a preponderance of first incidents of maltreatment from birth to five years of age. Disabled children in residential care face particular risks (Utting 1997; Sullivan and Knutson 2000; Kvam 2004; Spencer *et al.* 2005; Briggs 2006; Hershkowitz *et al.* 2007; Fisher *et al.* 2008).

Disabled children are more likely to be abused by someone in their family compared to non-disabled children. The majority of disabled children are abused by someone who is known to them. Research also suggests that significant numbers of children with harmful sexual behaviour have learning difficulties or disabilities, although caution should be exercised in interpreting these findings (Sullivan and Knutson 1998; Kvam 2004; Hershkowitz *et al.* 2007, Almond and Giles 2008; Hackett *et al.* 2013).

Bullying is a feature in the lives of many disabled children (Marchant *et al.* 2007; Reid and Batten 2006; Mencap 2007). Research indicates that disabled children are more likely to experience the negative aspects of social networking sites than non-disabled children (research

conducted by the NSPCC in 2013 on the experiences of 11–16-year-olds on social networking sites).

Disabled children (and severely disabled children even more so) may disclose less frequently and delay disclosure more often compared to typically developing children. Disabled children are most likely to turn to a trusted adult they know well for help such as family, friend or teacher (Marchant *et al.* 2007; Briggs 2006; Hershkowitz *et al.* 2007; Marchant *et al.* 2008).

Very little is known about the experiences of disabled children in the child protection system; the NSPCC has sought to remedy this by commissioning research into the subject in 2013. There is also a lack of research specifically in relation to minority ethnic disabled children and safeguarding although research shows that families from minority ethnic groups experience additional disadvantage and discrimination in caring for a disabled child (Chamba *et al.* 1999).

Research has found disability to be a common feature where children have experienced abuse as a result of beliefs in “possession by evil spirits” and “witchcraft” (Stobart 2006).

On promoting safeguarding, research studies and consultations have highlighted the need for personal safety skills programmes, including sex and relationships education, that raise disabled children’s awareness of abuse and ability to seek help (Briggs 2006; Marchant *et al.* 2008; Stephenson *et al.* 2011). Peer support can also have a beneficial effect on reducing bullying and enabling children to explore the issues they regard as important and to make decisions (Bethell 2003; Smith and Watson 2004).

Finally, creative therapies can potentially contribute to safeguarding by providing children with opportunities to express themselves through indirect and non-verbal means, particularly when it is hard for them to express themselves linguistically (Epp 2008; Porter *et al.* 2009; Freilich and Shechtman 2010; Goodley and Runswick-Cole 2010).

Policy context

The policy context across England, Wales, Northern Ireland and Scotland is diverse although many of the issues about risk and protection of disabled children are similar. Inspections and reviews of safeguarding/child protection services for disabled children across all four nations have identified significant issues relating to the implementation of policy.

All four nations are, or have been, addressing protection issues for disabled children:

England

Working Together (2013) identifies particular considerations for disabled children and refers to previously detailed guidance on assessment and protecting disabled children. Reviews of safeguarding and serious case reviews such as the Commission for Social Care Inspection *et al.* (2005), Ofsted (2009) Brandon *et al.* (2012) and the Ofsted (2012) protecting disabled children thematic inspection have highlighted key issues for the protection of disabled children over recent years. Ofsted’s (2013) *Framework and Evaluation Schedule* on the effectiveness of local authority services and arrangements to help and protect children, and the effectiveness of the local safeguarding children board in meeting its statutory functions, identifies how the needs of disabled children are being met. The Children and Families Act 2014 is introducing a number of measures to improve the support system for children and young people with SEN and their families.

Wales

Safeguarding Children: Working Together Under the Children Act 2004 (Welsh Assembly Government 2006) and the *All Wales Child Protection Procedures* (AWCPPRG 2008) specifically address issues for disabled children. The Rights of Children and Young Persons (Wales) Measure 2011 embeds the UN Convention on the Rights of the Child into legislation. The rights approach has resulted in policy-making focused on the needs and rights of disabled children in Wales over the last decade.

Scotland

The *National Guidance for Child Protection in Scotland* (Scottish Government 2014) and the 2014 *Additional Notes for Practitioners: Protecting Disabled Children from Abuse and Neglect* address issues for disabled children, who are seen as a priority. A ministerial working group was established from March 2012 – March 2014 to take forward the National Review of Services for Disabled Children (see Scottish Government 2011, 2012). The Scottish Government has commissioned and published research on disabled children and child protection in Scotland (see Taylor *et al.* 2014).

Northern Ireland

The particular vulnerabilities of disabled children and a number of measures to keep them safe were explored in a policy statement setting out a safeguarding policy framework across government departments (OFMDFM 2009). *Co-operating to Safeguard Children* (DHSSPS 2003) and *Standards for Child Protection Services* (DHSSPS 2008) both refer to the needs of disabled children and *Understanding the Needs of Children in Northern Ireland* (DHSSPS 2011) includes guidance for professionals when conducting assessments with

disabled children. Safeguarding disabled children has been recognised as a priority in the Safeguarding Board for Northern Ireland's first Strategic Plan (SBNI 2013).

Current state of services

The increased focus on the safeguarding needs of disabled children over recent years has undoubtedly led to improvements in practice across the UK. However, the available evidence suggests that practice varies between individuals and between services and local areas.

Reviews, inspections, consultations and other sources of information have found:

- Many disabled children lack basic information about child protection. Research carried out by the NSPCC in Northern Ireland (McElearney *et al.* 2011b) highlighted that children with special educational needs were more likely to report lower knowledge, understanding and self-efficacy to keep safe in relation to bullying, domestic abuse, and appropriate and inappropriate touch than their peers.
- There has been a move in recent years towards models for empowering disabled children and consulting them on matters that affect their lives. Peer support is still relatively new but is becoming more commonplace within schools. Disabled children likely to be the most vulnerable are less likely to receive an advocacy service.
- There have been improvements in child protection practice across the UK in recent years. In England, the Ofsted (2012) protecting disabled children thematic inspection found that effective multi-agency support was provided at an early stage; a wide range of professionals and staff made timely referrals when they had concerns about disabled children; when child protection concerns were clear they were investigated promptly and steps were taken to ensure that children at immediate risk were safe; that when these children did become the subject of child protection plans there was a marked improvement in their outcomes and that child protection enquiries were usually carried out by social workers with appropriate experience and expertise in child protection and disability. Taylor *et al.* (2014) commented that in Scotland some practitioners had found creative ways of seeking a child's views and that there was a perceived improvement in interagency communication and cooperation.
- Significant barriers continue to exist, however, in child protection processes for disabled children. Recurring themes include failure to recognise abuse or apply appropriate thresholds; lack of holistic assessment; lack of communication with the child and maintaining a focus on their needs; and, despite improvements, a continuing lack of effective multi-agency working

(Ofsted 2009, 2012; Brandon *et al.* 2012; Taylor *et al.* 2014). In England Ofsted (2012) found in particular that children in need work was not always well co-ordinated, with many plans lacking detail and focus on outcomes, and that this lack of rigour increased the likelihood of child protection concerns not being identified early enough. The report also found delays in identifying thresholds for child protection when concerns were less clear-cut, especially neglect.

- Registered intermediaries have been available in the criminal justice system throughout England and Wales since 2008 although there is a significant shortfall. A pilot programme is in place in Northern Ireland. Evaluation of the pathfinder projects in England and Wales found considerable benefits in facilitating communication (Plotnikoff and Woolfson 2008).
- The needs of deaf children are often not well served by children's disability teams (Young *et al.* 2009). Minority ethnic disabled children may experience additional barriers in the child protection system.
- Therapeutic services for children who have been sexually abused are often not accessible to disabled children and in particular physically disabled children, children and young people with severe mental health difficulties and severe learning disabilities (Allnock *et al.* 2009). The NSPCC will be piloting a therapeutic intervention in 2014/15 with children with learning disabilities.

The way forward

All stakeholders need to share and build on existing knowledge and good practice and work together towards ensuring equal protection for disabled children. There is a need:

- to develop a wider and deeper evidence base to help us better understand the vulnerability of disabled children to abuse and how they can be protected. Research, similar to that carried out in the United States by Sullivan and Knutson (2000) is needed on the specific increased vulnerabilities of disabled children to abuse in the UK.
- to raise awareness about the abuse of disabled children and challenge attitudes and assumptions that act as barriers to protection
- to promote safe and accessible services
- to raise disabled children's awareness of abuse and ability to seek help including access to personal safety skills training
- for agencies to build on good practice and measures already in place that help ensure the effective delivery of child protection and criminal justice services for disabled children.

The NSPCC's role

The NSPCC has a key role in engaging stakeholders in order to define the challenges and opportunities for improving the protection of disabled children. It can use its capabilities as a service provider to develop practical solutions and campaign in partnership towards ensuring that learning is reflected in policy, guidance and practice across the nations.

Conclusion

Disabled children are at greater risk of abuse and significant barriers can exist to their safeguarding and wellbeing. Understanding a child's needs, building on their strengths, overcoming the barriers and developing innovative solutions for meeting the challenges will not only enhance the child's wellbeing and protection from abuse but will provide learning that may also be of benefit for non-disabled children.

Disabled children have an equal right to protection from abuse. Action from all stakeholders is needed to realise this. A child protection system that is effective for disabled children will be one that is effective for all children.

1 Rationale for the focus on disabled children

The rights of disabled children to protection from abuse are enshrined in the UN Convention on the Rights of the Child (UNCRC) and all work to protect and safeguard disabled children should be grounded in the Convention. Article 19 provides for the protection of the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, and maltreatment or exploitation, including sexual abuse. Article 2 addresses the rights of all children, without discrimination of any kind, to all rights enshrined in the Convention, irrespective of the child's or his or her parent's or legal guardian's disability. Article 23 recognises the right of the disabled child to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

The UN Convention on the Rights of Persons with Disabilities, ratified by the UK in 2009, reaffirms that all disabled people must enjoy all human rights and fundamental freedoms, and Article 7 states that all necessary measures should be taken to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. Article 16 details the right of all disabled people, in accordance with the Convention, to be free from exploitation, violence and abuse.

The right of disabled children to protection from abuse is reflected in legislation across the UK (see Chapter 4).

Disabled children have an equal right to protection however:

- research shows that disabled children are three times more likely to be abused than non-disabled children (Jones *et al.* 2012)
- barriers can exist at all stages of the child protection process (National Working Group on Child Protection and Disability 2003)

The NSPCC is well placed to lead on taking positive action in collaboration with key stakeholders to reduce the risk and improve safeguarding.

1.1 Context

Awareness of the vulnerability of disabled children to abuse has grown since the 1960s and is based on research undertaken principally in the United States. The methodological base of early research was generally weak. However, research from the 1990s onwards responded to some of these weaknesses and has consistently demonstrated disabled children's increased risk of abuse.

Policy on child protection in the UK started to reflect disabled children's increased risk of abuse by the turn of the century. While development of these policies has varied across nations, England, Scotland, Wales and Northern Ireland are now all focusing on the development of policy and other initiatives that should directly or indirectly promote protection of disabled children.

Reviews and inspections of practice carried out in the UK over the last decade have found that policies aimed at better protecting disabled children from abuse have not always been reflected in practice. While identifying strengths in some areas of practice, the Ofsted (2012) thematic inspection on protecting disabled children in England and Taylor *et al.* (2014) in Scotland, for example, found significant shortcomings in others. Although practice has improved, it remains variable.

Alongside the development of child protection policy has been a focus on discrimination against disabled people and their right to equal treatment. This followed pressure from the disability movement to secure equal opportunities in living their daily lives.

1.1.1 Increased risk of abuse

Research consistently shows that disabled children are more likely to experience abuse (see Chapter 3 for a discussion of the literature). Disabled children are also more likely to experience multiple kinds of abuse and multiple episodes of abuse. The increased risk applies to disabled children in all impairment groups and all forms of abuse.

The reasons include reluctance to believe that disabled children are abused, minimising the impact of abuse and mistakenly attributing indicators of abuse to a child's impairment – that is, some attitudes towards and assumptions about disabled children result in unequal treatment. In addition, disabled children have less access to support services. And there are also factors relating to a child's impairment, such as dependence on multiple carers for personal care, and impaired capacity to resist abuse or seek help. These issues are covered in more detail in Chapter 3.

1.1.3 Barriers in the child protection system

Significant barriers can exist in child protection processes for disabled children. Recurring themes include lack of:

- priority to the protection of disabled children
- recognition of abuse and effective application of thresholds for child protection
- holistic assessments
- effective communication with the disabled child to seek the child's views
- staff training and skills
- effective multi-agency working (National Working Group on Child Protection and Disability, 2003; Commission for Social Care Inspection *et al.* 2005; Ofsted, 2009, 2012; Taylor *et al.* 2014).

1.1.4 The NSPCC is well placed to lead on this work in collaboration with key stakeholders

The NSPCC has a key role in supporting and engaging stakeholders to improve the protection of disabled children. We can use our capabilities both as service provider and campaigner in seeking to achieve this.

Professionals, policy makers, children and young people, and parents and carers can take steps, acting individually and collaboratively, to share and develop knowledge and skills and to reduce risks and barriers to protection. Realistic and innovative solutions can enable service providers to apply the learning. Stakeholders can work together to ensure that the same principles, standards and thresholds are applied in order to meet the rights of disabled children to equal protection from abuse.

2 Influencing factors on risk and protection

Key influencing factors on risk and protection can be grouped under the following headings:

- Attitudes and assumptions
- Barriers to provision of support services
- The child's impairment
- Barriers to the identification of concerns and an effective child protection response.

These are informed by research, findings from inspections, views of disabled children and young people and strong anecdotal evidence (Westcott 1993; Sobsey 1994; Westcott and Cross 1996; Westcott and Jones 1999; National Working Group on Child Protection and Disability 2003; Commission for Social Care Inspection *et al.* 2005; Briggs 2006; Fisher *et al.* 2008; Murray and Osborne 2009; Ofsted, 2009, 2012; Stalker *et al.* 2010; Stalker and McArthur 2012; Taylor *et al.* 2014). Consultations undertaken with deaf and disabled children by the NSPCC and others in recent years have provided valuable insights into their experiences of people's attitudes, communication, bullying and seeking help.

2.1 Attitudes and assumptions

2.1.1 Disabled children are not treated as equal citizens with equal rights

A research study on violence against disabled children conducted on behalf of the United Nations (Groce 2005, p.4) reported that:

Children who live with a physical, sensory, intellectual or mental health disability are among the most stigmatised and marginalised of the entire world's children. While all children are at risk of being victims of violence, disabled children find themselves at significantly increased risk because of stigma, negative traditional beliefs and ignorance.

While recognising the significant differences that can exist in individual attitudes towards disabled children, attitudes that do not value disabled children can have an impact on all aspects of their lives and increase the risk of their being abused. Such attitudes can underlie the failure of practitioners and others to focus on the disabled child, to communicate with a child to seek their views, and to understand and respond to their needs, including their safeguarding needs.

Disabled children frequently encounter barriers in their daily lives that affect opportunities for accessing information and services, and engaging in social activities. Barriers can be physical, attitudinal or organisational and can leave disabled children feeling isolated and excluded and denied their rights. Insufficient account can be taken of their views and experiences, and professionals and others may not take the steps necessary to facilitate communication or attach a value to this. As a result, disabled children's wellbeing can be compromised. These disempowering experiences can have an impact on their confidence and self-esteem and have significant implications for safeguarding (Sobsey 1994; Briggs 1995). For some minority ethnic disabled children these effects can be compounded.

Oppression affects the lives of disabled children in many ways, and it is important to bear in mind that these experiences may be repeated frequently throughout a child's early years, and the long-term effects of such experiences can be very damaging.

In particular, these experiences can create vulnerability to abuse by damaging children's sense of their own value and worth.

Untangling the direct impact of a child's condition or impairment from the disabling impact of oppression is important and can be very helpful for both children and families.

(Marchant 2011, p.2)

Messages from deaf and disabled young people have highlighted how attitudes can influence the way they are treated:

Attitudes and assumptions

- “People should look at the positives.”
- “Change people’s attitudes towards disability.”
- “Not stereotyping disabled people...”
- “People thinking that because we have a physical impairment that we are mentally impaired.”
- “Talk directly to me not my carer.”

(NSPCC ambassadors)

Communication

- “Don’t blame us or have a go at us.”
- “We do have feelings.”
- “We’re just like other children.”
- “Show respect and don’t patronise us.”

(Marchant and Gordon 2001)

Advocacy

- “I was not asked about my views and feelings. I was left out of meetings between my advocate and other people.”
- “Don’t take ages getting back to us – we could miss out if you do.”

(NSPCC and Voice UK, 2005)

2.1.2 Reluctance to believe that disabled children are abused or minimising the impact of abuse

Some people find it difficult to accept that disabled children are abused. This can be accompanied by minimising the harm that abuse can do to a child and a disabled child’s post-abuse support needs (National Working Group on Child Protection and Disability 2003).

Marchant (1991) identified a number of myths in relation to the sexual abuse of disabled children: disabled children are not vulnerable to sexual abuse; sexual abuse is OK or at least not as harmful as sexual abuse of other children; preventing the sexual abuse of children is impossible; disabled children are even more likely than other children to make false allegations of abuse; if a disabled child has been sexually abused, it is best to leave well alone once the child is safe.

Anecdotal evidence and the lack of investment in teaching personal safety skills to disabled children (see Chapter 5) suggests that these myths may still to some degree remain today. The delays in identifying child protection thresholds for disabled children (see Brandon *et al.* 2012; Ofsted 2012; Taylor *et al.* 2014; Chapter 5) are further evidence of reluctance to believe that disabled children are abused and minimisation of the harm done. The CPS (2013) Guidelines on Prosecuting Cases of Child Sexual Abuse in England and Wales includes a section on myths and stereotypes about child sexual abuse in respect of any child. Understanding of these issues is developing but this need for guidance further suggests that myths and misunderstandings continue to exist.

Ofsted’s evaluation of serious case reviews revealed concerns about the nature of some professionals’ attitudes towards work with disabled children. One serious case review concluded:



The evidence of a reluctance to feed the young person appropriately in order to keep her weight down so she could be carried [by parents] was not responded to with the urgency and robustness that would have been the case for non-disabled peers... Although similar concerns continued to mount, it took another three years before she was made the subject of a child protection plan. (2010, p.23)



2.1.3 Attributing indicators of abuse to the child's impairment

This is related to reluctance to believe that disabled children are abused. Possible indicators of abuse such as a child's mood, behaviour, illness or injury that for a non-disabled child would give cause for concern, for disabled children can be assumed to relate to the child's impairment with no action to explore this further (National Working Group on Child Protection and Disability 2003; DCSF 2009).

... a child with learning difficulties, limited communication and eczema had red marks on his arms and legs. These were in fact due to him being tied into his buggy but were misinterpreted as being due to the eczema. In another case, bruising to the thighs and anal area was assumed to be associated with the administration of rectal Valium but was in fact caused by sexual abuse.

(Edwards and Richardson 2003, p.33)

Children with profound and multiple disabilities may rely solely on behavioural communication. Parents and professionals may not be proficient in interpreting a child's behavioural communication and may not understand how the child communicates distress, anxiety and fear. A common response to challenging behaviour is to attempt to reduce or remove the unwanted behaviour. There may not be a full exploration of the possible causes.

2.2 Barriers to provision of support services

2.2.1 Isolation of disabled child and their family and inaccessible support services

Despite the commitment and positive action taken by some service providers, disabled children and their families can often experience physical, attitudinal and/or skills barriers to accessing the range of support services and community activities. These barriers might include inaccessible buildings, lack of supervision and support, communication barriers, transport difficulties, unwelcoming attitudes, lack of information, stereotyping, lack of commitment and lack of skills in working with disabled children. This can mean that the child and their parent/carers are unable to seek the advice and

support they may need and lead to further isolation and added pressure on families. Their circumstances may be compounded by financial pressures that many families of disabled children experience (Larkins *et al.* 2013). Some minority ethnic disabled children and their families can face further barriers to access such as language barriers, lack of information, assumptions and discriminatory attitudes.

Disabled children living away from home can experience particular isolation from key people with whom they normally communicate their views and needs. An out-of-area placement may make it difficult for parents to visit regularly. Children in 52-week placements in residential schools may not have the added protection of looked after status and the child's parent may be the only adult outside of the school regularly checking on their safety and welfare. Furthermore, some parents may have a conflict of interest about raising concerns if they are desperate that the child remains in the placement. Isolation of disabled children from their parents and their placing authority and the absence of regular reviews can mean that changes in behaviour and other indicators of abuse or neglect may not be noticed and questioned.

The CEOP (2013) thematic assessment *The Foundations of Abuse: A thematic assessment of the risk of child sexual abuse by adults in institutions* found that Children in institutional settings are not only at risk from adults who are inclined to abuse them sexually; but also from adults who either fail to notice abuse or, if they do, fail to report it. The report states that the culture within an institution has a strong influence on the degree to which abuse might occur within it. Whilst this report does not specifically focus on disabled children, the power imbalance that is amplified in institutions and the isolation of victims from the usual forms of help and support from families and friends increase the risks for disabled children in residential settings.

2.2.2 Barriers to communication and seeking help

Disabled children can face a range of barriers to seeking help:

- They may lack knowledge about abuse and their right to protection, and their vocabulary may not have been developed to enable them to seek help on matters that concern them.
- Those in a child's network to whom they could potentially turn for help may not be familiar with their method of communication – for example, a deaf child who uses BSL or a child who uses images or symbols to communicate.

- Opportunities for seeking help from those who are familiar with the child's method of communication may be limited if sufficient time is not made available. Furthermore, communication aids such as signs, symbols, pictures/photographs and electronic communication tools sometimes fail to include vocabulary of a personal, sensitive or sexual nature that could enable the child to adequately explain their concern and seek the help they need.
- Disabled children may have a limited range of trusted adults to confide in. They may fear that if they raise concerns within their immediate network, confidentiality will not be maintained on a need-to-know basis and there may be repercussions. This is particularly pertinent when a child has concerns about a person who is one of their main carers, a support worker or a key person they communicate through.
- A child may not have access to a private and safe area to discuss their concerns or be able to use a phone or a computer without help.
- Finally, sources of information and advice external to the child's network may not be accessible. For example, it may not be technically possible for the child to communicate directly with a helpline if they use BSL or a symbol-based system to communicate; those seeking to help the child may not understand the child's method of communication or be aware of deaf or disability issues, or the child may not be able physically to go to a centre where help is available.

The following points made by the Young Disabled People's Forum at the Greater Manchester Coalition of Disabled People in response to an NSPCC consultation over a decade ago in 2003 on seeking help about concerns remain relevant. Some of these reflect past negative experiences of seeking help.

"It can be difficult to concentrate using a computer for a long time."

"People should not talk down to you."

"Pictures and plain English can make things easier to understand but it depends on the person, for example how old they are."

"Too many pictures can sometimes be patronising."

"You tell someone and they jump in and interfere. You lose control."

"Sometimes it gets worse if you say something. People in authority can make things worse."

"Parents can be part of the problem. If you say something to a parent this can make things worse."

"People might worry they will lose a service if they say something."

"Sometimes people don't keep things confidential or people can find out if you have said something."

"It can be difficult to say something in private when you need someone to help you communicate."

"People don't listen to you if you have a communication impairment."

The comments that telling people in authority or parents can make things worse are concerning and more research is needed to understand disabled young people's perceptions and experiences of seeking help. However, the comments as a whole highlight the need for a range of accessible options for disabled children and young people seeking help, and the importance of ensuring an effective response and establishing trust and an empowering environment.

Allnock and Miller (2013) note that disclosure is a journey for many children in which they reveal some information to find out how people react. They found that it can take an average of 7.8 years for a child to disclose abuse. Given the barriers to disclosure that can exist for disabled children disclosure may take longer.

Children recognise the importance of having a real choice of people to go to with worries and problems – including people inside and outside the home, school, college or fostering or adoption service (Morgan 2004). Disabled children need these choices as well.

2.3 The child's impairment

These are some of the risks that relate specifically to a child's impairment.

- The disabled child depends more on others – e.g. support needs due to impaired cognitive ability and needs related to personal care, mobility, medical treatment, communication support or behaviour support. This can give rise to risks in two ways. First, it can expose disabled children to a wide range of carers, some of whom may search out vulnerable children. Second, disabled children may become very reliant on a small number of carers, which may inhibit their seeking help, especially if they rely on them for communication.
- The disabled child may not be aware of personal safety issues and be able to seek help.
- Some disabled children have less capacity to resist or avoid abuse due to cognitive or physical limitations that make it impossible for them to shout for help, avoid risky situations or get away from someone who intends to harm them.
- Many disabled children undergo more medical procedures and take more medication than other children. This can increase risks such as misuse of medication (e.g. over-medicating a child to keep them manageable), infliction of pain during medical procedures and withholding necessary care or medication.

2.4 Barriers to the identification of concerns and an effective child protection response

These barriers are discussed in detail in Chapter 4.

2.4.1 Lack of holistic child-focused assessments

Support for disabled children and their families can be characterised by a narrow focus – seeking to support parents/carers in caring for their child without addressing broader issues such as the needs and circumstances of parents/carers, family dynamics and broader environmental considerations and the impact of these on the child's wider developmental needs and wellbeing. Issues such as family dysfunction, domestic violence, parental mental health and drug misuse may not be given the attention they deserve in assessing the child's needs. Assessments that concentrate on the stated needs of the parents/carers may not necessarily be consistent with the child's wellbeing.



...the focus was on a young boy's disability rather than on the associated neglect. He had complex health needs due to cerebral palsy. In the review carried out following his death, a key area of learning was about the lack of identification of signs of possible neglect. There had been a failure to attend appointments for essential therapies and for review of his needs. The review considered this to be neglect by his parents. It was felt that professionals had been so focused on his complex health needs that they had not been attuned to the possibility of neglect.

(Ofsted 2010, p.22)



...agencies did not take into account the whole picture because of a focus on information about one element of a child's needs at the expense of others. For example, in one serious case review about a disabled girl who was from a Pakistani background, the executive summary commented on the fact that the professionals never seemed to explore or understand the meaning of disability in a family recently arrived from Pakistan.

(Ofsted 2010, p.22)



2.4.2 Reluctance to challenge parents/carers and professional colleagues

Working in partnership with parents and carers can bring many benefits to the wellbeing of disabled children and help to safeguard them. However, the emphasis on working in partnership and the commitment to keep children within their families and communities can inadvertently lead to an overly parent-focused approach in which the importance of consulting with the child is diminished and there is an over-reliance on the parent/carer's account of a child's behaviours and needs. Serious care reviews have often identified a reluctance to challenge professionals and parents' explanations to concerns for the wellbeing of a child. This risk of this happening for disabled children is likely to be greater. Professionals may feel the parent/carer is doing their best and continue to seek to work 'in partnership', in consequence compromising child protection standards and failing to advocate for the child's best interests.

Professional relationships can also act as a barrier to questioning and challenging the judgement and behaviour of colleagues, as can personal values, attitudes and assumptions about disabled children.

...a young disabled child ... suffered a serious incident of domestic abuse. This case also illustrated the need for professionals to challenge parents. The Children with Disabilities Team saw their role as family support workers to the exclusion of identification of child protection risks. The serious case review found that the need to respect the privacy of parents had led to an inadequate focus on the child. Too much attention had been paid to forming a trusting relationship with the adults at the expense of considering whether good enough care was also being provided for the child.

(Ofsted 2011, p.12)

2.4.3 Skills gap

There can be a skills gap between professionals proficient in working with disabled children and those who undertake assessments of need or child protection enquiries (Commission for Social Care Inspection *et al.* 2005; Murray and Osborne 2009). Practitioners in assessment teams may not have the specialised skills (e.g. non-verbal communication, sign language, understanding deaf culture and development issues) to enable them to communicate effectively with disabled children and fully understand their needs, and staff in disabled children's teams (who receive child protection referrals in many local authorities) will have expertise about disability, but may not have strong expertise in child protection.

2.4.4 Resource constraints

Practitioners undertaking assessments of need and child protection enquiries may not have enough time to build a relationship with disabled children and develop communication. Furthermore, resource constraints can limit the commissioning of specialised skills/services such as interpreters, therapists and psychologists who could contribute to an assessment or support plan.



3 The current state of knowledge

The current state of knowledge about disabled children and child protection comes mostly from research conducted outside the UK. Very little research has been undertaken in the UK. Our understanding of risk and safeguarding factors for disabled children in the UK is therefore informed by a combination of non-UK research findings and, in the UK, a small number of studies, surveys, reviews and inspections, consultations with disabled children and young people and anecdotal evidence.

Research about disabled children and abuse is also characterised by definitional and methodological difficulties – such as criteria and terminology for impairment and methods of sampling and measurement – that make it difficult to compare studies and draw clear conclusions. The issue of causality of abuse and impairment adds further complexity. However, it is possible to draw out some conclusions.

3.1 Disabled children and risk of abuse

As already stated, we know that disabled children are at significantly greater risk of all types of abuse than non-disabled children (Sullivan *et al.* 1987; Cross *et al.* 1993; Sullivan and Knutson 2000; Kvam 2004; Spencer *et al.* 2005; Briggs 2006; Fisher *et al.* 2008; Stalker *et al.* 2010; Stalker and McArthur 2012; Jones *et al.* 2012).

Jones *et al.* (2012) undertook a review and meta-analysis of data from research studies into prevalence and risk of violence against disabled children. By combining data from a number of research studies they estimated a prevalence rate of 26.7 per cent for disabled children experiencing violence. Prevalence measures were 20.4 per cent for physical violence, 13.7 per cent for sexual violence, 18.1 per cent for emotional abuse and 9.5 per cent for neglect. Disabled children were estimated to be 3.68 times more likely to experience violence than non-disabled children. Risk levels were 3.56 for physical violence, 2.88 for sexual violence, 4.36 for emotional abuse and 4.56 for neglect.

One frequently quoted authoritative study (Sullivan and Knutson 2000) researched the records of over 50,000 children in an American city and found that disabled children were 3.4 times more likely to be abused or neglected than non-disabled children. They were:

- 3.8 times more likely to be neglected
- 3.8 times more likely to be physically abused
- 3.1 times more likely to be sexually abused
- 3.9 times more likely to be emotionally abused.

Overall, 31 per cent of disabled children had been abused compared with 9 per cent of the non-disabled child population. The research also found that disabled children are more likely to be subjected to multiple abuse and to endure multiple episodes of abuse.

This study made a significant contribution to our understanding of the risk of abuse for disabled children and we urgently need it to be replicated in the UK.

One UK study focuses on disabled children “at risk of” child protection registration. In a retrospective whole-population 19-year cohort in West Sussex, Spencer *et al.* (2005) found that disabled children seem to be at risk of child protection registration for child abuse and neglect although the pattern of registration varies with the specific disabling condition. They noted the difficulty for some conditions, however, of determining causal factors because some of these factors may relate to both impairment and abuse. Furthermore, some impairments may have been caused by the abuse. While this study enables a comparison of registration between disabled and non-disabled children and between different impairment groupings, it should be recognised that disabled children were likely to be under-represented on child protection registers because of the barriers that can exist to the registration of abused disabled children, barriers that are likely to be greater than for registration of non-disabled children.

3.2 Risk and impairment groups

Research indicates that disabled children at greatest risk of abuse are children with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions and deaf children.

Sullivan and Knutson (2000) found that children with behaviour disorders were approximately seven times more likely to experience neglect, physical and emotional abuse and 5.5 times more likely to experience sexual abuse. Children with speech and language difficulties were found to be nearly five times more at risk of neglect and physical abuse, almost three times more at risk of sexual abuse and almost seven times more at risk of emotional abuse. Children with “mental retardation” were approximately four times more at risk of all forms of abuse. Children with health-related conditions and deaf children were also amongst the higher-risk groups.

Jones *et al.* (2012) found that the risk of violence was higher in children with mental or intellectual disabilities (4.3) than in non-disabled children. Risk levels were 3.1 for physical violence, 4.6 for sexual violence and 4.3 for emotional abuse.

Spencer *et al.* (2005) found that children with conduct disorders were seven times more likely to be registered in any category, children with learning difficulties almost five times as likely, children with non-conduct psychological problems four times as likely and those with moderate/severe speech and language disorders almost three times as likely. The association of cerebral palsy with registration

in any category was not found to be significant although it was associated with an increased risk of registration in the physical abuse and neglect categories. Autism and sensory impairments were not found to be associated with increased risk of registration. While these findings provide a useful indication of relative risk between impairment groups, it should be recognised that the lack of association of autism and sensory impairments with risk of registration could have been due to the lack of recording of these impairments or because the abuse of these children had not been identified.

Fisher *et al.* (2008) compare findings on children with autism from Spencer *et al.* (2005) and Sullivan and Knutson (2000) that show no or a lower increased risk with findings from Mandell *et al.* (2005) that among children with autism and Asperger's syndrome treated in a community health setting one in five had experienced physical abuse and one in six sexual abuse.

Briggs's (2006) New Zealand study of 116 students aged 11–17 identified as three or more years behind their peers in all aspects of the curriculum confirmed the vulnerability of children with learning disabilities to the risks of drugs, violence, psychological bullying, pornography and sexual abuse. The author suggests it is possible that these children were targeted because they were less likely than others to recognise abuse as wrong, understand their rights and report abuse, and to be regarded as competent witnesses for court proceedings.

Kvam's (2004) retrospective study provides evidence of the high level of risk to deaf children and found that 45.8 per cent of deaf girls and 42.4 per cent of deaf boys had been exposed to unwanted sexual experiences. Deaf girls experienced childhood sexual abuse with physical contact more than twice as often as hearing girls, and deaf boys more than three times as often. The difference in prevalence within the deaf and hearing group increased with the seriousness of the abusive event.

3.3 Abuse and severity of impairment

Research evidence is mixed. In their review of the literature, Fisher *et al.* (2008) found evidence in a number of studies that children with milder or less severe impairments were at greater risk of abuse. They noted that for maladaptive behaviour, studies have found that risk of abuse or severity of abuse increases with more frequent or serious ('worse') maladaptive behaviour, but they raise a question about whether the abuse or the behaviour comes first. A whole-population study in which Hershkowitz *et al.* (2007) researched the records of alleged victims of abuse and compared the data for typically developing children with the data for children with both minor and severe disabilities found that higher levels of disability (i.e. more severe) were associated with increased risk of sexual abuse. The risks for severely disabled children were higher with respect to the number

of incidents reportedly experienced, the severity of the reported sexual acts, the use of force and the tendency for physical injuries to be inflicted during the abusive incidents. Hershkowitz *et al.* (2007) argue that large-scale studies have provided strong evidence for the association between maltreatment and severity of impairment. These apparently conflicting findings may reflect a complexity of interactions including subgroupings within impairment groups.

3.4 Risk and gender

Research generally suggests that disabled boys are at greater risk of abuse than disabled girls when compared to non-disabled children.

Sobsey *et al.* (1997) found that boys represented a significantly larger proportion of physically abused, sexually abused and neglected disabled children than would be expected in comparison to the proportion of boys amongst abused and neglected non-disabled children. Sobsey *et al.* note, however, that such differences may result from the under-diagnosis of impairment among abused girls, from factors that increase the relative risk for disabled boys or from some combination of causes.

Sullivan and Knutson (2000) found that, in contrast to non-disabled children, significantly greater numbers of disabled boys were maltreated compared to females. Kvam's (2004) findings about the vulnerability to unwanted sexual experiences of deaf boys and girls compared to hearing boys and girls are referred to in section 3.2.

With respect to physical and sexual abuse, Hershkowitz and colleagues (2007) found that disabled boys alleged to be victims of abuse were over-represented in comparison with typically developing boys while disabled girls were under-represented in comparison with typically developing girls.

3.5 Risk and age

We know little about the differing risks to disabled children at different stages of their development. Sullivan and Knutson (2000) found that for both disabled and non-disabled victims of maltreatment, significantly more children were maltreated for the first time between the ages of six and nine. They categorised impairments as "behaviour disorder[s]", "communication", "health/orthopaedic" and "mental retardation". Children with health/orthopaedic and communication disabilities had a preponderance of first incidents from birth to five years of age (63.5% and 44.3% respectively). In contrast, children with behaviour and learning disabilities appear to incur maltreatment across the age ranges.

3.6 Risk and socio-economic status

While there is evidence that child disability is associated with family socio-economic disadvantage (Institute of Education 2013), there is a gap in the research on socio-economic status and risk of abuse to disabled children.

3.7 Sexual orientation

Research on sexual orientation and safeguarding disabled children is absent. The relationship between abuse and young people who identify as lesbian, gay, bisexual or transgender is not known.

3.8 Residential care

Research suggests that disabled children in residential care face particular risks. Utting (1997) concluded that disabled children are extremely vulnerable to abuse of all kinds, including peer abuse, and that high priority needs to be given to protecting them. In addition to the risk factors that exist for all children in residential settings, disabled children are at risk of particular forms of abuse. These include over-medication, poor feeding and toileting arrangements, issues around control of challenging behaviour, and lack of stimulation, information and emotional support.

Kvam (2004) found that for deaf children who had experienced unwanted sexual contact, nearly half of the abusive events had taken place in connection with a boarding school for deaf children. Kvam (2004) cites Sullivan *et al.* (1987) who found in two studies that 50 per cent of deaf youth from residential schools had been sexually abused. In a third study 9 per cent of the deaf students reported childhood sexual abuse, but the respondents came from both mainstream and residential programmes. Kvam concludes that the risk of abuse both in Norway and North America may in part be connected to boarding schools for deaf children.

Research carried out by Paul *et al.* (2004) on safeguarding arrangements for children with severe and multiple learning disabilities in residential special schools found many examples of good practice but this was by no means universal. Guidance and practice on key issues such as behaviour management, physical contact, dealing with pupils' needs for affection and addressing sexuality and sexual development varied considerably between schools.

The Winterbourne View review (Department of Health 2012) highlights risks for disabled people in residential care. Staff whose job was to care for and help adults (including young adults) with learning disabilities and autism who also had mental health conditions or challenging behaviour instead routinely mistreated and abused them. The management allowed a culture of abuse to flourish. Warning signs were not picked up or

acted on by health or local authorities, and concerns raised by a whistle-blower went unheeded. While inspections of nearly 150 other hospitals and care homes did not find abuse and neglect like that at Winterbourne View, many of the patients in Winterbourne View should not have been there in the first place, and the report states that in this regard the story is the same across England.

The report highlighted the wider issue of how we care for children, young people and adults with learning disabilities or autism who also have mental health conditions or behaviours described as challenging, and a widespread failure to design, commission and provide services which give people the support they need close to home.

3.9 Perpetrators

Research indicates that disabled children are more likely than non-disabled children to be abused by someone in their family. For the majority of disabled children who are abused, it is by someone known to them.

Hershkowitz *et al.* (2007) found that severely disabled children were suspected of being abused by their parents almost three times more often than typically developing children.

In a study of child maltreatment and disabilities in a hospital-based epidemiological study, Sullivan and Knutson (1998) found that sexual abuse of disabled youth was far more likely to be intra-familial than it was for non-disabled youth. Sixty-three per cent of disabled youth (no behaviour disorder) and 60 per cent of youth with behaviour disorders were abused within the family compared with 39 per cent for non-disabled youth. The study found that physical abuse and neglect were virtually all intra-familial regardless of disability.

In relation to sexual abuse of deaf children with physical contact (Kvam 2004) 57 per cent of respondents reported older students or people working in the school as the perpetrator and 18.7 per cent reported a member of the family. None of the respondents reported an unknown perpetrator. Altogether, 41 per cent of the victims had one or more deaf perpetrators, 44 per cent had one or more hearing perpetrators, while 15 per cent had both deaf and hearing perpetrators.

3.10 Children with harmful sexual behaviour

Research suggests that significant numbers of children with harmful sexual behaviour have learning difficulties or disabilities.

Almond and Giles (2008, p.228) refer to studies suggesting that "one-third to one-half of all young people

who display harmful sexual behaviour have a learning disability or significant learning difficulties". However, some authors suggest caution in interpreting these figures and that the over-representation of the learning disabled in samples of young people with harmful sexual behaviour may be due to various factors including imprecise definitions, testing problems and the impact of trauma and neglect on young people's development leading them to be placed in the category of "learning disabled".

Hackett *et al.* (2013) examined the individual, family and abuse characteristics of 700 British child and adolescent sexual abusers. They assessed the extent to which young people with harmful sexual behaviours in their sample had a learning disability and found that in 38 per cent of cases where information about disability status was noted, the young person was identified as having a learning disability.

3.11 Bullying

Surveys and consultations with deaf and disabled children and young people have shown high levels of bullying.

A survey of 500 children and young people aged 8–19 years in England, Wales and Northern Ireland (Mencap 2007) found that nearly 8 out of 10 young people with a learning disability had experienced bullying. In relation to children with an autistic spectrum condition, Reid and Batten (2006) found that over 40 per cent of children had been bullied. An NSPCC-commissioned consultation with 107 deaf and disabled young people (Marchant *et al.* 2007) found that most had been bullied, all of them were aware of its existence and it evoked high levels of feeling. The consultation found that more than half had bullied others, which highlights the complexity of bullying. Finally, a report by the Office of the Children's Commissioner (2007) in England found that disabled children can be twice as likely as non-disabled children to be targets of bullying.

Reasons given by children and their parents for the vulnerability of children with a learning disability or communication difficulties include a child with a learning disability being seen as different, an easy target, easily exploited, easily hurt or upset, perhaps not realising it's OK to say "no", being easier to get into trouble, taking threats more seriously, being unable to give a clear and detailed account of what has happened, and changes in their behaviour not being recognised as possibly the result of bullying (Mencap 2005). Kovic *et al.* (2009) identify specific ways in which deaf children can be bullied including the use of made-up signs in BSL that are intended to humiliate, wind up or tease, turning away from a person to exclude them on purpose, or using the deaf touch too hard.

A key message from the consultation conducted by Marchant *et al.* was that anyone could be a bully. The children said that being "different" is one of the main reasons why children are bullied – that is, difference due to impairment, sexuality, appearance, race, ethnicity, culture, and being strange/weird or annoying. Places the children said they are bullied include private places (and in private time); any place that young people congregate; away from familiar people and places; at school (including the toilets); in cyberspace; on public transport, school buses and at bus stops; and at the swimming pool.

3.12 Social networking

Social networking sites bring benefits and opportunities. However, they can also bring risks.

In 2013, the NSPCC surveyed the experiences of 1024 children aged 11–16 using social networking sites (SNS). Eleven per cent (121) identified themselves as being disabled. The children had a range of impairments, including dyslexia/dyspraxia, visual impairment, hearing impairment, mobility difficulties, mental ill health, diabetes, autism and a learning disability. Of these children, 43 responded to questions about having had direct experience, when using SNS, of trolling, exclusion from a social group, aggressive/violent language, pressure about looking a certain way, cyberstalking, receiving unwanted sexual messages/images, racism, requests for personal information, requests for sexual messages, homophobia, sexism, encouragement to self-harm and ageism. The response from disabled children was proportionately greater than non-disabled children across every single measure.

The number of children identifying as disabled was small and only just over a third responded to these questions, so it is not possible to draw firm conclusions about how their responses might be more widely applicable to the experiences of disabled children and young people. However, the results suggest that disabled children are more likely to experience the negative aspects of SNS than non-disabled children, and to feel confused, frustrated, ashamed or humiliated as a consequence. The results also suggest that these children are more likely to use a report or help button than non-disabled children.

Research exploring these issues in more detail in relation to disabled children would enable more effective support and protection for disabled children and young people.

The risks of bullying and sexual abuse relating to the use of SNS have been highlighted in the media over recent years. The development of technology and increasing use of digital or internet-enabled devices will undoubtedly increase these risks. This is reflected in the rise of cyberbullying for which ChildLine saw an increase of 87 per cent in contacts from children over the last year.

3.13 Child seeking help

Hershkowitz *et al.* (2007) found that, of the children who disclosed abuse, disabled children (and severely disabled children even more so) were more likely to delay disclosure than typically developing children. They suggest that the reasons might include threats to children with more minor disabilities, and difficulty for severely disabled children in understanding the sexual incidents under investigation compounded by cognitive, communicative and emotional factors that impede the children's ability to describe experiences of abuse in a comprehensible way. Briggs (2006) found that some disabled children were confused about rights and responsibilities in relation to sexual behaviour. Seven per cent thought it was "OK" for adults to use children for sex and 10 per cent were unsure. Although 79 per cent said that it was not acceptable, some qualified this by suggesting that it could be acceptable if victims were of a certain age. (See also section 3.10.)

That disabled children are more likely to be abused by a parent might, according to Hershkowitz *et al.* (2007) help explain why those children are more likely not to disclose or to delay disclosure. Victims tend to conceal abuse perpetrated by their parents more often than they conceal abuse by other perpetrators. Furthermore, disabled children are more likely to depend psychologically and physically on their abusers. This may also increase the likelihood that the abuse will continue.

Hutchinson's (2009) literature review into "someone to turn to" for deaf and disabled children and young people with communication difficulties found that research studies emphasise the importance of having a reliable, flexible and continuous service in a time of crisis that is reassuring and responsive to needs (Whittles 1998; Lightfoot and Sloper 2003; Mitchell and Sloper 2003; Robson and Beattie 2004). Mitchell and Sloper (2003) found that when young people discussed a service where they had "someone to turn to", their attention focused upon three criteria:

- the importance of friends
- having a special person who helps them
- feeling safe.

3.14 Who children seek help from

Briggs (2006) found that 62 per cent of children with special educational needs aged 11–17 years who had been abused reported sexual abuse to a trusted adult. Girls were significantly more likely than boys to report sexual abuse. Most girls disclosed abuse to their mothers and/or the police. The research also found that students found it difficult to report sexual misbehaviour involving older youths. The most common reasons given for not

reporting were fear of violent retribution, embarrassment and not being believed.

In a consultation about bullying conducted by Marchant *et al.* (2007), deaf and disabled young people said they were most likely to report bullying to (in this order): a teacher, friends, family, police, school staff, other adults, a member of the public. Similar messages about seeking help were obtained from a consultation with learning disabled children and young people, which found that learning disabled children were most likely to turn for help to family, friends or others they know well. A few mentioned teachers or the police. No one mentioned any kind of helpline (Marchant *et al.* 2008).

3.15 Disabled children's views and experiences of the child protection system

Very little research has been undertaken into the experiences of disabled children of the child protection system. Briggs's (2006) New Zealand study provides qualitative and quantitative information from 116 students aged 11–17 about their exposure to and risks of violence, bullying, pornography and sexual abuse, and their attitudes towards, and knowledge of, abuse and safety issues and seeking help. However, the research was focused primarily on safety issues and the implications for safety programmes. It does not focus on the child protection process beyond prevention and reporting abuse.

Stalker and McArthur (2012) reviewed research in this area and concluded that there remains a significant gap in knowledge about children's views of the support and services they receive once abuse is suspected or recognised.

The NSPCC has commissioned research (for completion in 2015) from The University of Edinburgh, with partners from Strathclyde and Coventry Universities, to explore the experiences and views of the child protection system among disabled young people and adults who have been abused. We commissioned this research because we believe there is much we can learn from disabled young people and disabled adults about how better to protect disabled children from abuse.

3.16 Minority ethnic disabled children

There is a lack of research specifically in relation to minority ethnic disabled children and safeguarding although an increasing body of research exists in relation to the needs and experiences of disabled children and their families that have relevance for risk and safeguarding. That there are differences within and between minority ethnic groups should be recognised when considering these findings.

A research study based on interviews with 600 minority ethnic parents (Chamba *et al.* 1999) found that families from minority ethnic groups experienced even greater disadvantage and difficulties in caring for a disabled child than their white counterparts:

- Low levels of employment meant families were living in difficult circumstances. Take up of disability benefits was lower.
- Parents wanted more information (including interpreting support and translated materials) about their child's impairment and support services
- Indian and Black African/Caribbean families reported least support from their extended family with levels of support being lower than that found among an equivalent survey of white families. Mothers from all minority ethnic groups represented reported lower levels of support from their partners than white mothers had reported.
- Levels of unmet need were greater than those found in the study of white parents.

A review of the literature carried out by Barnardo's on behalf of C4EO (Newman 2009) 10 years on found that these issues remain and concluded that poverty and social disadvantage are the most pressing problems for disabled children from some black and minority ethnic (BME) backgrounds. The authors also found that data on the prevalence of child disability in refugee and asylum-seeking families is scarce and suggest that asylum-seeking families may not report their child's impairment due to fear of it affecting their asylum application.

Sim and Bowes (2005) found that disabled children's experience of exclusion, isolation and stigmatisation is likely to be greater for people from BME communities. There was also evidence of some BME families appearing to lack social networks and not being involved in community groups.

In relation to support services, Hussain *et al.* (2002) found that South Asian disabled young people and their families often experienced problems in finding services and locating help, and felt their concerns were not listened to and taken seriously. A lack of trust existed between the families of disabled young people and service workers. Overall the study argued that insensitivity to minority ethnic groups in welfare provision created more barriers and made problems faced by ethnic minority disabled children worse than for disabled young people in general.

Mitchell and Sloper (2003) also emphasise the importance of cultural sensitivity towards families of disabled children from ethnic minorities and describe how parents of disabled children from ethnic minorities felt that services did not listen to their child or respect their culture.

3.17 Belief in possession and witchcraft

Stobart (2006) focuses on abuse linked to accusations of possession and witchcraft in England. Although the number of identified cases is small, given the serious impact on children this deserves particular attention.

The report is not about disabled children specifically. It points out that belief in "possession by evil spirits" and "witchcraft" is widespread and is not confined to particular countries, cultures or religions, nor is it confined to recent migrants. The children discussed in the report came from a variety of backgrounds including African, South Asian and European. The abuse in question occurs when an attempt is made to "exorcise" the child. Many of these children were disabled. The author argues that when family troubles begin or worsen people may look for anything that is new or "different" as the cause of the problem. Disabled children are viewed as "different" and their impairment may be explained away as "possession" or "witchcraft". The research found that children in 14 out of the 38 cases analysed had some degree of "disability, imperfection or blemish" including epilepsy (2), a stammer (2), deafness (1), learning disabilities (4), autism (2), mental health issues (4), and a life limiting illness (2). The research found that many of the carers genuinely believed that the child had been taken over by the devil. The effects on long-term outcomes for the children were substantial and their life chances were severely diminished. They were burnt, stabbed, beaten, starved and threatened with abandonment. Although many children were taken into care, the emotional damage caused was often severe and long lasting.

3.18 Promoting safeguarding

3.18.1 Personal safety programmes

As previously noted, attitudes and assumptions about disabled children can disempower them and impact upon their confidence and self-esteem with implications for safeguarding. Building self-esteem, assertiveness skills and relationship skills are crucial for disabled children's positive self-image and keeping them safe (Marchant and Page 1992; Sobsey 1994; Briggs, 1995; Blake and Muttock 2004).

Research studies and consultations have also highlighted the need for personal safety skills programmes, including sex and relationships education.

Briggs (2006) found that students who had completed a personal safety/child protection programme were more likely (52%) than others (12%) to know that adults are not allowed to do 'sex things to kids'. She also found:

- Twenty-two per cent of boys and 8 per cent of girls did not know what to do if an older person tried or forced them to engage in sexual misbehaviour. It is

significant to note that the girls who lacked safety knowledge had not completed the *Keeping Ourselves Safe* programme. Overall, one third of girls said they would try to escape from sex offenders but they did not mention reporting them. Of the boys, none said they would report the incident to the police.

- Twenty-seven per cent of boys said they did not know what to do if sexually abused by youths. The researcher notes that it became clear that the majority accepted sexual misbehaviour as the norm and did not think it worth reporting.
- Boys were much less knowledgeable than girls about all sex-related issues and abuse. They were uncertain about adults' rights to use children for sex, or their own rights to force girls into sexual activity, especially those referred to as girlfriends.
- Most parent figures had not provided any realistic child protection education.
- Despite explicit sex education, neither boys nor girls readily associated sex with pregnancy or sexually transmitted diseases.
- Nearly all of the students said personal safety skills should be taught in schools to help children to stay safe from the risk of sexual abuse.

A consultation commissioned by the NSPCC with 22 children with learning difficulties aged 5–18 years (Marchant *et al.* 2008) found that many of the children struggled to understand the concept of safety and that almost all were preoccupied with strangers as the main source of danger.

In 2008, the NSPCC engaged the Department of Education in Northern Ireland in exploring the development of preventative education within primary schools by carrying out an in-depth consultation with key stakeholders through a multi-method research study completed in 2011. Among the range of research findings, the study highlighted significant gaps in children's knowledge, understanding and self-efficacy to keep safe, and in particular in relation to more sensitive keeping safe messages concerning domestic abuse, appropriate and inappropriate touch from persons known to the child and the risks posed by strangers (McElearney *et al.* 2011b). The study found that children with special educational needs were more likely to report lower knowledge, understanding and self-efficacy to keep safe in relation to bullying, domestic abuse, and appropriate and inappropriate touch than their peers (McElearney *et al.* 2011b). Evidence suggests that teachers and support staff often lack the confidence and skills to deliver effective child protection messages (McElearney *et al.* 2011b). The range of stakeholders consulted reported positive attitudes to children in primary schools across Northern Ireland being taught

keeping safe messages through preventative education. The study also highlighted the need for comprehensive training, development and support for all key partners, and the need for the development of teaching of keeping safe messages to take place in collaboration with relevant government departments (Stephenson *et al.* 2011). (see section 4.4.2 below for details on how this research is now being taken forward in NI).

These findings highlight the importance of teaching disabled children sex and relationships education and wider personal safety skills training to equip them with the knowledge, vocabulary and confidence to make informed choices, to recognise abuse and to seek help when they have concerns (see, for example, Kovic *et al.* 2009). Work with parents/carers and professionals within the child's network towards creating safe settings, empowering children and young people and ensuring there are options for seeking help will further enhance children's safety and wellbeing.

3.18.2 Peer support

An evaluation of the ChildLine in Partnership with Schools (CHIPS) Programme (Smith and Watson 2004) provides evidence of the potential benefit of peer support programmes. In schools where the scheme had been running for between a few months and a number of years, the authors found a wealth of anecdotal evidence of improvements:

- fewer friendship problems
- a drop in the number of 'petty' incidents reported to staff
- the school feeling safer for pupils
- vulnerable and lonely pupils spotted earlier and supported
- a pleasanter playground
- fewer complaints about pupil behaviour from lunchtime supervisors
- learning time no longer lost in following up lunchtime incidents.

The evaluators found that opinion and evidence were divided as to the extent to which CHIPS activities help to stop bullying (52% of staff and 43% of pupils felt the scheme was helping to stop bullying, and approximately 45% of all participants were unsure). The report concludes that it definitely helps in individual cases; and that in a broader sense, it helps children with friendships and conflict resolution, and creates a school climate in which bullying should be less likely.

Seventy-five per cent of primary school users said they would use the peer support scheme if they had a problem. Twenty-three per cent were not sure, and 3 per cent said

they would not use the scheme. In secondary schools, 67 per cent said they would use the scheme, 22 per cent were not sure and 11 per cent said they would not use the scheme.

Further evidence of the potential benefits of peer support comes from an evaluation of a young disabled people's peer mentoring/support project (Bethell 2003). This identified benefits for young disabled people linking with other young disabled people (as mentors) because of their common understanding and experiences in building up young disabled people's self-esteem and confidence. It gave them an opportunity to explore the issues they regarded as important with someone with the same background, of the same sex and similar age with more experience of understanding the issues and to support the other person to make decisions.

3.18.3 Creative therapies

The nature of these therapies provides potential for working with some disabled children. Creative therapies can provide opportunities for children to express themselves through indirect and non-verbal means, particularly when it is hard for them to express themselves linguistically.

Children with limited expressive vocabulary who are anxious or traumatised experience considerable difficulty in making their voice heard and accessing support. The lack of non-verbal, creative therapeutic support reduces the child's capacity to disclose abuse, to receive effective and timely intervention and to engage in a process of recovery. In the absence of non-verbal/non-talking support, disabled children can only choose silence, withdrawal, self-harm or challenging behaviour to communicate their distress.

Porter *et al.* (2009) highlighted how children with different impairments may "play" in different ways and how some may withdraw or play alone. Nonetheless, they suggest that play therapy should help disabled children express their feelings and help with coping, building resilience and self-esteem. Goodley and Runswick-Cole (2010), however, urge caution and argue for the emancipation of play from the domains of assessment and intervention for disabled children. Few studies have looked at the impact of art therapy on the wellbeing of disabled children. However, Freilich and Shechtman (2010) found that art therapy was particularly effective at improving bonding with children with learning disabilities and Epp (2008) found that social skills training taught through art therapy, in addition to cognitive therapy and group therapy, proved to have positive results with children on the autistic spectrum. Although these studies suggest that art therapy could potentially be an effective measure in improving development and wellbeing, more research is needed.

3.19 Gaps in knowledge

Substantial gaps in knowledge remain, especially in relation to the UK context. We need to know more about:

- the nature and circumstances of abuse of disabled children, including differences for impairment, age and development, gender, race, ethnicity, culture, religion and belief, sexual orientation, socio-economic status and perpetrators
- the effectiveness of different preventative measures including the impact on safeguarding of personal safety skills with disabled children across the range of impairment groups
- what helps and hinders the effective protection of disabled children
- disabled children's views and experiences of the child protection process and what we can learn from them
- models for effective therapeutic intervention for children with learning disabilities and communication impairments who have been abused or are exhibiting harmful sexual behaviour
- children's experiences of the criminal justice system
- the potential of new technology to enhance communication and safeguarding disabled children, and also the risks it can pose.

Research is needed on the specific increased vulnerabilities of disabled children to abuse in the UK similar to that carried out in the United States by Sullivan and Knutson (2000).



4 The policy context

The policy context across England, Wales, Northern Ireland and Scotland is diverse although concerns about risk and the protection of disabled children are similar. This descriptive overview of the policy context focuses on policy and guidance relating both directly and indirectly to safeguarding and protection. It recognises the contribution that support services for disabled children and their families can make. It also recognises that the needs of disabled children and their families are being actively reviewed and developed across England, Wales, Scotland and Northern Ireland.

4.1 England

Policy and guidance in England has addressed protection issues for disabled children since 2000. This has been reflected in initiatives such as *Aiming High for Disabled Children* (HM Treasury and DfES 2007) and the *National Service Framework (NSF) for Children, Young People and Maternity Services* (Department of Health 2004a, 2004b), though these are no longer government policy. *Aiming High* provided significant levels of funding to support the three priority areas of access and empowerment, responsive services and timely support, and improving quality and capacity. The NSF addressed the protection of disabled children in both standards for services to disabled children and standards for child protection.

4.1.1 Child protection policy guidance

The key guidance in England is *Working Together to Safeguard Children* (HM Government 2013). It provides a national framework within which agencies and professionals at local level – individually and jointly – draw up and agree how to work together to safeguard and promote the welfare of children. This now shorter version identifies particular considerations for disabled children but does not address them in detail (neither does it for other groups). Instead, greater reliance is placed on professional judgement and local procedures. However, it does provide links to supplementary guidance and identifies two sources of further information on disabled children: the practice guidance *Assessing Children in Need and Their Families* (Department of Health 2000) and *Safeguarding Disabled Children: Practice Guidance* (DfES 2009).

Working Together (2013) states that local safeguarding children boards (LSCBs) should monitor and evaluate the effectiveness of training, including multi-agency training, on how to identify and respond early to the needs of all vulnerable children, including disabled children. It states that professionals should, in particular, be alert to the potential need for early help for a child who is disabled and has specific additional needs. It recognises that good assessments support professionals in understanding whether a child has needs relating to their care or a disability and is suffering, or is likely to suffer,

significant harm, that the specific needs of disabled children and young carers should be taken into account in assessments, and that local protocols for assessment should set out how the needs of disabled children will be addressed in the assessment process.

Although no longer statutory, the *Framework for the Assessment of Children in Need and their Families* (Department of Health *et al.* 2000) still provides a useful framework within which to assess the needs of children under the three domains of the child's developmental needs, parenting capacity and family and environmental factors. The accompanying practice guidance *Assessing Children in Need and their Families* (Department of Health 2000) sets out the issues to consider when assessing disabled children. It points out that the basic needs of disabled children are no different from other children's, that impairments may create additional needs and that disabled children are likely to face prejudice and disabling barriers to their inclusion in society. A multi-disciplinary approach to assessment is emphasised. The guidance states that effective assessment must consider the direct impact of a child's impairment, any disabling barriers and how to overcome them.

Safeguarding Disabled Children (DfES 2009) provides comprehensive guidance for LSCBs, managers and practitioners working with disabled children. Although it was written to supplement the previous version of *Working Together* (2010) and some requirements such as timescales have since changed, much of the guidance remains relevant. Guidance for LSCBs includes awareness raising and training on safeguarding and disabled children; features of an effective system for safeguarding disabled children; good communication and effective working relationships within and between agencies; and a strong culture of consulting with, listening to and encouraging the participation of disabled children. Guidance for professionals includes awareness of the indicators of abuse; referral and investigation of allegations of abuse; assessment; and child protection conferences and plans. It also provides information on research, policy and resources for promoting the safeguarding of disabled children.

Statutory guidance for schools *Keeping Children Safe in Education* (DfE 2014) is much shorter than its predecessor and does not refer specifically to disabled children.

The UK Government issued multi-agency practice guidance on forced marriage and learning disabilities in 2010 (Clawson and Vallance 2010). It states that the UK Government and the Welsh Assembly regard forced marriage as an abuse of human rights, a form of domestic violence and a form of violence against women. Where it affects disabled people it is an abuse of vulnerable adults, and where it affects children and young people it is child abuse.

4.1.2 Other policy and guidance relevant to child protection

Statutory Guidance on *How to Safeguard and Promote the Welfare of Disabled Children Using Short Breaks* (DCSF 2010):

- emphasises the importance of assessment, planning and the review cycle to safeguard and promote the welfare of children in need and those using short breaks
- emphasises the role of parents and children in determining the shape of their family support service
- refers to the different registration requirements and inspection standards which apply to settings in which short breaks might take place.

The review of Winterbourne View Hospital (Department of Health 2012) recognises the right of children, young people and adults with learning disabilities or autism, who also have mental health conditions or behaviours described as challenging, to be given the support and care they need in a community-based setting, near to family and friends. It sets out a programme of action to transform services so that people no longer live inappropriately in hospitals but are cared for in line with best practice, based on their individual needs, and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care.

The green paper *Support and Aspiration: A New Approach to Special Educational Needs and Disability* (see DfE 2011) promotes identification of the needs of children and young people earlier, making it easier for families to receive the support they need, and develop fairer and more transparent funding arrangements.

The Children and Families Act 2014, which took forward recommendations from the green paper, sets out the duties for all agencies involved in providing services for children and young people with SEN and disabilities. To improve the support system for children and young people with SEN and disabilities and their families, the government is:

- introducing a single assessment process for education, health and social care, and include parents and children and young people with SEN in the assessment process
- replacing SEN statements and learning difficulty assessments with an education, health and care plan for children and young people with SEN aged 0 to 25 years
- introducing the option of personal budgets for young people and parents of children with SEN or disabilities so they can choose which services are best for their family

- making sure local commissioners work together in the interest of children and young people with SEN and disabilities and improve communication between institutions and services
- has introduced a new SEN and Disability Code of Practice.

4.1.3 Inspection and review

Inspections and reviews of safeguards for children have considered issues for disabled children in recent years, for example the joint chief inspectors' reviews of safeguards for children (Commission for Social Care Inspection 2005; Ofsted *et al.* 2008) and the Ofsted review of serious case reviews (2009). Ofsted's (2012) thematic inspection *Protecting Disabled Children* identified issues that should inform the development of policy and guidance.

Ofsted's (2013) *Framework and Evaluation Schedule* focuses on the effectiveness of local authority services and arrangements to help and protect children, and the experiences and progress of children looked after, including adoption, fostering, the use of residential care and children who return home. There is an expectation that for all children and young people help, care and protection are sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

At the same time, Ofsted will review the effectiveness of the local safeguarding children board in meeting its statutory functions. Considerations in making a judgement include whether there has been "Regular and effective monitoring and evaluation of multi-agency front-line practice to safeguard children". The *Framework* states that this applies to all children and includes having an understanding of the local safeguarding response to deaf and disabled children in all aspects of LSCB functioning.

The schedule provides detailed field level guidance that local authorities can use to enable them to provide child-level data for the case sample and case tracking on children. This includes data on disability. For child protection, disability status is requested where a child:

- has had a statutory assessment (s17 or s47) or enquiry (s47) in the six months before an inspection
- has received services as a child in need at the point of inspection or ceased to receive services as a child in need in the three months before an inspection
- is the subject of a child protection plan at the point of inspection or ceased to be the subject of a child protection plan in the three months before an inspection.

Disability status is also recorded on children looked after and care leavers including children who have been adopted in the 12 months before an inspection.

4.1.4 Conclusion

Although the policy framework in England has been strong, with substantial guidance since 2000 on working with disabled children, the absence of specific guidance on disabled children in the 2013 edition of *Working Together* could be a weakening factor. However, this is mitigated by reference to earlier, more detailed guidance. And the focus on disabled children in inspections of children in need of help and protection should help to ensure that the protection needs of disabled children are addressed.

4.2 Wales

Policy and practice in Wales have increasingly diverged from England since devolution in 1999. The Children Acts 1989 and 2004, along with the *All Wales Child Protection Procedures 2008*, provide the framework for child protection and safeguarding work in Wales. Since the granting of primary legislative powers to the National Assembly for Wales, ground-breaking legislation such as the Rights of Children and Young Persons (Wales) Measure 2011, which embeds the UNCRC into legislation, has been passed. The rights approach has resulted in policy-making focused on the needs and rights of disabled children in Wales over the last decade.

4.2.1 Child protection policy and guidance

Safeguarding Children: Working Together Under the Children Act 2004 (Welsh Assembly Government 2006) was intended to enable chief officers, managers and practitioners in bodies named in sections 28 and 31 of the Children Act 2004 to review their policies, procedures and practices, analyse the state of safeguarding and promoting children's welfare within their bodies and decide what steps were necessary to implement the guidance. A section on disabled children addresses vulnerability, safeguards, guidance on responding to concerns and the role of local safeguarding children boards in promoting safeguarding. Disabled children are referred to throughout the guidance.

The *All Wales Child Protection Procedures* (AWCPPRG 2008) provides common standards for child protection practice for LSCBs and states (s4.7) that protection of disabled children must follow the same procedure as for all other children but with some additional considerations. A section on disabled children includes items on vulnerability, responding to concerns and disabled children within the criminal justice system. It also covers the assessment and support of young disabled people

who are sexually active and those who perpetrate abuse. Disabled children are referred to throughout.

Attention is paid to disabled children in the *Framework for the Assessment of Children in Need and Their Families* (National Assembly for Wales and Home Office 2001), and the accompanying practice guidance *Assessing Children in Need and Their Families* (National Assembly for Wales 2001) includes a substantial chapter on disabled children.

4.2.2 Other policy and guidance relevant to child protection

The Rights of Children and Young Persons (Wales) Measure 2011 enshrines the UN Convention of the Rights of the Child, including disabled children's rights to protection, participation and service provision. It places a "due regard duty" on ministers. The Welsh Government has continued to work with the children's charities and the Children's Commissioner to ensure that children's rights are at the root of policy-making and service delivery.

The Welsh Government maintains a distinct focus on the circumstances of disabled children as part of their tackling poverty agenda and Families First programme. The tackling poverty action plan guidance to local authorities on play opportunities specifically references disabled children. The Children and Families (Wales) Measure 2010 requires local authorities to have regard to the needs of disabled children. Under the Families First programme, the Welsh Government has ring-fenced money for families with disabled people. This element of local authority Families First plans continues to be assessed to ensure that the needs of families with disabled people are provided for and that services and activities take these needs fully into consideration.

Early Support Wales, the Welsh Government's mechanism to improve services for disabled children and children with additional needs and their families developed resources and training to bring service providers together to work in partnership with the family to ensure the child and family's requirements are met.

Section 25 of the Children and Young Persons Act 2008 places a statutory duty on local authorities to provide individuals who care for disabled children with a break from their caring responsibilities. This builds on existing duties under the Children Act 1989 and the Carers and Disabled Children Act 2000.

The National Service Framework for Children, Young People and Maternity Services in Wales (Welsh Assembly Government 2005) had a chapter on disabled children that emphasised their legally enforceable rights and the social model of disability. Although this is no longer being implemented the influence of this work can be seen in the positive way that the Welsh Government has sought to

work with disabled children and those who help to care for them.

4.2.3 Forthcoming

Improving the wellbeing of people who need care and support

The Social Services and Well-being (Wales) Act (2014) aims to provide a single Act for Wales that brings together local authorities' duties and functions in relation to improving the wellbeing of people who need care and support and carers who need support. It will ensure that service users and carers have a much stronger voice and greater control over their services as set out in *Sustainable Social Services for Wales: A Framework for Action* (WAG 2011). The Act aims to give people greater freedom to decide which services they need while offering consistent, high-quality services across the country.

When implemented in April 2016 the legislation will:

- strengthen powers for safeguarding children and adults so that vulnerable people at risk can be protected more effectively
- allow Welsh ministers to consider extending the range of services available by direct payments, meaning people will have more control over the services they use
- introduce national eligibility criteria and ensure people are assessed on what they need rather than on what services are available locally
- introduce a National Outcomes Framework to set out what children and adults can expect from social services, measure achievements and see where improvements are needed
- place a new duty on local authorities to provide or arrange services to minimise the effect of disabilities on disabled people
- create integrated adult and children's social care frameworks, which should improve the transition for disabled children to adulthood.

Provision for children with special educational needs

Forward in Partnership for Children and Young People with Additional Needs (Welsh Government 2012) proposes a wide range of changes to the ways in which children are assessed and their needs are met, with a multi-agency, person-centred, needs-led approach. An individual development plan would replace statements of SEN.

Safeguarding in education

Revised draft guidance *Safeguarding Children in Education* (Welsh Government 2013) was issued for consultation in August 2013. A section on disabled children addresses duties under the Equality Act 2010, risk indicators, responding to concerns and proactive approaches. Reference to disabled children is also made elsewhere in the document.

4.2.4 Conclusion

The rights focus of policy-making in Wales is to be welcomed. There is significant emphasis on social inclusion and the social model of disability, thus placing the safeguarding of disabled children in its wider social context and raising practitioners' awareness of disability equality. It is crucial that the new legislative opportunities are utilised to improve the safeguarding and protection of disabled children in Wales.

4.3 Scotland

In recent years Scotland has focused on the protection needs of disabled children, addressing the lack of specific guidance in previous years. The Scottish government commissioned research on the relationship between disabled children and child protection practice (see Taylor *et al.* 2014) and established a ministerial working group from March 2012 – March 2014.

4.3.1 Child protection policy and guidance

A section on disability in the National Guidance for Child Protection in Scotland (Scottish Government 2014) includes risk, guidance on responding to concerns and key messages for practice. It recognises the vulnerability of disabled adults and the need for transition plans that reflect the complexity of transition from child to adult services as well as issues on disabled parents, and the importance of joint working between specialist disability and child protection services. The guidance refers to sources of information on protecting disabled children, including Stalker *et al.* 2010; the UN Convention on the Rights of Persons with Disabilities; disabled children's involvement in child protection case conferences and core groups; the need for communication support including augmented and alternative forms of communication; and the recognition that among children and young people who display harmful or problematic sexual behaviour, young people with learning difficulties are a particularly vulnerable and often overlooked group who may need specific types of interventions. It should be noted that the Taylor *et al.* (2014) research on child protection and disabled children and the disability toolkit produced by the Ministerial Working Group (below) are not included within this refreshed 2014 guidance.

In 2014, *National Guidance for Child Protection in Scotland. Additional Notes for Practitioners: Protecting Disabled Children from Abuse and Neglect* was published to be read in conjunction with local single and inter-agency child protection procedures and the National Guidance for Child Protection in Scotland. It states that child protection must be seen in the context of the wider Getting it right for every child (GIRFEC) approach, the Early Years Framework (2009), Article 12 of the UN Convention on the Rights of the Child (1989) and Article 12 of the UN Convention on the Rights of Persons with Disabilities 2007. It covers reasons for the increased risk of disabled children to abuse, recognition of indicators of possible abuse, barriers to communicating abuse, working with families, reporting and investigating child protection concerns and key messages for practice.

Since 2008/09, the Scottish Government has required local authorities to return data on children on the child protection register with additional support needs (previously “disability”) This is broken down into 12 types of need and published in the annual Child Protection Survey (www.scotland.gov.uk/Topics/Statistics/Browse/Children/SurveyChildProtection).

Safe and Well (Scottish Executive 2005), for education staff, includes guidance on disabled children’s privacy and personal care, emphasising the importance of any contact being minimal, respectful and responsive to the child’s preferences. It also refers to the duty to take reasonable steps to avoid putting disabled children at a substantial disadvantage.

Child Protection Guidance for Health Professionals (Scottish Government 2013) includes a section on disabled children that addresses the reasons for disabled children being at greater risk of abuse and why services and systems can fail to protect them.

As noted above, a ministerial working group was established from March 2012 – March 2014 to take forward the National Review of Services for Disabled Children’s (2011) commitment to identifying and promoting ways to make the child protection system more accessible to disabled children and sensitive to their needs, to promote closer working between children’s disability and child protection/social work teams, and to seek to ensure all local child protection guidance takes account of disabled children. As a result, the *Child Protection and Disability Toolkit* (WithScotland and the Scottish Government 2014) has been published. The toolkit is for practitioners and managers in child and family and disability services. It includes the disability-related addendum to the 2014 refreshed *National Child Protection Guidance* as well as training and resource materials.

4.3.2 Other policy and guidance relevant to child protection

The Scottish Government’s (2011) review of services for disabled children provides a strategic assessment of the children’s disability landscape, including a short section on protection from abuse. It originated in the commitment given by the Scottish Parliament to undertake a broad strategic review of all aspects of services for disabled children. A plan of action was agreed to support the wellbeing of disabled children. See *Getting it Right for Children and Families* (Scottish Government 2012) for a progress report.

A practical guide about moving and handling issues for professionals working with disabled children has been developed (Capability Scotland and The Scottish Government 2012).

The Social Care (Self-directed Support) (Scotland) Act 2013 gives people a range of options, beyond just direct payments, for how their social care is delivered, empowering people to decide how much control and responsibility they want over their own support arrangements.

The Act will strengthen the children’s disability aspects of the self-directed support agenda. Guidance will include sections on self-directed support as it relates to children and young people (www.selfdirectedsupportscotland.org.uk/sds-act).

The Scottish Government funded For Scotland’s Disabled Children to carry out a participation project with a range of disabled children and young people. The Conversations Project spoke to around 60 disabled children and young people with a variety of impairments about their experiences of using services and their lives (see Williams *et al.* 2012).

Children in Scotland have published an overview (2013) of how outcome models and approaches are being developed for disabled children and young people in Scotland. This provides a starting point for the considerable work that still needs to be undertaken.

The Scottish Government has convened a Disabled Children and Young People’s Advisory Group, a network with representatives from statutory and non-statutory groups and parental representation, to ensure the needs of disabled children, young people and their families are considered and to share developments and discuss priorities. Currently there is no representation from disabled children and young people.

The Scottish Government also commissioned Young Scot to work with a group of disabled people in a consultative way. The Agents of Change project aimed to empower disabled young people across Scotland to explore ways in which they could influence and participate in local service delivery and have their say on decision-making processes in their local area, particularly when making the transition to adulthood. It was delivered in partnership with local authority and third sector providers who specialise in working with disabled young people (see www.youngscot.net/media/40748/young-scot-agents-of-change-2013a__2_.pdf).

The Scottish Government has funded a parent participation project based at Children in Scotland. This is a survey collecting views of parents and carers of disabled children in three waves (see www.fsdc.org.uk/from-good-intentions/news/survey-results).

The Care Inspectorate has developed a new approach to children's services inspection that integrates scrutiny of support services for vulnerable children, including disabled children, and this model underpins the continuing joint inspection of children's services.

In 2013 NHS Education for NHS Scotland published *Meeting the needs of Children, Young People, their Families and Carers in Scotland*. This is a workforce development resource utilised by health and care staff to support changes in culture and practice. It is based on essential shared capabilities and includes a module on Equality and Diversity.

4.3.3 Forthcoming

The Scottish Government has been in discussion with the Scottish Social Services Council about the embedding of a common core of knowledge (including aspects relating to disabled children) throughout their workforce development programmes.

4.3.4 Conclusion

The Scottish Government is at the start of a journey towards improving the protection of disabled children and achieving positive outcomes. Priority is being given to disabled children, including the Scottish Government's Getting it right for every child (www.scotland.gov.uk/Topics/People/Young-People/gettingitright) and actions following the National Review of Services for Disabled Children. The establishment of the ministerial working group to take forward the National Review of Services' (2011) commitment to make the child protection system more effective for disabled children, and the 2014 additional guidance, reinforces the commitment to the protection of disabled children.

4.4 Northern Ireland

4.4.1 Child protection policy, guidance and structures

Child protection in Northern Ireland is fully devolved to the NI Executive, with the Department of Health, Social Services and Public Safety (DHSSPS) leading on the development of child protection policy and legislation. A number of other government departments have responsibility for elements of safeguarding, and in 2009 the Office of the First Minister and Deputy First Minister in Northern Ireland published a policy statement setting out a safeguarding policy framework across government departments (OFMDFM 2009). This high-level document outlined the government's safeguarding agenda and identified gaps and actions for moving forward. Among the range of issues explored within the document were the particular vulnerabilities of disabled children, drawing on NI reports (DHSSPS 2005; RQIA 2007), and a number of measures were identified to keep disabled children safe.

Child protection policy and guidance in Northern Ireland must be viewed in the context of a structure of integrated health and social services, which has been in place in Northern Ireland since the early 1970s. As a result, Northern Ireland structures differ significantly from those in England and Wales.

The Health and Social Care (HSC) Board is responsible for commissioning services in Northern Ireland. It commissions services from five HSC trusts, which cover five geographical areas: Belfast, Northern, Southern, South Eastern and Western. The Board works to identify and meet the needs of the Northern Ireland population through its five local commissioning groups which cover the same geographical areas as the HSC trusts.

The overarching child protection guidance in Northern Ireland is *Co-operating to Safeguard Children* (DHSSPS 2003), published to assist the then area child protection committees (ACPCs) to develop strategies, policies and procedures to safeguard children assessed to be at risk of significant harm. The DHSSPS is reviewing *Co-operating to Safeguard Children* at the time of writing this report. The 2003 document includes a section highlighting the particular vulnerabilities of disabled children to abuse, and references relevant issues throughout.

Other DHSSPS guidelines also reference the vulnerabilities of disabled children. These include the *Standards for Child Protection Services* (DHSSPS 2008), which is applicable to all public bodies, organisations, professionals and persons that provide statutory services to children in NI. The *Standards*, which were published following a report on an inspection of child protection across Northern Ireland (Social Services Inspectorate 2006), highlight the need to ensure that disabled children

are supported in accessing services, and that their needs fully considered.

The structural framework for safeguarding children in Northern Ireland has undergone significant redevelopment in recent years. The major change has been the establishment of a regional statutory Safeguarding Board for Northern Ireland (SBNI) in September 2012. The SBNI replaced and assumed the functions of its legacy body, the Regional Child Protection Committee (RCPC), the key objective being to determine the strategy for safeguarding children and to develop and disseminate policies and procedures. The SBNI has an extended role to include the wider area of safeguarding as well as statutory child protection, and is now the key process for agreeing how children's agencies will cooperate to safeguard and promote the welfare of children in Northern Ireland. Uniquely, the NSPCC is named in the SBNI legislation (The Safeguarding Board Act (NI) 2011) as a core member of the Board.

Five local safeguarding panels were established within the SBNI structures, replacing the previous trust child protection panels which operated under the RCPC to facilitate child protection practice at a local level. The five safeguarding panels cover the five HSC trust areas in NI and the NSPCC is represented on each of these. The NSPCC is also represented on each of the committees responsible for taking forward the SBNI's work, including the development of policies and procedures, engagement and communications, education and training, and effectiveness and governance.

Safeguarding disabled children is a priority within the SBNI's first Strategic Plan for the period 2013 – 2017. The Plan highlights the increased vulnerability of disabled children to abuse; contrasting this to the under-representation of disabled children in Northern Ireland's current child protection register. The SBNI has committed in the Plan to working "with member agencies to ensure that effective safeguarding arrangements are in place for children and young people with a disability" (SBNI 2013, p.24).

As mentioned above, the SBNI has assumed the functions of its legacy body, the RCPC. This includes developing and disseminating policies and procedures. The existing child protection *Regional Policy and Procedures* for Northern Ireland were published in 2005 by the then ACPCs. These provide information on the particular vulnerabilities of disabled children to abuse, and additional information on issues such as assessment and treatment needs. Additions to the 2005 policy and procedures were introduced in 2008, including through the Intimate Care Policy and Guidelines Regarding Children (www.dhsspsni.gov.uk/hss/child_care/child_protection/child_protection_guidance.htm). These also reference the specific vulnerabilities of disabled children and the need for staff

involved with intimate care to be sensitive to individual needs.

Given that the Safeguarding Board has assumed responsibility for the development of regional child protection and safeguarding policies and procedures, revision of the existing policies and procedures will be a focus for the SBNI.

Northern Ireland also has a unique, common assessment framework to support professionals in assessment and planning in order to better meet the needs of children and their families. The *Understanding the Needs of Children in Northern Ireland* (UNOCINI) framework, which was revised in 2011, provides detailed guidance for professionals to identify children's needs, any risks affecting them, and any potential strengths in their situation upon which interventions may be built. The guidance is universal, and includes details for professionals when conducting assessments where a child has an impairment.

4.4.2 Additional policy, guidance and structures

Structures have also been put in place through the establishment of the Children and Young People Strategic Partnership (CYPSP) in Northern Ireland, which aims to put in place integrated planning and commissioning across agencies and sectors. The CYPSP oversees a number of subgroups established to undertake integrated planning and commissioning of services at a Northern Ireland-wide level for specific groups of children and young people who are recognised as being at a particular disadvantage. These include both a subgroup on children and young people with disabilities and a subgroup on transitions of children with disabilities to adulthood. The focus of the subgroup on children and young people with disabilities is children and young people who have:

[a] physical, sensory or learning disability or prolonged illness or condition which, in interaction with various barriers, and without the provision of adequate support services, may hinder their full and effective participation in society on an equal basis with others and hinder their optimal potential for personal development and social inclusion.

The CYPSP also has a number of outcomes groups which have a locality focus consistent with the health and social care trust areas, and are responsible for the integrated planning and commissioning of services. Plans are underway through the CYPSP to put in place family support hubs in every area across Northern Ireland, aimed at improving access to and coordination of early intervention family support services. An online facility is available to signpost families with specific needs to appropriate services, including disabled children and young people.

A work stream on disabled children is also planned under the regional children's services improvement structures in Northern Ireland, which have a focus on statutory services and, in particular, the area of social care.

Safeguarding in education

While DHSSPS leads on the development of child protection legislation and policy, the Department of Education (DE) in Northern Ireland leads on the development of education legislation and policy, with statutory responsibility for 0–4 provision, primary, post-primary, special education and the youth service.

As identified earlier, in 2008 the NSPCC engaged the DE in exploring the development of preventative education within primary schools by carrying out an in-depth consultation with key stakeholders through a multi-method research study (Stephenson *et al.* 2011; see section 3.18.1 above for some key findings).

The NSPCC in NI is now taking forward a six-year pilot study in partnership with the DE to build the capacity of schools to teach keeping safe messages through preventative education within primary schools. The project has a number of interrelated objectives. Within the context of disabled children and children with special educational needs key objectives include:

- the development of pilot resource toolkits/starter packs for school leaders, designated teachers for child protection and external agency staff, which are to include resources for multi-professional staff, including those in special school settings
- the development and publication of classroom resources for teachers and whole-school staff, parents and children (including those with special education needs and disabilities)
- the development and implementation within pilot schools of a blended learning package of training, development and ongoing support for class teachers that enables them to embed preventative education in classroom life, including to those with special education needs and disabilities.

4.4.3 Conclusion

Recognition of the safeguarding of disabled children as an area of priority within the SBNI's strategic plan and the plan's stated intention to seek assurance through its partnership arrangements that effective safeguarding arrangements are in place is a very positive development. The commitment in this plan to examine the current level of collaboration between professionals with safeguarding expertise and those professionals who are expert in disability, in order to consider whether the current arrangements are working to best effect,

should provide valuable learning towards ensuring that effective safeguarding arrangements are in place for disabled children.

4.5 The criminal justice system in the UK

The Youth Justice and Criminal Evidence Act 1999 provides for the use of special measures for vulnerable and intimidated witnesses in England, Wales and Scotland. It applies to anyone under 18 as well as an adult who is defined as vulnerable. The Criminal Evidence (Northern Ireland) Order 1999, as amended by the Justice Act (Northern Ireland) 2011, provided for the introduction of special measures in Northern Ireland. Special measures include removal of wigs and gowns, use of screens, use of video evidence and live link, aids to communication including communicators, interpreters, communication aids or techniques and the use of intermediaries (implementation differs between nations – see below and section 4.5.1).

Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing Victims and Witnesses, and Guidance on Using Special Measures (Ministry of Justice *et al.* 2011) provides guidance on interviewing disabled children and children with communication difficulties in England and Wales. The Department of Justice in Northern Ireland published equivalent *Achieving Best Evidence* (ABE) guidance in 2012, tailored to the structures in place in NI (Department of Justice NI 2012). The ABE guidance includes planning and preparation; the interview for each phase of rapport, free narrative account, questioning and closing the interview; interviewing very young or psychologically disturbed children; and useful sources of information.

4.5.1 Duties under equalities legislation

The Equality Act 2010 (England, Wales, Scotland) provides for protection from unlawful discrimination in relation to disability, gender reassignment, pregnancy and maternity (which includes breastfeeding), race, religion and belief, sex and sexual orientation.

The Act also requires the service provider to make reasonable adjustments to ensure that if someone is disabled they can use the service as far as is reasonable to the same standard as non-disabled people. This is an anticipatory duty. It may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers. When the duty arises, a service provider is under a positive and proactive duty to take steps to remove or prevent these obstacles. (See Equality and Human Rights Commission advice and guidance on the Equality Act www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/equality-act-guidance-downloads)

Apart from a few minor exceptions, the Equality Act 2010 applies to Great Britain only. In Northern Ireland, the Disability Discrimination Act 1995 (DDA) is the main piece of legislation, and this has been substantially amended by the Northern Ireland Assembly. Section 49A of the Act requires public authorities, when carrying out their functions, to have due regard to the need to promote positive attitudes towards people with disabilities and to encourage the participation of people with disabilities in public life. Section 49B of the Act requires public authorities to prepare and submit an action plan to the Equality Commission for Northern Ireland (ECNI) on how they propose to fulfill their disability duties. The ECNI must keep under review the effectiveness of these duties. In addition in Northern Ireland, Section 75 of the Northern Ireland Act 1998 came into force in January 2000 and places a statutory duty on public authorities in NI in carrying out their functions to have due regard of the need to promote equality of opportunity across a range of designated groups, including persons with a disability and persons without a disability. Public authorities are required to implement these statutory obligations through Equality Schemes which are approved by the Equality Commission, and by screening and carrying out Equality Impact Assessments on policies.



5 The current state of services

Information that informs our knowledge about the current state of services in the UK is drawn from research and consultations, reviews of services and information from key organisations and professionals.

Ofsted's (2012) thematic inspection provides some very helpful information about the child protection system and disabled children, and builds on what we know from the second and third joint chief inspectors' reports on arrangements to safeguard children (Commission for Social Care Inspection *et al.* 2005; Ofsted *et al.* 2008), and the reports by Ofsted (2009, 2010, 2011) and Brandon *et al.* (2012) on serious case reviews. These all relate to the situation in England. The Social Work Inspection Agency's (2010) report on their Performance Inspection Programme provides some information about the position in Scotland. More recent research commissioned by the Scottish Government (Taylor *et al.* 2014) into the relationship between disabled children and child protection practice provides information on strengths, barriers and areas for development. Inspections of child protection services in Wales (Social Work Inspectorate for Wales 2004) and the inspection of child protection in Northern Ireland (Social Services Inspectorate 2006) provide information about past service delivery, although it should be recognised that much has changed since then.

Since 2008/9, the Scottish Government has required local authorities to return data on the disability status of registered children for publication in the annual Child Protection Survey. This information is also made available in Northern Ireland. In England, the Department for Education requires local authorities to gather information for the annual children in need census. Information is collected on children who have received services during the year and includes children in need of support services, children about whom there has been a child protection referral, children who are the subject of a child protection plan and the child's impairment if there is one. However, disability data is only published on children in need as a whole. Similar information is collected in Wales except that it relates to children who are receiving services at a particular point in time (e.g. 31 March 2013) and have received these services for at least three months before. Published data in Wales includes information about disabled children who were on the child protection register or who were looked after and disabled children in need by primary need for services.

5.1 Numbers of disabled children

Estimates of the numbers of disabled children in the UK vary considerably. This is due in part to the lack of consensus on the definition of disability. The difficulty is compounded by variations in the data collected.

The unrounded estimate by the Office for Disability Issues (ODI) of the number of disabled children in the UK in 2011/12 was 806,520 (information provided to the NSPCC by the ODI in June 2013). This represents about 6 per cent of all children.

5.1.1 Numbers of children on the child protection register/the subject of a child protection plan

Scotland

Number of children whose names were on the child protection register as at 31 July 2013 by additional support needs status

Additional support needs	130
No disabilities	1736
Not known/recorded	805

(www.scotland.gov.uk/Topics/Statistics/Browse/Children/PubChildrenSocialWork/ChildrensSocialWorkStatistics2012-13Additional)

The number of identified children with additional support needs as a proportion of all children whose names were on the child protection register is 4.9 per cent. However, we do not know how many other children with additional support needs fall within the 'Not known/recorded' category.

England

The children in need census for 31 March 2011 showed that 1,600 children who were the subject of a child protection plan were recorded as having a disability. This represents 3.7 per cent of all children who were the subject of a child protection plan (Ofsted 2012).

Wales

Disabled children included in the children in need census whose names were on the child protection register at 31 March 2013

Disabled children	125
Non-disabled children	2,275

(<http://wales.gov.uk/docs/statistics/2014/140227-wales-children-need-census-2013a-en.pdf>)

This represents 5.2 per cent of all the children whose names were on the child protection register in Wales.

Northern Ireland

26 disabled children in Northern Ireland were recorded on the Child Protection Register at March 2013, of a total of 1,961 children (DHSSPS 2103).

This represented 1.3% of all children on the child protection register in Northern Ireland.

It was highlighted above (see section 4.4) that, among the measures being taken forward in Northern Ireland in recognition of the underrepresentation of disabled children in Northern Ireland's child protection register, the Safeguarding Board for NI has identified disability as a priority in its first Strategic Plan 2013-17 and is taking forward a number of actions in its forward workplan.

Commentary

The proportion of disabled children whose names were on the child protection register or the subject of a child protection plan in Scotland, England, Wales and Northern Ireland is lower than the estimated 6 per cent of disabled children in the UK. However, the 4.9 per cent of children in Scotland and 5.2 per cent of children in Wales is not significantly below the estimated 6 per cent although caution should be exercised in drawing conclusions from the Scotland figures because of the large number of children for whom disability status is not known. It is significant to note that Brandon *et al.* (2012) found that disabled children featured in 12 per cent of serious case reviews in England.

5.2 Preventative services and sources of help and advice

5.2.1 Sources of help and advice for children and young people

As stated earlier, many disabled children lack basic information about staying safe, which is often not in accessible forms such as easy read, audio or BSL (Marchant *et al.* 2008; Kovic *et al.* 2009). The need for such materials is reinforced by an NSPCC-commissioned consultation with learning disabled children and young people (Marchant 2007) that found:

- Many children and young people struggled to define safety, but when asked in concrete ways almost all were able to say something about “the rules” for staying safe.
- Almost all were preoccupied with strangers as the main source of danger.
- The majority felt they would be safest in places that they know, with people that they know, doing things that they know how to do.
- Most had an either/or assumption about who would be safe, so “good people” would be safe all the time and “bad people” would never be safe. Only five of the 22 young people talked about the same person being both safe and unsafe; four of the five were known to have experienced abuse.

ChildLine provides information on a range of topics relating to safeguarding and of interest to children and young people, including videos in BSL that can be accessed via the Deaf Zone. There is also other disability-specific material including a page on autism.

ChildLine also provides a potential source of “external” and confidential support. The accessibility of ChildLine continues to develop and be kept under review. Currently it can be accessed by phone, online chat, private e-mail, problem page and peer support via a message board including a “Living with disability” message board.

5.2.2 Personal safety skills (including sex and relationships education)

Some accessible materials are available for professionals to use when teaching sex and relationships education (see www.fpa.org.uk and www.brook.org.uk) although materials specifically on keeping safe remain limited. *Safe: Personal Safety Skills for Deaf Children* (Kovic *et al.* 2009) is an example of a product for deaf children which covers topics including feelings, relationships, growing up and keeping safe.

The ChildLine Schools Service has recently undertaken pilots with pupil referral units and special schools, looking at how safety messages can be delivered to children with learning difficulties and other learning needs. They are planning to develop materials and methods of working in partnership with schools.

As outlined in Chapter 4, the NSPCC in Northern Ireland is now taking forward a six-year pilot study in partnership with the Department of Education to build the capacity of schools to teach keeping safe messages through preventative education within primary schools in Northern Ireland.

PSHE, including sex and relationships education (SRE), social and emotional aspects of learning (SEAL) and personal safety skills work play a key role in developing disabled children's conceptual understanding of issues such as feelings, relationships, safe and unsafe behaviours and how to seek help. This is particularly so for children with communication impairments or who are otherwise unable to access this information in other ways. It was of concern, therefore, that Blake and Muttock (2004) found that the significance of PSHE and citizenship for children with special needs was not always recognised within schools and that some children in mainstream schools were removed from PSHE. They also found that many teachers and support staff were unskilled in both the content and methodology of PSHE and citizenship. This is reinforced by research undertaken with teachers of deaf children in mainstream schools (Suter *et al.* 2009) that highlighted an overall concern over the suitability of methods and materials often used

to teach deaf children in mainstream schools about sexuality and relationships.

5.2.3 Empowering disabled children

In recent years there has been a move towards models for empowering disabled children through developing awareness and vocabulary, and consulting them on matters that affect their lives, such as service development and peer support (including peer mentoring, bullying and peer advocacy).

Peer support in schools is still relatively new and only began to be practised in the UK in the 1990s. It is becoming more commonplace within schools. However, it is less well developed in other settings such as the youth service.

Much attention has been given in recent years to bullying in relation to both non-disabled and disabled children. Learning from these initiatives can be applied to safeguarding. However, despite the apparent success of some of these developments, there has been no systematic gathering of information about these or evaluation of their effectiveness.

The Viper Research Project explored disabled children's participation in decision-making about services and concluded that they have a key role in developing proposals and designing more inclusive services that meet their needs. A literature review carried out for the project (Franklin 2013) found that while there has been some progress made in disabled young people's participation locally, barriers still exist that prevent disabled young people's participation in strategic, service-level and individual decisions. They identified the key barriers as lack of understanding of what participation is and how to make it happen; lack of funding, inclusive practice, resources, time and training; and lack of consistent systems and structures.

Policies aimed at promoting safeguarding and wellbeing should address specific issues, concerns and experiences that many disabled children face. A whole-school approach is required which raises awareness of disability issues within the broader context of respect for diversity. The joint chief inspectors' second report (Commission for Social Care Inspection *et al.* 2005) found that in special schools in England, policies such as those for preventing bullying are not always adapted to the specific needs of disabled children. This suggests that while there have been positive developments in empowering disabled children, the overall position is mixed.

5.2.4 Advocacy

Independent advocacy services, particularly for children living away from home, can assist disabled children to communicate their views and opinions and help them to have their views taken into account. However, research

by The Children's Society (Mitchell 2007) found that probably the most vulnerable disabled children were less likely to receive an advocacy service. Over two-fifths of services specifically stated that they could not provide advocacy for children with complex communication needs. A study of advocacy support for children and young people in Scotland also found significant gaps in provision for those who were disabled or had mental health issues (Elsley 2010).

Advocacy services have the potential to significantly increase the child's ability to raise concerns, but such services are not universally available. In their thematic report, Ofsted (2012) commented that advocacy was usually not considered and was rarely used.

5.2.5 Sources of help and advice for parents/ carers and professionals

The NSPCC child protection helpline and advice service provides support to parents, adults and professionals through the NSPCC helpline, online information and guides. Helpline staff can give advice where adults are worried about a child or need help and advice and can take action on the "caller's" behalf. The helpline can be contacted by phone, text, e-mail, online and through webcam. A BSL interpreting service is available.

5.3 The child protection and criminal justice systems

5.3.1 Effectiveness of child protection services for disabled children

The increased focus on the safeguarding needs of disabled children over recent years has undoubtedly led to improvements in practice across the UK. However, the available evidence suggests that practice is variable between individuals and between services and local areas. A number of reviews of the safeguarding and protection of disabled children provide useful information, notably Ofsted's (2012) protecting disabled children thematic inspection in England and research conducted by Taylor *et al.* (2014) in Scotland. However, much of our knowledge about good practice remains anecdotal and there is a need for learning through evaluation where practice is considered to be effective. Reviews of serious case reviews provide a useful and growing source of learning about systems and practice in England when things have gone wrong. However, caution should be exercised in drawing conclusions from these about services as a whole.

5.3.2 Strengths in the child protection system

There is evidence of improving practice in the third joint chief inspectors' report (Ofsted *et al.* 2008), which found that (in England):

- agencies are working together better to provide services across health, education and social care for children with learning difficulties and/or disabilities
- early needs identification for very young children is mostly good
- multi-agency assessment has improved.

Ofsted (2012) similarly found that:

- effective multi-agency support was provided at an early stage
- a wide range of professionals and staff had made timely referrals when they had concerns about disabled children
- assessments were generally thorough in child in need cases
- when child protection concerns were clear they were investigated promptly and steps were taken to ensure that children at immediate risk were safe
- when these children did become the subject of child protection plans there was a marked improvement in their outcomes
- child protection enquiries were usually carried out by social workers with appropriate experience and expertise in child protection and disability.



A deaf and blind child with learning difficulties screamed constantly causing the whole family great distress. A comprehensive assessment was completed with good analysis well focused on the pressures, needs and risks. There were good observations of the parents' behaviour management strategies. A detailed child in need plan was drawn up with the parents and all the key professionals and was regularly reviewed. The involvement of the sensory impairment support team played an important role in helping parents and professionals better understand the root cause of the child's distress and to develop strategies to ensure that the child was consistently handled calmly and sensitively. Overnight stays and access to leisure activities were arranged for the child. This had the added benefit of enabling the parents to spend additional time with their other children and alleviated stress on the whole family.

(Ofsted 2012)



In Scotland, Taylor *et al.* (2014) found that:

- overall there were positive messages about putting the child at the heart of child protection assessment and intervention, and that some practitioners had found creative ways to approach this
- although communication impairments were sometimes seen to be barriers to seeking the child's views there were examples of many successful adaptations
- there was a perceived improvement in interagency communication and cooperation in recent years, including information sharing and the coordination of services to facilitate communication with the child and ensure adequate investigation of concerns.

There is a need to capture evidence of good practice across the UK in a way that maximises its potential to contribute to wider learning and the development of more effective protection of disabled children.

5.3.3 Areas for development in protecting disabled children

Reviews and inspections, predominantly in England and more recently in Scotland, have found significant barriers in child protection processes for disabled children. Recurring themes include failures relating to: making the protection of disabled children a priority; recognition, establishing appropriate thresholds; child-focused assessment; communication and seeking the child's views; staff training and skills; and multi-agency working.

In England, the Commission for Social Care Inspection *et al.* (2005), in their joint chief inspectors' report, concluded that insufficient recognition and priority were given to the needs of disabled children. They referred to issues around identifying and acting on welfare concerns, and staff in a range of settings not being consistently trained in safeguarding and child protection to meet the needs of disabled children. The views of many disabled children were not heard because insufficient effort or resources were put into overcoming communication, sensory and/or learning barriers. They found that although special schools generally made child protection referrals appropriately, staff were not always good at identifying and tracking behaviour patterns and trends – for example, overt challenge or emotional withdrawal – that can be indicators of child protection concerns.

In a review of serious case reviews, Ofsted (2009) found that:

- there had been inadequate recognition of disabled children as children in need and, in consequence, their needs had not been assessed
- there had been a failure to address the impact on the family of caring for a disabled child, and that common

stress signals were overlooked and not recognised as symptoms which might give rise to greater concerns

- issues of disability masked child protection concerns where there was a focus on the child's disability and the provision of services to address this, without assessing the wider needs of the child and the family
- there was poor communication between services – sometimes between disability services and those responsible for child protection – each of which had its own priorities.

The findings of Brandon *et al.* (2012) reinforce some of these conclusions. They found that the risk of harm went unrecognised for disabled children, sometimes where the family presented as loving and cooperative. They also found that for disabled children of all ages there was a tendency to see the disability more clearly than the child and that this could mean accepting a different and lower standard of parenting for a disabled child than would be tolerated for a non-disabled child – for example, keeping a child shut in a bedroom for long periods for “safety”.

In Scotland, the Social Work Inspection Agency's (2010) report found, when considering assessment of risk, that disabled children had some of the poorest quality assessments and only a quarter of their case files contained a chronology. However, it should again be noted that there have been numerous developments aimed at improving the protection and wellbeing of disabled children over the last few years.

Stalker *et al.* (2010) interviewed 10 key informants (senior policy makers and practitioners) in Scotland and England on child protection and the needs and rights of disabled children. Eight were based in Scotland and two in England. The research revealed worrying indications of poor practice in some areas – for example, where it was based on misinformation and misunderstanding about disabled children; where professionals working closely with parents were reluctant to challenge them about child protection concerns or to place children on registers; and when it was assumed that disabled children could not be credible witnesses. Key informants also identified communicating with young people as a significant difficulty for many practitioners.

Research carried out by Taylor *et al.* (2014) on practice in relation to disabled children in Scotland, based on the views of professionals, found evidence of:

- barriers preventing disabled children being consulted, informed and able to give their views about decisions affecting them – e.g. communication impairments were sometimes perceived as a barrier to seeking the child's views even when it was a child's disclosure that triggered the child protection concern

- child protection workers struggling to adapt child protection processes for disabled children's needs and lacking confidence when working with disabled children
- unequal treatment of disclosures because impairments were perceived as making children unreliable witnesses
- possibly higher intervention thresholds for disabled children, and concerns by other agencies that social workers left some children in neglectful or risky circumstances for too long.

The study acknowledged positive aspects – where the child was at the centre of assessment and intervention, and practitioners used creative approaches, and perceptions of improvements in interagency communication and cooperation – but concluded that in relation to disabled children the child protection system is of concern.

Ofsted's (2012) thematic inspection echoed many of these concerns. It found that children in need work was not always well coordinated, many plans lacking detail and focus on outcomes. This lack of rigour increased the likelihood of child protection concerns not being identified early enough. The report also found delays in identifying thresholds for child protection when concerns were less clear cut, especially neglect, and that assessments did not consistently identify and analyse key risk factors, which led to delays in support. The review found variations in the extent to which the views, wishes and feelings of disabled children were ascertained, and children were not always spoken to directly about concerns for their welfare even when they could communicate well. Finally, it found that most LSCBs and local authorities were not in a position to assess the quality of work to protect disabled children. These findings need to be balanced against the strengths Ofsted reported and outlined in section 5.3.2.

5.3.4 Use of intermediaries

Intermediaries can enable children with communication impairments to give their best evidence. Although they were established for criminal justice purposes, they can also benefit disabled children in civil processes, including child protection enquiries and care proceedings.

Registered intermediaries have been facilitating communication with vulnerable witnesses in the criminal justice system in England and Wales with pilots starting in 2004 and national provision in 2008 although the number of young witnesses who need support with communication is a lot higher than the service can deliver. A pilot programme is in place in Northern Ireland and plans for intermediaries have been under consultation in Scotland.

Plotnikoff and Woolfson (2008) evaluated six pathfinder projects in England and Wales from 2004 to 2006 with the aim of establishing a model for national implementation. Feedback from witnesses and carers in trial cases was uniformly enthusiastic. Carers thought that intermediaries not only facilitated communication but also helped witnesses cope with the stress of giving evidence. Appreciation of the role was almost unanimous across the judiciary and other criminal justice personnel. Participants estimated that at least half of the 12 cases would not have reached trial without the involvement of the intermediary. They reported a number of benefits including:

- identifying that the witness's comprehension level was lower than it appeared to be
- assisting in efficient planning of interviews
- assisting witnesses in identification procedures
- helping inform CPS decisions about witness suggestibility, ability to cope with cross-examination and how the witness should give evidence.

Benefits reported by participants during the trial stage included:

- facilitating communication in a neutral way, through informative reports and appropriate interventions
- ensuring that witnesses understood everything said to them, including explanations and instructions.

Plotnikoff and Woolfson also identified a number of challenges to wider use of this special measure including:

- difficulty in identifying eligible witnesses
- misunderstanding of the intermediary role
- lack of planning
- lack of appropriate intervention in questioning (some judges and prosecutors would be less likely to intervene where an intermediary was present)
- the scope of the measure where there were concerns about excluding vulnerable defendants from eligibility for special measures.

5.4 Specific groups and interventions

5.4.1 Services to deaf children

Research evidence shows that the needs of deaf children are often not well served by children's disability teams in England. Young *et al.* (2009) found that:

- only 37 per cent of responding local authorities described co-working arrangements between child protection teams and specialist social workers

- eighteen per cent had no co-working arrangement at all
- others described various arrangements for getting help within or outside the local authority.

The researchers were struck by how little awareness there was of the extent to which specialist knowledge might be required about cultural issues or deaf child development issues rather than only about language and communication, and how unplanned the arrangements appeared to be. Respondents who were not themselves deaf specialists seemed unaware that there would be issues that should be taken into account or that would affect the investigation if a child was deaf and not a BSL user.

Ofsted (2012b) highlights factors underpinning effective joint working across agencies with deaf children and the positive effect this has had on their lives. Deaf children's entitlement to communicate and be communicated with was seen as fundamental to their development, progress and wellbeing. Many of the factors identified could be applied to circumstances where there are child protection concerns.

5.4.2 Minority ethnic disabled children

Barriers for minority ethnic children and families accessing support services have been discussed in Chapter 3. Additional barriers in the child protection system can result from lack of cultural awareness, inadequate knowledge and skills in language and communication, inappropriate assumptions, and skills gaps specifically in relation to child protection and working with disabled children and with children and families with a minority ethnic background.

Absence of support services for minority ethnic disabled children and their families is likely to increase levels of stress and isolation and have implications for trust and seeking help if there are concerns for the child's safety and wellbeing. The importance of working with minority ethnic children, young people and their families and with minority ethnic communities to further develop our understanding and to address these issues is clear. It is essential that professionals develop cultural competence if they are to protect minority ethnic disabled children.

5.4.3 Therapeutic services

Access to CAMHS and other therapeutic services for children with learning disabilities is often lacking. Oftsed *et al.* (2008) found that in England high thresholds were restricting access to services, especially for children with moderate levels of learning difficulty or disability and that there was limited provision of some services such as therapeutic services. They drew attention to a continuing widespread shortfall of CAMHS for children with learning difficulties and/or disabilities, services for children with

ADHD or autism being particularly variable. They also found that participation and consultation with children and access to advocacy vary greatly between areas.

In Wales, the Joint Inspection report into services for children and young people with emotional and mental health needs (Wales Audit Office et al 2009) concludes that access to CAMHS for learning disabled children is variable depending on where they live and that some children are not receiving the support they need. Just 10 of 27 specialist CAMHS teams in Wales stated that they provide support to children and young people with a learning disability.

Allnock *et al.* (2009) mapped availability of therapeutic services in the UK for children and young people who have been sexually abused, including services for those who display harmful sexual behaviour, and reviewed provision in relation to identifiable demand and need. The study found that over half the services (53 per cent) reported in the questionnaire that there were some categories of children and young people with particular needs for whom they were unable to provide a service. The most commonly cited categories were physically disabled children and young people, and children and young people with severe mental health difficulties and severe learning disabilities. In particular, children on the autistic spectrum were mentioned as requiring special attention relating to their vulnerabilities to abuse.

Other groups of children and young people with particular needs that services were unable to cater for included:

- children and young people with harmful sexual behaviour
- children and young people with mild to moderate learning difficulties
- speech and/or hearing impaired children and young people
- specific medical conditions.

The NSPCC offer therapeutic services to children who have been sexually abused through a network of locations throughout the UK. The therapeutic approach is being adapted for use with children with learning disabilities and piloted. The NSPCC also works with children with learning difficulties who display harmful sexual behaviour. These services will be evaluated.

A small number of other organisations offer therapeutic interventions with learning disabled children who display harmful sexual behaviour. Some of these have adapted existing materials and others use materials specifically developed for use with learning disabled children.

However, organisations offering these therapeutic services mostly work with children with a mild to moderate range of cognitive impairments. A gap remains in working with children with severe learning disabilities.

The NHS National Deaf Children, Young People and Family Service provides therapeutic interventions for deaf children who have mental health needs. It has a number of regional bases across England. The service offers assessment and management of psychiatric, behavioural, psychological, communication and social problems.

5.5 Conclusion

Evidence-based knowledge of current service delivery in relation to safeguarding and protecting disabled children remains limited. Reviews and inspections provide some learning about good practice and the nature and extent of barriers within the child protection process that enables us to identify actions that can be taken to address these. However, more research is needed about the effectiveness of current services and how these can be developed to improve the protection of disabled children.



6 The way forward

Disabled children have the same right as non-disabled children to protection from abuse, and key stakeholders can use their capabilities to develop practical solutions to problems in child protection for disabled children.

Deaf and disabled children and young people can make an essential contribution in helping us understand the risks to disabled children and how to address them.

6.1 The main problems

- Notwithstanding the progress made through disability equality legislation, society continues not to value disabled children as equal citizens with equal rights. This can have an impact on all aspects of service delivery.
- There is a lack of evidence-based research that defines the full extent and nature of abuse of disabled children, identifies the barriers to effective protection and measures outcomes of success for interventions.
- A range of attitudes and assumptions can get in the way of recognising abuse and responding effectively to ensure the child receives the help they need. This can include being reluctant to believe that disabled children are abused, misinterpreting indicators, lacking child focus and applying thresholds inappropriately.
- Disabled children and their families are often isolated, experience barriers in accessing support services and community resources, and struggle to get the help they need.
- Disabled children may lack awareness of abuse and may not feel able or be able to seek help.
- Barriers can exist at all stages of the child protection process.

6.2 Towards ensuring equal protection

All stakeholders need to share and build on existing knowledge and work together with disabled children, young people and their parents and carers to ensure that future learning is reflected in policy, guidance and practice across agencies throughout the UK and is incorporated into national and local strategic plans and awareness-raising activities.

Key stakeholders includes policy-makers; statutory agencies including health, education, social care and agencies within the criminal justice system; inspection bodies, professional associations and bodies and the voluntary, youth and community sector.

6.2.1 Develop a wider and deeper evidence base of the nature of the problems and what is effective in addressing them

- *Initiate research into the extent, nature and circumstances of the abuse of disabled children in the UK, how risk can be reduced and how disabled children can be better protected.* This includes factors relating to particular impairments and types of abuse, gender, and issues of ethnicity, culture, religion/belief and linguistic differences. It should identify the barriers to effective protection and measures of success for the outcomes of interventions. It should also consider the risks and benefits that new technology brings. Research should be informed by the views and experiences of key stakeholder groups with a priority on disabled children and young people. Relevance of the literature, most of which has been produced outside the UK, needs further testing and specific local factors and considerations drawn out. Research, similar to that carried out in the United States by Sullivan and Knutson (2000) is needed on the specific increased vulnerabilities of disabled children to abuse in the UK.

Any research undertaken would have international relevance. The potential for cross-nation collaboration could usefully be explored here through international agencies such as the European Union and the United Nations.

- *Develop an evidence base on child protection practice across the UK.* This can be achieved through case reviews and inspections, research and examples of real-life experiences.
- *Develop and test innovative models and methods of working that enhance safeguarding and disseminate learning.* Through stakeholder collaboration, a “menu of solutions” should be developed for application to different organisational and service delivery contexts.

6.2.2 Raise awareness about the abuse of disabled children and challenging attitudes and assumptions

- *Campaign activity aimed at all stakeholder groups to raise awareness of the abuse of disabled children and encourage action to improve protection.* This should include dissemination of research and inspection findings, use of professional media, networks and forums, seminars and conferences and the development of awareness raising materials. The professional audience should include those working in mainstream children’s services as well as with disabled children. Campaigning activity should be developed in consultation with disabled children, young people and young adults.

- *Introduce basic awareness training on the abuse of disabled children and the impact of attitudes and assumptions on recognition.* This should be in pre-qualification training programmes for all professional groups across health, education, social care and criminal justice.

6.2.3 Promote safe and accessible services

- *Maximise opportunities for disabled children to use the services they want to and need to use.* Services should be developed in consultation with disabled children and adults and with organisations representing disabled people.

6.2.4 Raise disabled children's awareness of abuse and their ability to seek help

- *Ensure all disabled children have access to personal safety skills training.* This includes sex and relationships education as appropriate to their age and understanding. Professionals should have access to materials and guidance suited to the children they work with and the skills and confidence to deliver the training.
- *Enable each disabled child to develop their vocabulary so they can communicate concerns, including concerns about abuse, and seek help*
- *Give disabled children access to information about abuse and protection that they can understand.* This is so that they know there are options for seeking help from professionals, helplines and others.
- *Empower disabled children in their daily lives so they can improve their self-esteem, confidence and ability to seek help.* This should include consulting with them about matters that directly affect them and opportunities to contribute their views on the development and delivery of services. The culture and ethos of settings should respect difference and value each child. Children who are valued and listened to are more likely to seek help if they are worried about something.
- *Develop peer support in schools and other settings.*

6.2.5 Ensuring the child protection and criminal justice systems work effectively for disabled children

Policy measures being undertaken in England, Wales, Scotland and Northern Ireland towards ensuring that the child protection and criminal justice systems work effectively for disabled children are outlined in the policy section of this report. We need to ensure that they are being implemented effectively for disabled children.

It is essential that agencies continue to work together through a process of ongoing learning from inspection, review and consultation activity that builds on existing good practice and measures already in place that help ensure the effective delivery of child protection and criminal justice services for disabled children.

The SBNI has already prioritised the safeguarding of disabled children in its first Strategic Plan, which states an intention to “seek assurance through its partnership arrangements that effective safeguarding arrangements are in place” (SBNI 2013).

In addition to prioritising the safeguarding/protection of disabled children, measures that can be undertaken or built upon where progress has already been made include:

- *consulting with disabled young people and organisations representing them* about risk, promoting safeguarding and barriers and enablers in the child protection and criminal justice process
- *Local collection and analysis of data on disabled children who are in the child protection process.* This will provide valuable learning, with opportunities to identify trends and compare data sets. It would be further enhanced by local case reviews or audits of practice in one or more agencies with a view to identifying improvements that are needed and consolidating good practice. These processes would increase our understanding of risk, barriers to protection, good practice and opportunities for more effective protection.
- *skills audits and training programmes* that ensure child protection practitioners and practitioners who work with disabled children either in a specialist or non-specialist capacity have the skills required to recognise and respond to child protection concerns involving disabled children.

6.3 The NSPCC's role

The NSPCC has a key role in defining the challenges and generating consensus amongst stakeholders for improving the protection of disabled children. We can use our capabilities as a service provider and campaigner to develop practical solutions and to work towards ensuring that learning is reflected in policy, guidance and practice across the UK. The NSPCC is well placed to work in partnership with stakeholders in sharing learning and identifying and realising opportunities that promote safeguarding.

6.3.1 Research and development

We will undertake research and development activities aimed at understanding more clearly the safeguarding needs of disabled children and how they can be more effectively protected. These will include:

- research on disabled young people's experiences of the child protection system and how it can be improved
- seeking the views of parents and carers on safeguarding
- future development of personal safety skills work with both deaf and disabled children
- promoting practices in schools, youth services and other settings that empower disabled children and young people to speak out and seek help when they need it.

6.3.2 NSPCC services

We will develop services to generate learning about what is most effective in safeguarding disabled children. For example we will develop therapeutic interventions for children with learning disabilities who have been sexually abused, and teach children with learning disabilities, deaf children and children with an autistic spectrum condition personal safety skills and how to seek help when they need it.

6.3.3 Awareness raising and influencing

We will seek to work in partnership with governments, stakeholders across the statutory, voluntary and community sectors and academic/research bodies and with disabled young people and their parents and carers to:

- improve knowledge and understanding about the abuse of disabled children in the UK and how disabled children can be better protected
- raise awareness about the risks of abuse to disabled children and barriers to their protection, towards achieving a cultural shift in attitudes and approaches that leads to more effective safeguarding

We will facilitate engagement of key stakeholders in England through the jointly chaired (with Council for Disabled children) National Working Group on Safeguarding Disabled Children.

We will create a range of materials that raise awareness of the risks of abuse to disabled children and identify what can be done to improve their protection.

6.3.4 Accessible services and inclusive activities

We will ensure that our services and activities are more accessible to and inclusive of disabled children and their families. This includes:

- services that are delivered across the prioritised themes: sexual abuse, neglect, high-risk families, minority ethnic children, looked after children and children under one
- the NSPCC Child Protection Helpline and ChildLine. We will continue to review and develop these services in consultation with deaf and disabled children, young people and adults and with organisations acting on their behalf in order to further improve their accessibility. The Helpline will initially focus on accessibility of the service for deaf people.

6.3.5 Sources of help and advice

We will continue to provide information and advice to disabled children and young people through ChildLine. Our ChildLine Schools Service will continue its work with schools on developing materials and methods for delivering safety messages to children with learning difficulties and other learning needs as part of our awareness raising activities in schools. Our Child Protection Helpline will provide information to older disabled young people as well as advice to parents and carers and professionals. We will seek to work in partnership with organisations representing disabled children and adults to encourage and support disabled people in seeking help and advice when they have concerns.

6.3.6 NSPCC as a resource base

We will be a resource base for professionals on safeguarding disabled children, providing information, briefings, updates on key developments and resources for professionals that address key learning gaps. We will provide training and consultancy services that are informed by NSPCC learning and problem-solving activities.

6.3.7 How will we know when we've got there?

Success will be achieved when:

- more is known about the abuse of disabled children in the UK and how to protect them more effectively
- universal, targeted and specialist services are more accessible, and disabled children and their families are more able to get the help they need
- more disabled children are able to recognise and identify abuse, recognise their right to protection and are able to seek help when they need it

- the child protection and criminal justice systems work more effectively for disabled children
- disabled children and young people feel safer and are safer.

6.4 Conclusion

Disabled children are at greater risk of abuse and significant barriers can exist to their safeguarding and wellbeing. Understanding a child's needs, building on their strengths, overcoming the barriers and developing innovative solutions for meeting the challenges will not only enhance the child's wellbeing and protection from abuse but will provide learning that may also be of benefit for non-disabled children.

Disabled children have an equal right to protection from abuse. Action from all stakeholders is needed to realise this. A child protection system that is effective for disabled children will be one that is effective for all children.

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