



ICPC Guidance

Protecting children with disabilities from abuse

October 2016

This document provides guidance for agencies and professionals working with children and families, where there might be concerns about abuse of children with disabilities. It is intended for all agencies and staff in the public, private and voluntary sectors who have contact with children with disabilities and/or their families.

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Related Guidance	ICPC online procedures: What is Serious Harm?; When to Suspect Child Maltreatment; MASH; Children’s Convenor.
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1. Introduction

- 1.1. The available evidence suggests that children with disabilities are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.
- 1.2. Research also indicates that, as well as being the least protected, children with disabilities are the least consulted in routine assessments.
- 1.3. This document provides guidance for professionals and agencies about how to identify and address the additional vulnerabilities experienced by children with disabilities.
- 1.4. Definitions of terms used and abbreviations

ICPC – Islands Child Protection Committee

HSC – Health and Social Care

MASH – Multi-Agency Support Hub – single point of entry to multi-agency help and support for children and their families with additional needs requiring the support of more than one agency or professional

PBS – Positive Behavioural Support

2. Objectives

- 2.1. The ICPC seeks to uphold the rights of children with disabilities and challenge practices that discriminate against them through clarifying the issues facing children with disabilities and establishing a commitment to removing the barriers that prevent children from accessing their rights.

3. Vulnerability of children with disabilities

- 3.1. Many factors can make a child with disabilities more vulnerable to abuse than a child without disabilities of the same age. Safeguarding children with disabilities demands a greater awareness of their vulnerability, individuality and particular needs.
- 3.2. These children may be especially vulnerable to abuse for a number of reasons, they may:
 - Have fewer outside contacts than other children;
 - Receive intimate care possibly from a number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
 - Have an impaired capacity to resist or avoid abuse;
 - Have communication difficulties that may make it difficult to tell others what is happening;
 - Be inhibited about complaining for fear of losing services;

- Be especially vulnerable to bullying and intimidation;
- Be more vulnerable than other children to abuse by their peers.

3.3. Additional factors may be:

- The child's dependence on carers could result in the child having a problem in recognising what is abuse. The child may have little privacy, a poor body image or low self-esteem;
- Carers and staff may lack the ability to communicate adequately with the child;
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed;
- Lack of access to 'keep safe' strategies available to others;
- Children with disabilities living away from home in poorly managed settings are particularly vulnerable to over medication, poor feeding and toileting arrangements, issues around control of challenging behaviour, lack of stimulations and emotional support;
- Parents'/carers' own needs and ways of coping may conflict with the needs of the child;
- Some adult abusers may target children with disabilities in the belief that they are less likely to be detected;
- Signs and indicators can be inappropriately attributed to disability;
- Children with disabilities are less likely to be consulted in matters affecting them and as a result may feel they have no choice about whether to accept or reject sexual advances.

4. Additional considerations for identifying abuse

- 4.1. It should be remembered that a child with disabilities is a child first and foremost, and has the same rights to protection as any other child. People caring for and working with these children need to be alert to the signs and symptoms of abuse.
- 4.2. All children must be responded to as individuals with their own specific needs, feelings, thoughts and opinions.
- 4.3. In addition to the universal indicators of abuse/neglect listed in ICPC guidance: [What is Serious Harm?](#) and [When to Suspect Child Maltreatment](#), the following abusive behaviours must be considered:
 - Force feeding;
 - Unjustified or excessive physical restraint;
 - Rough handling;
 - Extreme behaviour modification including the deprivation of liquid, medication, food or clothing;
 - Misuse of medication, sedation, heavy tranquillisation;
 - Invasive procedures against the child's will;
 - Deliberate failure to follow medically recommended regimes;

- Non-compliance with programmes or regimes;
- Failure to address ill-fitting equipment e.g. calipers, sleep boards which may cause injury or pain, inappropriate splinting;
- Misappropriation/misuse of a child's finances.

4.4. Where a child is unable to tell someone of the abuse they may convey anxiety or distress in some other way, e.g. behaviour or symptoms and carers and staff must be alert to this.

5. Further considerations for service providers

5.1. Safeguards for children with disabilities are essentially the same as for all other children. However, there are specific risks for children who are disabled and services need to ensure they: promote a high level of awareness of these risks of harm; maintain high standards of practice; and, strengthen the ability of children and families to help themselves.

5.2. Agencies providing services to children with disabilities and their families should:

- Make it common practice to enable all children to make their wishes and feelings known in respect of their care and treatment;
- Ensure that children with disabilities receive appropriate personal, health and social education (including sex education);
- Make sure that all children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication;
- Recognise and utilise key sources of support including staff in schools such as support workers, friends and family members where appropriate;
- Ensure that there is an explicit commitment to and understanding of children's safety and welfare among all services used by children with disabilities;
- Develop the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services;
- Provide guidelines and training for staff on: good practice in intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home.

5.3. For children being cared for by HSC Children's Services staff, guidelines on delivering intimate care are available through the following link:

<http://qa.childcareprocedures.gov.gg/article/118518/Intimate-Care>

5.4. **Positive Behavioural Support (PBS)** can be considered as a positive means of intervention for children with disabilities who develop behaviours of concern. It is

evidence based and promotes an individual's human rights and quality of life. PBS also works to reduce the impact of the behaviour on the children by reducing the need (and use) of restrictive, aversive or abusive responses to behaviour. The approach seeks to establish the underlying cause of behaviours and helps to address these unmet needs.

- 5.5. Children who possess known vulnerability factors for developing behaviours of concerns should have access to early PBS Interventions. Evidence shows that this will reduce the likelihood of behaviours of concern developing. Children who already present behaviours of concern should receive PBS interventions to reduce the frequency, severity and impact of their behaviour and therefore their vulnerability to abuse.

6. Referral and assessment of abuse

- 6.1. Concerns about the welfare of a child with disabilities should be acted upon in the same way as any other child in accordance with the ICPC guidelines on making enquiries to the [Multi-Agency Support Hub \(MASH\)](#). In addition to the considerations applied in all cases there will be a need to state what the child's communications needs may be. The professionals within the Child Development Team and Education (i.e. Le Murier and Le Rondin schools – including school nurses and speech and language therapists) may already have a relationship with the child and be the most appropriate people to carry out any discussions with the child, if this is necessary
- 6.2. The same thresholds for action apply to children with disabilities as for any other children – see ICPC guidance: [Worried about a child?](#)
- 6.3. There may also be times when a referral needs to be made to the [Children's Convenor](#). Referrals are made to the Convenor in cases of child protection when parents are not complying with plans to protect the child and when there is likely to be a need for compulsion.
- 6.4. Expertise and resources in both child protection and disability have to be brought together to ensure that children with a disability receive the same levels of protection from harm as other children. Other specialist workers or teams may become involved in the investigative process, for example the Child Development Team.
- 6.5. Carers will need to be challenged and supported in the same way as carers of children without disabilities. Throughout any Assessment (Child's Plan), including a Child Protection Investigation, all service providers must ensure that they communicate clearly with the child and the family and with one another as there is likely to be a greater number of services and staff involved than for a child without disabilities. All steps must be taken to avoid confusion so that the welfare and protection of the child remains the focus.
- 6.6. Carers are relied upon (whether family or paid carers) as a source of information about children with disabilities and to interpret and explain behaviour or symptoms.

- 6.7. Professional staff can potentially feel out of their depth in terms of knowledge of a child with disabilities, where the familiar developmental milestones may not apply.
- 6.8. When assessing risks to a child with disabilities, an additional/different approach is required because of their vulnerability.
- 6.9. Children with disabilities should not be left in situations where there is a high level of neglect or other forms of abuse, because a professional feels the parent, carer or service “is doing their best”.

7. Communication needs

- 7.1. Where there are communication impairments or learning difficulties, particular attention should be paid to the communication needs of the child to ascertain the child’s perception of events and his or her wishes and feelings.
- 7.2. The Children’s Social Care Services and the Police should be aware of non-verbal communication systems and should know how to contact those who have already got a relationship with the child and have a knowledge of the child’s communication style.
- 7.3. A list of communication methods is attached. (See Appendix 1).
- 7.4. The Speech and Language Therapy Team at the Children and Family Community Service (tel: 213600) or Head of Speech and Language Therapists (tel: 707760) may be able to assist in locating an appropriate adult to support the child’s method of communication. This appropriate adult should have an established working relationship with the child and be aware of the child’s communication style.
- 7.5. Agencies must not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigors of the Court process.
- 7.6. Each child should be assessed carefully and supported where relevant to participate in the criminal justice system when this is in their interests as set out in [Achieving Best Evidence in Criminal Proceedings Guidance](#) which includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing children with disabilities.
- 7.7. Participation in all forms of meetings such as Child Protection Case Conferences must be encouraged and facilitated and any issues about access taken into account. The full range of service providers and carers must be represented at all meetings.
- 7.8. **A list of questions to ask yourself when considering who should assist in communicating with the child:**
 - Is the person you are using a potential perpetrator?
 - Have you considered the child’s preferred communication style?
 - Does the child have an independent person for support?

8. Related guidance

- 8.1. For additional guidance, please see [Safeguarding Disabled Children: Practice Guidance](#) (issued by the UK Department for Education in July 2009).
- 8.2. See also [Intimate Care Good Practice Guidelines](#) and [Achieving Best Evidence in Criminal Proceedings Guidance](#).
- 8.3. The Islands Child Protection Committee Guidelines: [Failure to be brought and Failed Access Guidelines](#) and [Child Sexual Exploitation Protocol](#) may also be relevant.

9. Review

- 9.1. This document will be kept under review by the Scrutiny, Learning and Improvement sub-group of the ICPC and will be reviewed in full three years after the publication date.

10. Distribution

- 10.1. The guidance will be distributed to all partner agencies through the ICPC and sub-groups of the committee. It will also be circulated as part of the ICPC training and awareness-raising for safeguarding children with disabilities.

11. Appendices

Appendix 1 - Communication techniques

Some people with learning disabilities have difficulties communicating with others when solely making use of expressive and receptive language. There are a variety of other techniques which have been developed to help support people for whom speech is difficult, communication systems such as:

- Widgit (www.widgit.com)
- PECS (Picture Exchange communication system)
- Easy read symbols
- Hi tech voice output aids – communication aids
- Signalong
- Communication books
- Communication boards
- Talking Mat

Some tips about communication

- Start by asking concrete questions – about actual things that are present.
- Do not use abstract language
- Use simple choice questions
- Try asking closed 'yes/no' questions

- Try asking for descriptive answers. Start questions with - what/where/who/when

More information can be found on different levels of questions and Blank's levels of function questions by visiting the following webpages:

<http://webs.wichita.edu/depttools/depttoolsmemberfiles/musiced/Workshop%20Handouts/2015/Marion%20Blank%20Question%20Protocol%20Condensed%20format.pdf>

and <http://www.wisewordsaustralia.com.au/levels-of-questioning>.