

*Additional Child
Protection
Procedures for
Disabled
Children*

***Multi-agency
Protocol 16***

Adopted: June 2006

To be reviewed: June 2007

ADDITIONAL CP PROCEDURES FOR DISABLED CHILDREN

*This document should be read in conjunction with **Safeguarding Disabled Children: A Resource for Local Safeguarding Children Boards***
<http://www.everychildmatters.gov.uk/resources-and-practice/IG00048/>

1 Introduction

Disabled children are more likely to experience abuse than non-disabled children (*NSF for Children, 2005*), and the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Disabled children may be especially vulnerable for a number of reasons, some may:

- have fewer outside contacts;
- have impaired capacity to resist or avoid abuse;
- have communication difficulties which can make it difficult to tell others what is happening;
- receive intimate personal care, possibly from a number of carers, which potentially may increase the risk of exposure to abusive behaviour;
- be especially vulnerable to intimidation and bullying;
- be fearful about complaining due to the fear of losing services.

(Working together to Safeguard Children, 1999)

Safeguards for disabled children are essentially the same as for non-disabled children.

Professionals in all agencies should be alert to the specific indicators that may suggest abuse in this particular group of vulnerable children and young people.

It is unacceptable for poor standards of care to be tolerated for disabled children, which would not be tolerated for non-disabled children.

Adopted: June 2006

To be reviewed: June 2007

2 Enquiries and Investigations

2.1 At the point of referral to Social Services the following additional questions need to be answered and documented

- What access/communication needs does the child have e.g. BSL interpreter, communication aid. Consultation with Speech and Language Therapy may provide further information about the child's ability to understand language and his/her preferred communication mode.

2.2 When a referral is made the advice and guidance of professionals and agencies with knowledge of the child and family because of his/her disability should be sought, showing respect for the disabled child's privacy.

3 Strategy Discussion

3.1 Because of the additional issues involved in such cases, the strategy discussion may need to take the form of a meeting. As well as those who will be involved in carrying out further enquiries, it is helpful to involve in the meeting, professionals who have a detailed knowledge of the child and/or expertise in the disability concerned and forms of communication, such as specialist nurses, teachers, care staff, speech and language therapists and occupational therapists.

3.2 It is essential that other professionals who know the child are consulted to ensure the child's perception of events, and their wishes and feelings can be accurately ascertained and understood.¹ It is possible that independent experts may need to be consulted. The

¹ In addition consideration should be given to staff involved in transport, pre-school organisations, Paediatricians, General Practitioners, Health Visitors, Physiotherapists, Personal Advisors, Key worker and any other relevant persons/agency the child may have regular contact with.

child may require a chosen advocate to support them through the investigation.

- 3.3 When planning the strategy discussion/meeting particular attention needs to be given to ascertaining the child's communication needs. Social Services and the police need to assess what communication system the child may use if they do not have verbal skills. Consideration may need to be given to involving skilled interpreters.

The child's ability to communicate **MUST NOT** be underestimated.

- 3.4 It may be that more than one strategy meeting may be required. . Throughout the planning process reference should be made to Practice Guidance 2 – “INVESTIGATIVE INTERVIEWING WITH CHILDREN WITH DISABILITIES” in this manual (i.e. Multi-Agency Child Protection Procedures and Guidance)

- 3.5 Appropriate sources of help will include Speech and Language Therapy, Social Services team for Disabled Children, staff in special schools and residential staff.

- 3.6 In addition agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interest and in the interest of justice.

4 The Interview Process

- 4.1 See Practice Guidance 2 - “INVESTIGATIVE INTERVIEWING WITH CHILDREN WITH DISABILITIES” in this manual (i.e. Multi-Agency Child Protection Procedures and Guidance) for information on how to proceed with the interview process.

- 4.2 It may be in the best interest of the child to be interviewed by an adult in whom he or she has already put confidence but who is not a member of the investigating team. Provided that such a person is not

Adopted: June 2006

To be reviewed: June 2007

a party to the proceedings, is prepared to co-operate with appropriately trained interviewers and can accept adequate briefing, this possibility should be considered. If this decision is made, it should be recorded in the Strategy Meeting Minutes.

4.3 In interviewing children, every effort should be made to ascertain the child's perception of events and his or her wishes and feelings. Staff should be prepared to give more time than usual for the interview and where it is in the child's best interest to carry this over more than one meeting.

4.4 If a formal investigative interview is required consideration needs to be given to the most appropriate place for an interview to take place. If one of the video interview suites is to be used consideration needs to be given to access if the child has mobility problems. If the use of an interpreter or facilitator is being considered, this will need to be carefully planned and roles clarified. It may be appropriate to seek the advice of the Crime Prosecution Service (CPS) in these circumstances.

5 Following the Section47 Enquiries

5.1 The disabled child, as with any other child, should have access to therapeutic services if these are assessed as being needed. This needs to be discussed at the Child Protection Conference or Core Group Meeting. The main agencies providing such therapeutic help in Swindon are:

- NSPCC Centre
- Specialised therapeutic support from an appropriate agency
- Voluntary services

Adopted: June 2006

To be reviewed: June 2007

References:

- *Working together to Safeguard Children*, 1999 (Department of Health)
- *National Service Framework for Children, Young People and Maternity Services: Disabled children and young people and those with complex health needs* (Department of Health 2004)
- *It Doesn't Happen to a Disabled Child*, NSPCC

Adopted: June 2006

To be reviewed: June 2007