



# **SAFEGUARDING DISABLED CHILDREN AND YOUNG PEOPLE**

**MAY 2011**

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## 1.0 INTRODUCTION

1.1 Safeguarding children and young people and promoting their welfare is everybody's responsibility. Many disabled children and young people grow up in an environment where they are loved, cared for, and supported; they are safeguarded and their welfare promoted. However, research informs us that they are more vulnerable to abuse (see Section 3). Therefore raising awareness amongst professionals about safeguarding disabled children and young people and what constitutes best practice, is essential.

1.2 This protocol provides practice guidance on working with disabled children and young people and procedural information about what to do if you have any concerns. It also provides information about supporting parents / carers whose children have disabilities. It is based on *Working Together to Safeguard Children 2010*<sup>1</sup> and *Safeguarding Disabled Children*<sup>2</sup>. It should be read in conjunction with:

- *South Yorkshire Child Protection Procedures*<sup>3</sup>
- *Allegations against staff, volunteers and carers*<sup>4</sup>
- *Safeguarding Children and Young People in whom illness is fabricated or induced*<sup>5</sup>
- *E-safety policy pack and guidance 2010*<sup>6</sup>

## 2.0 DEFINITIONS

### Disability

2.1 The Equality Act 2010 defines a person as having a disability if:

*"They have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities"*.

2.2 According to the legislation 'substantial' means 'more than minor or trivial', and 'long term' means that it 'has lasted or is likely to last more than a year'. Different agencies may sometimes use different definitions, but for the purposes of this protocol the Equality Act definitions are used. This ensures that the needs of children and young people with long/er term illnesses such as leukaemia, diabetes, cystic fibrosis, or sickle cell are addressed here. They may not usually be thought of as disabled, but their vulnerabilities may be similar. The key issue is the impact of abuse or neglect on a child or young person's health and development and how best to safeguard and

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<sup>1</sup> *Working Together to Safeguard Children*, HM Government 2010

<sup>2</sup> *Safeguarding Disabled Children*, Department for Children, Families and Schools, 2009

<sup>3</sup> *South Yorkshire Child Protection Procedures*, South Yorkshire Safeguarding Children Boards 2010

<sup>4</sup> *Allegations against staff, volunteers and carers* BSCB protocol 2010

<sup>5</sup> *Safeguarding Children and Young People in whom illness is fabricated or induced* BSCB protocol 2008

<sup>6</sup> *E-safety policy pack and guidance*. BSCB

promote their welfare. Children or young people who make a full recovery from their illness will no longer be considered disabled and therefore move out of the area addressed by this protocol.

### **Child in Need**

2.3 Under the Children Act 1989 (s17 (10)), a child or young person who is disabled is automatically a “Child in Need”

. This is because without the input of identified services, they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired. Therefore, they should already be known to services, although will not necessarily have a social worker involved in their care. However, if a professional already involved, or anyone else, has concerns that the child or young person is at risk of, or is suffering, significant harm action should be taken immediately to protect them (see Section 6).

## **3.0 DISABILITY AND VULNERABILITY**

3.1 Disabled children and young people are more vulnerable to abuse for a variety of reasons. These include:

- They may be more likely to be socially isolated, with fewer outside contacts than non- disabled children
- They may be dependent on their parents / carers for practical assistance in daily living, including intimate personal care. This increases their risk of exposure to abusive behaviour
- Their communication or learning difficulties may prevent disclosure or make it difficult, or people may not understand what the child or young person is telling them
- They may have an impaired capacity to resist or avoid abuse
- They may be especially vulnerable to bullying and intimidation
- Their parents / carers and / or staff may lack the ability to effectively communicate with them
- Any lack of continuity in care may lead to an increased risk that behavioural changes in them go unnoticed
- They or their family may feel that making a complaint may result in a loss of services
- They may not have anyone they can trust to whom they can disclose abuse
- They may not be believed when they report what has happened
- They may not know what is or is not acceptable intervention by parents / carers
- Parents may often be under additional stress in caring for a child with a disability
- Professionals may often identify with the parents’ stresses but do not recognise the impact on the child / young person.

**Professionals should remember that having a disabled child in the family can have an impact on all members, including children who are not disabled. Their needs may be overlooked if too much focus is placed on the disabled child, at the expense of other children in the family.**

3.2 A number of the above factors exist because disabled children and young people are at greater risk than non-disabled children, of all types of abuse from their parents / carers. For the same reason they are also at greater risk from professionals or volunteers where care is provided for example respite establishments or day care facilities (for further information see Appendix 2: Information for providers of services, and BSCB protocol: *Allegations against staff, volunteers, carers*<sup>7</sup>). Looked after disabled children and young people are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs and communication difficulties. Therefore they are particularly vulnerable.

**Where there are any concerns about the safety and welfare of a disabled child these should be approached in the same way as any other child, with careful consideration of any additional needs and in accordance with the Barnsley Child Protection Procedures (2011).**

### Research evidence

3.3 According to local research the population of children with learning difficulties or disabilities (LDD) in the Barnsley school system (defined to be those with statements or in school action plus) for age 5-16 is 3,383 of which 495 come from out of Barnsley (311 or 9.2% school action plus and 184 or 5.4% statemented). The projected number for age 17-19 is 68 although this figure is limited due to the single maintained 6<sup>th</sup> Form school within the Borough. The pre-school population identified through the DfE census of nursery schools is 188.

3.4 The most common Primary Needs within the school population are:

- Moderate Learning Difficulties (MLD) (33.9%)
- Behavioural, Emotional and Social Development Difficulties (BESD) (25.8%)
- Speech, Language and Communication Needs (SLCN) (12.6%)
- Special Learning Difficulties (SPLD) (e.g. Dyslexia) (6.7%)

3.5 It should be noted that for some children and young people more than one of the above categories may apply.

3.6 American research<sup>8</sup> has revealed that disabled children and young people are:

- 3.4 times more likely to be abused

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<sup>7</sup> *Allegations against staff, volunteers, carers*, Barnsley Safeguarding Children Board 2010

<sup>8</sup> *Maltreatment and Disabilities* Sullivan and Knutson (2000)

- 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

3.17 Research in the UK has been more limited, but some studies have shown similar findings. One study of 3,000 young people aged 18-24 found higher levels of maltreatment than their non disabled peers<sup>3a</sup>.

## 4.0 INDICATORS OF ABUSE

4.1 Where there are safeguarding concerns about a disabled child or young person, there is a need for greater awareness of the possible indicators of abuse and neglect, as the situation is often more complex. Sometimes it is not apparent if they have suffered significant harm. However, it is crucial when considering if they have been abused and / or neglected that the disability does not mask or deter an appropriate investigation of child protection concerns. Research findings are that incidents of neglect, physical, sexual and emotional abuse are greater over the whole range of disability including sensory impairment, and physical and learning disability.

**4.2 When disabled children or young people display behaviours that would cause concern in other children, it is important not to make assumptions about a direct connection with their disability. Where they are unable to communicate about the abuse they are suffering, they may convey anxiety or distress in some other way, e.g. through a change in behaviour. Parents / carers and staff must be alert to this, and be aware of the possibility that challenging behaviour may be caused by something other than disability.** For further information about communicating with disabled children and young people please see Appendix 3.

**Any concerns for the safety and welfare of a disabled child or young person should be acted upon in the same way as for those who are not disabled, as set down in the Barnsley Child Protection Procedures**

4.3 The following are some indicators of possible abuse or neglect of a disabled child or young person. This is not an exhaustive list.

### Physical Abuse

4.4 Some disabled children or young people with mobility problems and challenging behaviour, may present with bruises or injuries. Generally these will be on predictable areas of the body. However, any unusual, unexplained or severe bruising or injury

<sup>3a</sup> *Disabling Conditions and Registration for Child Abuse and Neglect: A Population Based Study* Spencer et al(2005)

should be investigated in accordance with the Barnsley Child Protection Procedures, 2011. Other types of physical abuse may include:

- Force feeding
- Unjustified or excessive physical restraint or handling
- Ill fitting or poorly maintained equipment which may cause injury or pain, or inappropriate splinting
- Invasive procedures against the child / young person's will.

4.5 Professionals should always be alert to the possibility of parents / carers fabricating or inducing illness in a disabled child or young person. For further information please refer to *Safeguarding children and young people in whom illness is fabricated or induced*<sup>5</sup>.

### **Sexual Abuse**

4.6 Perpetrators of sexual abuse may target disabled children or young people in the belief that they are less likely to be detected, and that any subsequent behavioural changes may be linked to the child's disability, rather than being seen as an indicator of abuse. The following should also be considered in relation to disabled children and young people:

- That the signs and symptoms of sexual abuse may go unnoticed
- That symptoms may be assumed to be related to the disability, or remain unexplained
- There is a reluctance to consider the possibility of sexual abuse or denial of sexual abuse of disabled children
- There may be more opportunities to groom disabled children and young people
- That behaviour such as self injury or 'public masturbation' should not be assumed to be the result of a disability; it may be a consequence of sexual abuse
- That insensitive handling during personal care may be sexually abusive
- There is increased accessibility and opportunity for care givers to be alone and in abusive situations, such as bathing and toileting, during which abusers could 'justify' inappropriate touching.

### **Emotional Abuse**

4.7 Disabled children and young people are particularly vulnerable to emotional abuse due to the value they are given in society. They are likely to suffer low self-esteem, isolation and lack of independence and choice. Low self-esteem may cause them to believe that they have no control over what happens to them, or that their wishes and feelings do not count. They may not understand or believe that abuse can and should be stopped. Types of emotional abuse include:

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<sup>5</sup> *Safeguarding Children and Young People in whom illness is fabricated or induced*, BSCB 2008

- Parents / carers limit their child's activities
- Routines not appropriate to the child / young person's age
- Theft or inappropriate use of their finances
- Lack of interaction with the child / young person
- Extreme behaviour modification
- Not having their holistic developmental needs recognised, or they are met with an excessive focus on their disability
- Bullying - this can be either on an individual basis as a disabled child or young person, or as a family, or both (see box in section 4.8)
- Parents / carers, other family members or professionals who ignore the child / young person's communication with them, or are inconsistent in their response
- Parents / carers who are 'low in warmth and high in criticism'.

### **Neglect**

4.8 Disabled children and young people are also particularly vulnerable to suffering neglect, as they are more likely to be dependent on others for their personal care.

Types of neglect include:

- Failing to protect from harm or abuse
- Deliberate failure to follow medically recommended regimes
- Missing medical and other appointments related to their disability
- Being deprived of treatment, for example medication or physiotherapy that would improve or alleviate symptoms
- Deprivation of basic needs such as food, clothing, warmth
- Not getting enough help with feeding, resulting in malnourishment
- Poor toileting or bathing arrangements
- Inadequate supervision which may result in accidents
- An unwillingness to try to learn the child / young person's means of communication
- A lack of appropriate, stimulating activities with which the child / young person can engage.

**Nationally reported cases have highlighted the difficulties that some families with a disabled child can experience. As a result of increased vulnerability, for whatever reason, they may be victims of bullying, anti-social behaviour, hate and other crimes. This has sometimes led to tragic consequences. At the very least it can compound the difficulties families already experience.**

**Any professional who is concerned that a parent / carer with a disabled child is being victimised, should contact South Yorkshire Police on (01226) 736341, or ring 999 in an emergency. They should also make a referral to Children's social care (see Section 6).**

4.9 Appendix 4 includes information about the court process for disabled children and young people.

## **5.0 PROFESSIONAL BEHAVIOUR AND ATTITUDES**

5.1 Professionals may find it more difficult to attribute indicators of abuse or neglect, or be reluctant to act on concerns in relation to disabled children or young people, because of a number of factors of which they may not consciously be aware. These may include:

- Over-identifying with the child / young person's parents / carers and therefore being reluctant to accept that abuse or neglect is taking or has taken place, or attributing it to the stress and difficulties of caring for a disabled child
- Professionals not recognising the impact of the child or young person's disability on the parent/s. For example, they may privately grieve about their child's disability and the fact that they will not be able to live independently. Parents may struggle to admit such feelings, and tell professionals that they are coping well. Whilst such emotions are not a reason for abuse, professionals should be aware of the possible impact of such feelings on parental mental and physical wellbeing (see section 5.3 below)
- Professionals not recognising the possible impact on other children in the family, of having a disabled sibling. This is particularly relevant if the disabled child receives much of the attention within the family. In such situations the needs of children without disabilities in the family may get overlooked.
- A lack of knowledge about the impact of the specific disability on the child / young person
- Being aware that certain health / medical complications may influence the way symptoms present or are interpreted. For example some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent
- A lack of understanding about generic issues of being disabled for a child or young person
- A lack of knowledge about the child / young person, for example not knowing their usual behaviour
- Not being able to understand the child or young person's method of communication
- Not properly consulting with the child or young person. This may be more likely if they have communication issues
- Confusing behaviours that may be indicative of abuse with those associated with their disability
- Denial of their sexuality
- Behaviour, including sexually harmful behaviour or self-injury that may be indicative of abuse.

## **Supporting parents of children with impairments and complex needs**

5.2 The information below is taken from a local Serious Case Review

5.3 Whether their child is diagnosed with a disability at birth or later on, parents have to deal with the information they are given and this can be a time of shock or disbelief, followed by anger and distress.

5.4 Professionals must recognise that even where parents are apparently well informed and dealing with the situation, beneath the surface this can be a time of great emotional turbulence with feelings of shame, failure and despair.

5.5 It cannot be assumed that good emotional support is available within existing networks; indeed some parents would prefer to unburden themselves to a trusted professional rather than family or friends. It is vital that one of the professionals involved takes on the role of lead professional / key worker, helping parents deal emotionally and practically with knowledge and implications of the child's condition.

## **6.0 REFERRING CONCERNS ABOUT A DISABLED CHILD OR YOUNG PERSON**

6.1 When a professional has concerns about a disabled child or young person, they should refer their concerns to the relevant team in Children's social care (see section 9 for contact details), as follows.

- **The child / young person already has a disabilities social worker, and there are concerns that they are at risk of, or suffering significant harm, or that the child or family has new additional support needs.** In such circumstances the professional should inform the social worker of their concerns and confirm them in writing within **24 hours**.
- **There is no social work involvement and there are concerns that the child is at risk, or is suffering, significant harm.** The professional should make a referral in the usual way as outlined in *Section 5: Referring concerns to children's social care or the police, South Yorkshire Child Protection Procedures (2011)*, and follow it up in writing within **24 hours** (see section 9 for contact details).
- **There is no social work involvement and there are concerns that the child / young person has additional needs.** The professional should instigate a CAF and, if necessary, make a referral to children's social care.

6.2 Possible indicators of abuse or neglect may prove difficult to separate from the effects of the child or young person's impairment. A multi-disciplinary approach involving all practitioners who work with the child is therefore essential. This should include the parents / carers and other relevant family members where this is appropriate and does not place the child or young person at further risk.

### **Assessment / s47 Investigation**

6.3 It is usual for a practitioner from the Disabled Children's team to take the lead in any s47 enquiry involving a child already known to them. Where the child is not known to the Disabled Children's Team, case management rests with the relevant Assessment Team unless a decision is made to transfer the case to the Disabled Children's Team.

6.4 Where the concern is about abuse or neglect within the child / young person's home, all other children in the household should also be subject to enquiry in the normal way. When the social worker undertakes the enquiry, they should liaise closely with other practitioners involved with the family. The needs of the family may be better met with the specialist worker/s from the Disabled Children's Team and an Assessment Team social worker undertaking a joint enquiry.

6.5 Professionals already involved with the family may be able to provide useful information prior to any investigation as they should be more familiar with the child's disability and any communications issues and may be able to assist, directly or indirectly, with the investigation.

### **Strategy Discussion / Meeting**

6.5 A Strategy Discussion / Meeting for disabled children should be conducted in the usual way (see *Section 6 of Barnsley Child Protection Procedures, 2011: Children's Social care or police action following referral*). In addition, for children and young people with disabilities particular consideration should be given to:

- Ensure that there is sufficient information about the impact and the context of the specific disability on the child / young person
- Enable the child to communicate effectively. Sometimes this will require someone who knows the child and their individual style of communication. They can advise whether the usual method of communication can be used
- Whether specific specialist advice should be sought, who should undertake the investigation, where and how it will take place.

### **Child protection conference**

6.6 If the decision is made to proceed to a Child Protection Conference, then *Section 6: Children's social care or police action following referral, Barnsley Child Protection Procedures 2011* should be followed.

6.7 Professionals invited to the conference should include experts / specialists in the particular disability/ies from which the child or young person suffers, as well as others relevant to their case.

## **7.0 TRANSITION FROM CHILDREN TO ADULT SERVICES**

7.1 Disabled young people with long term needs may need to move from children's services to adult services. There are two key issues in this period of transition. Firstly, it is about legally becoming an adult and achieving independence, to an appropriate degree. Secondly, it is about changes in the actual services used.

7.2 During adolescence, young people may experience change in a number of areas: from paediatric to adult health services; school to higher education or work; and childhood dependence to adult autonomy. For young people receiving services as children, both the planning process and the actual move to adult services can be complicated and stressful.

7.3 **.The ages at which transition may take place can vary between services, for example some changes in health provision may take place at 16 but a young person may remain at school until they are 19.** Other issues include social isolation, difficulty finding work and problems with their parent / carer relationships, such as over-protectiveness or low parental expectations. Transition from children's to adult services can cause considerable stress for families and carers. In order to reduce the stress it is vital that transition planning is **started early, no later than age 14, and is central to any work that is undertaken with the young person and their family.** Work should be centred on the views, wishes and aspirations for the future of the young person and their parents / carers. It is also essential that the services and support provided at the time of transition are seamless, but also enable the young person to achieve greater independence.

7.4 Effective planning, that starts well before the transition period, will help to keep young people engaged and accessing service/s that will enhance independence and meet support needs, depending on their level of disability. This should be a person centred approach and include adult services from the beginning.

7.5 Good practice for transition planning for disabled young people should be based on the principles of self-directed support, and specific service provision which is multi-disciplinary, holistic, planned and provides an element of continuity. Training for staff in both children and adult services in relation to issues of transition will be of benefit to both service users and their families. The goal of transition planning should be to provide high quality services, offer choice and control to young people / young adults and maximise their education, training, employment and social opportunities (SCIE, 2005).

7.6 Disabled young adults who are in transition but are not subject to ongoing child safeguarding processes should be referred to adult services if there are safeguarding concerns.

## 8.0 TRAINING

8.1 Appendix 2 and 3 of the national guidance *Safeguarding Disabled Children* gives information about a number of different resources.

<http://education.gov.uk/publications/eOrderingDownload/00374-2009DOM-EN.pdf>

## 9.0 SOURCES OF ADVICE AND CONTACT DETAILS

9.1 Support and advice for professionals concerned about a child or young person with disabilities is available from:

- Barnsley Disabled Children's Team (Mon – Fri, 8.30am -5pm) 01226 715517
- Children's Social Care Assessment Teams and Out of Hours service as below:

<b>Assessment Team</b>	<b>Contact number</b>	<b>Areas Covered</b>
Assessment Team West Wellington House	(01226) 772423	Worsbrough, Hoyland, Darton, Dodworth, Penistone and the Town Centre
Assessment Team East: Cudworth Lift Building	(01226) 438831	Cudworth, Brierley, Shafton, Royston, Grimethorpe, Thurnscoe, Goldthorpe, Bolton-on-Dearne, Wombwell, Darfield, Monk Bretton, Lundwood and Smithies).
Emergency Duty Team Out of Hours Service	0844 984 1800	Mon – Friday 17.00 – 08.45; Sat and Sun 24 hours
CAF Co-ordinators	01226 775692 or 01226 775878	Borough wide

## 10.0 REFERENCES

*Allegations against Staff, Volunteers, Carers* South Yorkshire Child Protection Procedures 2010

*Disabling Conditions and Registration for Child Abuse and Neglect: A Population Based Study* Spencer et al (2005)

*Disabled Children: Numbers, Characteristics, and Local Service Provision*, Department of Children, Schools and Families, 2008

*Maltreatment and Disabilities* Sullivan and Knutson (2000)

*Safeguarding Children and Young People in whom illness is fabricated or induced* BSCB protocol 2008

*Safeguarding Disabled Children* .

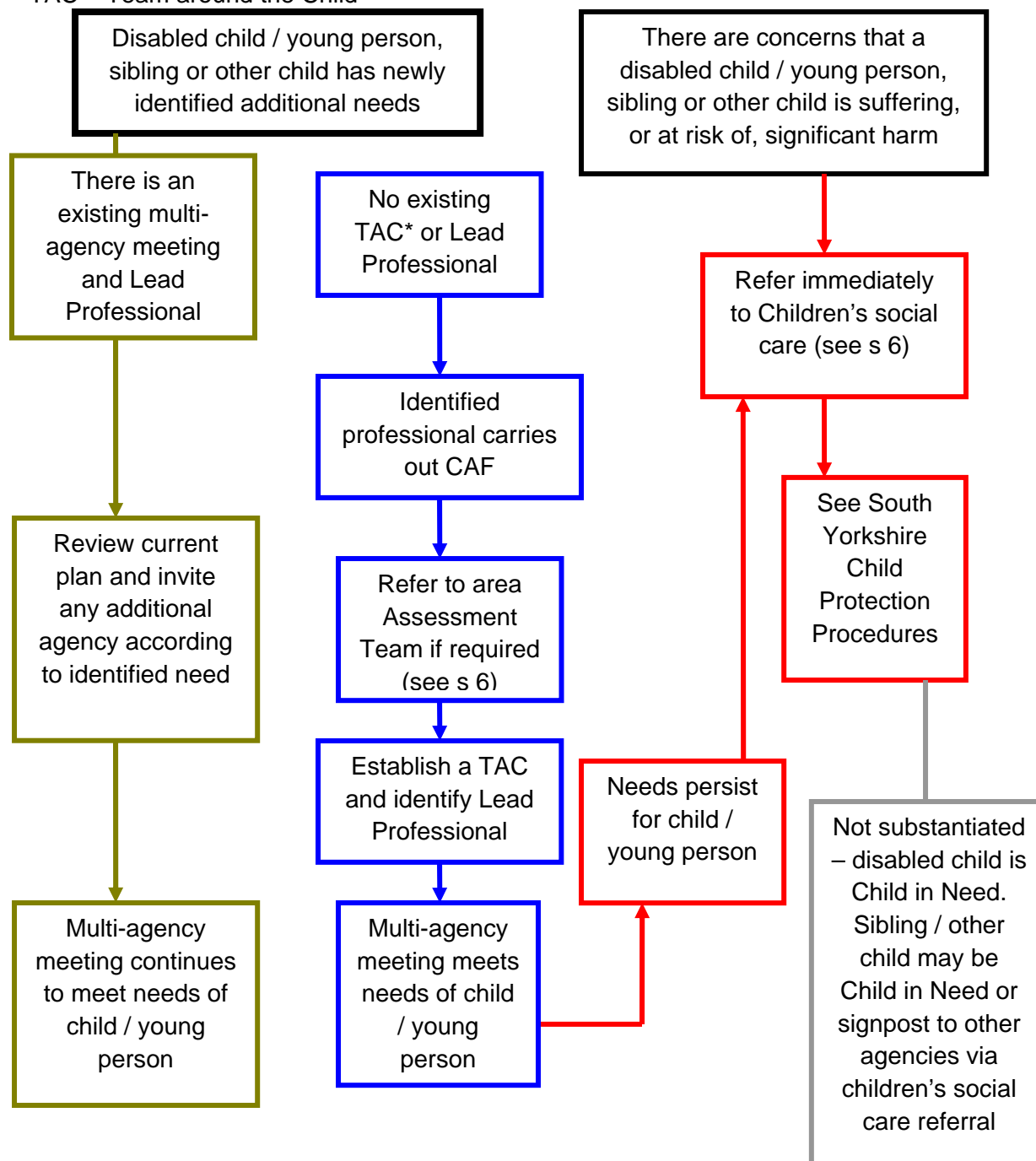
<http://education.gov.uk/publications/eOrderingDownload/00374-2009DOM-EN.pdf>

*Working Together to Safeguard Children*, HM Government 2010

Equality Act 2010

**Flow Chart for Referring concerns about a disabled child or young person, sibling or other child at home**

\* TAC – Team around the Child



## Appendix 2: Information for Providers of Services

All professionals should be alert for the possibility of institutional abuse. All providers should follow basic Barnsley Child Protection Procedures, particularly Appendix 4 on safer recruitment and employment.

Past enquiries into residential care offered to people with disabilities has found evidence of unintentional but abusive conduct by staff, as a way of dealing with challenging and difficult behaviours.

Statutory and voluntary providers of services must have:

- An explicit commitment to and understanding of disabled children and young people's needs, safety and a culture of openness
- Guidelines and training for staff on good practice in intimate care, working with children / young people of the opposite sex, handling difficult behaviour, consent to treatment, anti-bullying strategies, sexuality and sexual behaviour among young people and the vulnerabilities of those living away from home
- Have clear guidelines about the administration of drugs and medication, and other treatment regimes
- Risk assessments, care plans (not LAC care plans). These should contain clear pictures which outline the child / young person's likes / dislikes; eating / feeding patterns etc
- The child / young person's individual communication plan including plans for those with non verbal communication.

Service providers and individual practitioners should always ensure that all disabled children and young people are supported in:

- Making their wishes and feelings known in respect of their care and treatment
- Receiving appropriate personal, health and social education (including sex education) and online safety
- Knowing how to raise concerns they may have, and give them access to a range of adults with whom they can communicate
- Receiving safe practice in the transport of children and young people with disabilities.

*Allegations against Staff, Volunteers or Carers* (BSCB, 2011) provides information about action to take if there are concerns about such abuse.

## **Appendix 3: Communicating with Disabled Children and Young People**

The basic principles of communication are the same for any child or young person. Communication can be direct, for example through speech, signing, writing, pointing or indirect through play, drawings, behaviour or expressions.

Where a disabled child or young person has communication impairments or learning disabilities, special attention should be paid to communication needs, to ascertaining their perception of events and their wishes and feelings. Every effort should be taken to enable a child to communicate to their fullest ability including the need for an interpreter or someone skilled in using their preferred method of communication. Sometimes this will require someone who knows the child / young person and their individual style of communication well.

When plans are being made to undertake an assessment of a disabled child it is important to identify someone who can communicate with the specific child / young person, to ensure that their wishes and feelings are heard. Staff should record any changes in their behaviour or demeanour. This is particularly important for those who are not able to communicate easily.

Staff should be trained and experienced in particular communication difficulties appropriate to the needs of the disabled child or young person, when undertaking assessments or involved in ongoing work with them.

When undertaking an assessment (and considering whether significant harm might be indicated) professionals should always take into account the nature of the child or young person's disability. The Common Assessment Framework (CAF) may be used by any agency as a means of working with the child, family and other service providers to identify and meet needs which could enable the child to achieve a satisfactory level of health and/or development.

All professionals who work with disabled children or young people should be alert to the above indicators of abuse and take them into account, where appropriate, if they have concerns about their welfare. They are however, particularly relevant to those undertaking safeguarding and/or criminal investigations.

For further information about communicating with children and young people with disabilities see *Safeguarding Disabled Children*, DCSF, 2009 (p 74).

## **Appendix 4: The Court Process**

Agencies should not make assumptions about the capacity of a disabled child or young person to give credible evidence, or to withstand the rigours of the court process. Each child / young person should be assessed carefully and be supported to participate in the criminal justice process, when this is in their best interest and the interests of justice.

In criminal proceedings witnesses aged under 17 are automatically eligible for assistance with giving their evidence. The special measures which may be provided include:

- Screens around the witness box so they cannot see the defendant
- DVD recorded 'evidence in chief'
- Live DVD links so that they may not have to go into the courtroom at all
- Intermediaries and communication aids, to facilitate good communication.

Comprehensive guidance on planning and conducting interviews with children, with a specific section about interviewing disabled children can be found in:

*"Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable and Intimidated Witnesses, Including Children"* (Home Office 2007)

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