Challenges in safeguarding children and adults with disabilities

Who and where are disabled adults and children?
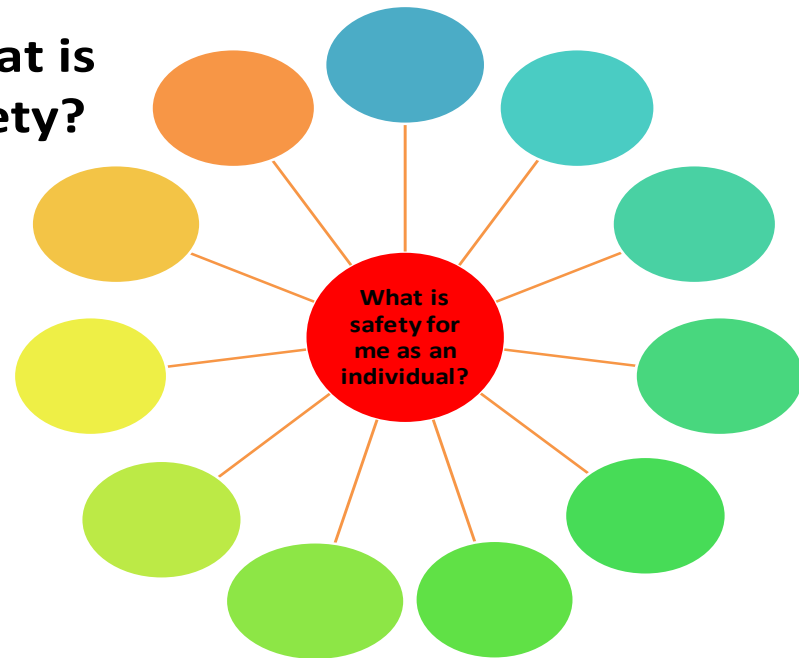
Questions

- What is safety?
- Where does safeguarding begin?

Safeguarding Adults
Annual Report, England 2014-15
Experimental Statistics (Health and Social Care Information Centre (hscic)

Safeguarding referrals

- Sixty per cent of the individuals were female and

- 63 per cent were aged 65 or over.

Allegations by type of risk

- Neglect and acts of omission 32 per cent of allegations (up from 30 per cent last year), physical abuse 27 per cent (remained the same as 2013-14).

The source of risk

- Known to the adult at risk but not in a social care capacity 50 per cent

- Social Care support 36 per cent

- someone unknown to the individual 114%.

The location of risk

- the home of the adult at risk (43 per cent of allegations)

- care home (36 per cent of risks).

Disabled Children

- 3.4 times more likely to be abused
- 3.76 times more likely to be neglected(Sullivan and Knutson 2000)
- 26.7% disabled children have experienced abuse ie 3 to 4 times more likely to than non-disabled children
- over 20% have experienced physical violence and 14% sexual violence (Jones et al, 2012) .
- Meaning for being an adult

My role

- What do I need to know, do, reflect on and change
- As police officer
- As health worker
- In education
- In social care
- In specialist services
- In support, third sector
- In coordinating between and across services
- As a practitioner
- As a manager
- Strategically

Remembering Connor Sparrowhawk

Poor practice, not management failure, key factor in Connor Sparrowhawk's death, finds report | Community Care - Google Chrome

www.communitycare.co.uk/2015/10/21/poor-practice-management-failure-key-fact

Poor practice, not management failure, key factor in Connor Sparrowhawk's death, finds report

But NHS England-commissioned report flags "deficiencies" in takeover process of learning disability services, including unit where Connor died

by Andy McNicoll on October 21, 2015 in Adults, Learning disability

18-year-old Connor Sparrowhawk died in July 2013 at a Southern Health unit

Neglect; Ofsted key recommendations 2012

- up-to-date multi-agency assessments well informed by previous history which include a thorough analysis of risks and needs
- obtain children's views, taking the children's disabilities into account, and that wherever possible children's feelings are sought about the identified concerns and risks
- detailed, specific, and outcome-focused plans
- children in need plans are regularly and robustly reviewed at multi-agency meetings and that particular attention is paid to identifying when concerns are not resolved promptly or improvements are not sustained.

Six key principles

- Empowerment

- Prevention

- Proportionality

- Protection

- Partnership

- Accountability

It Doesn't Happen to Disabled Children, 2003

- Addressing everyday abuses and rights of disabled children (abuse with a small a) may play a significant role in reducing vulnerability to the forms of harm at the other end of the spectrum, when formal child protection interventions and criminal investigations will be required (abuse with a large A).

- Ruth Marchant; rights based approach (2003)

Same risks and definitions additional risks

- Physical

- Neglect

- Sexual

- Emotional

- Restraint

- On and off-line worlds

- Safe and unsafe friends

More vulnerable to abuse? Factors in professional practice

- Not noticing? Not listening/seeing cues or indicators?

- Not sure/not asking?

- Reluctance to challenge carers?

- Closer relationships with the carers/parents?

- Assumptions that behaviours that may be telling us about harm, abuse or distress are linked to impairment

- Lack of clarity about roles and large number of professionals involved

- Neglect and signs of cumulative harm across range of needs may not be analysed together – the whole picture

- Split? between disability and safeguarding; children and adults workers

Factors in how professionals deliver care which may increase vulnerability

- Intimate care and how it is delivered
- Permission being sought?
- Creates climate where choices are not offered
- Not developing independence as far as possible
- Adult/Child not given indication that it is ok to ask or choose,
- Some workers do not ensure children have means to seek help that suit their communication style
- Adult/Child not aware they may complain, speak out
- Lack of appropriate complaints systems
- Lack of trusting relationships with the adult/child
- Low expectations and aspirations for the adult/child
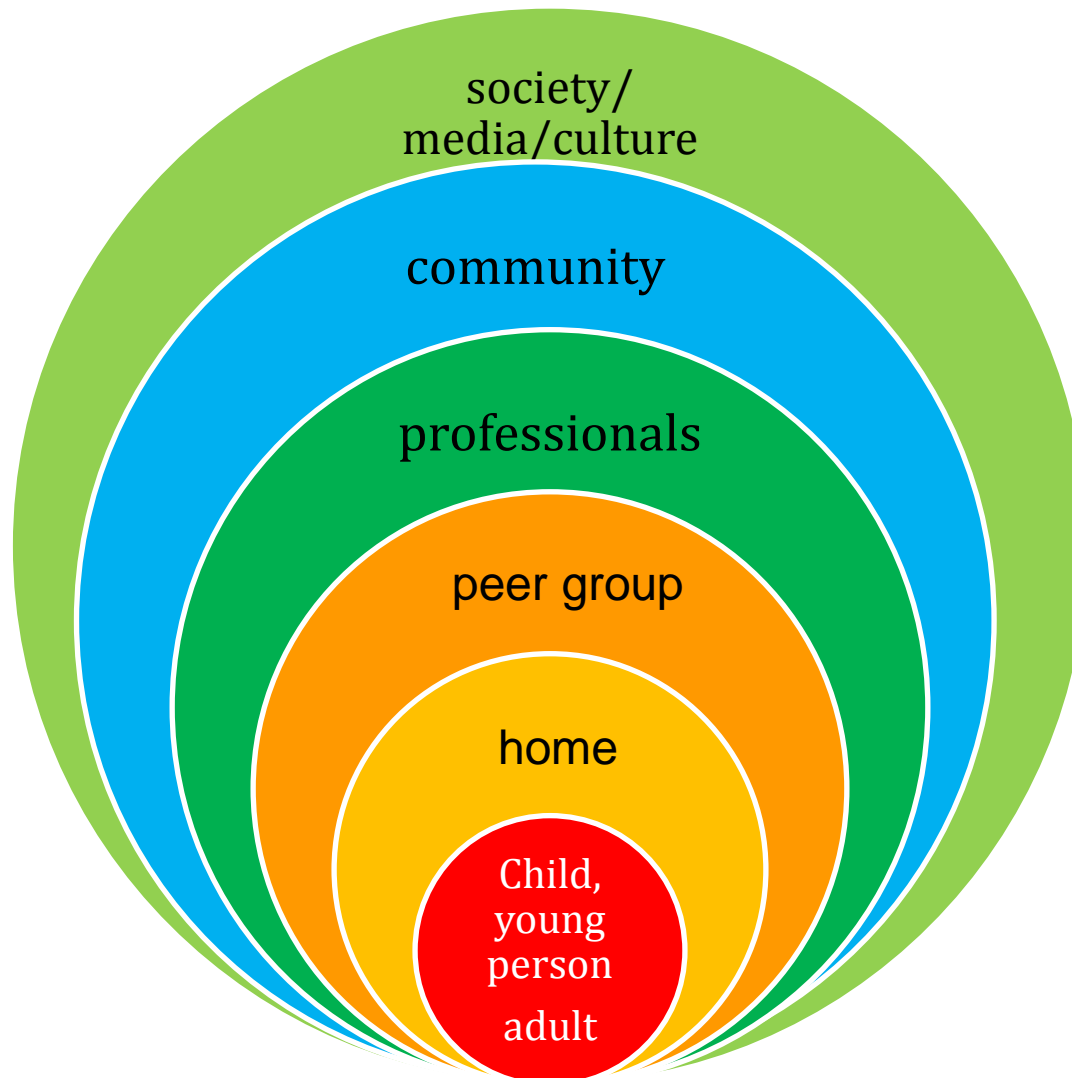- Failure to develop all children's awareness

Values and attitudes

- How are disabled children and adults seen?
- By and in the media
- By the community
- By family members, carers, parents, grandparents, siblings and wider family?
- By themselves?

- By you and by professionals that you work with?
- What values and attitudes under- pin our practice, institutional practice?

Medical model	Disabled child viewed as sick, limited by the impairment and the focus of intervention is on the impairment	The child is seen as not meeting milestones, unable to do things and in need of intervention; seen in deficit terms
Philanthropic model	Disabled child seen as object of pity; the disability is seen as a personal problem; helping them is doing good work	Consequences maybe that the person is seen as helpless and has to be grateful and passively accept help
Belief's Model	Disability is a punishment for wrong doing and may be based in religious or other beliefs or superstitions And that the person needs to try harder	It is seen as fate and has to be accepted passively
Social model	Based on the view that a person has an impairment but that what disables them is how they are treated and how society responds to them	The person/child is valued and intervention is needed to change how they are responded to

Impact of social context – what can you do in each area depending on your work?

based on Firmin's model for understanding peer on peer abuse and exploitation

society/media/culture

community

professionals

peer group

home

Child, young person adult

ACT
Ann Craft Trust
ACTing against abuse

Rephrasing vulnerability to relocate risk in the social, environment and economic conditions not the person

- Impairment may affect the way in which a person experiences, engages, moves, communicates, responds

- But it is the ***attitudes and behaviours*** of other people that create cultures where risk thrives and it is ***people*** who abuse in the context of the relationships and power dynamics which they inhabit

- It is good professional practice which recognises this and creates the space to tackle poor practice, abuse and help grow resilience

Professional practice? (adapted from NSPCC 2003, and own practice, Marchant 2003, research studies used above)

- Language of 'respite' care, perceptions of carers and parents as 'saints'
- **Empathy for carers and parents may blur threshold of what is acceptable** (Taylor et al 2014)
- Are workers less able to shift or maintain focus on the adult/child – long standing cases and relationships?
- Impairment focussed – busy, eligibility criteria, services
- Lack focus on social and emotional needs
- Low expectations and aspirations
- Fears and anxieties about communicating with disabled adults or children who may be seen as unable to communicate

Factors which may increase risks to child/person

- Lack of social opportunities for positive relationships

- Experience of bullying affects sense of self

- Not aware of what is harm and abuse

- Accustomed to poor care and treatment making abuse harder to distinguish

- Double discrimination eg experiencing multiple sorts of discrimination

- Dependence for needs being met on carers who are struggling

- Cultures and institutional practices

- Perpetrators may target those less able to tell

Assuming impairment as explanation for behaviours or signs of physical injury

- Challenging behaviour
- Bruising assumed to be linked to an explanation so that others were not considered eg sexual abuse
- Self harm
- Eczema
- Head banging
- Rocking
- Marks
- Masturbation
- Sexual/sexualised behaviour
- Distress

Cycle of restriction (Hardy and Joyce 2011)

Behaviour as form of communication

| Environmental factors | → | Onset of behaviour | → | Environmental restrictions | → | Behaviour increases | → | Increased restrictions |

Risk of violence Disability and Domestic Abuse Public Health England 2015

Disabled people are significantly more likely to:

• be threatened with violence

• be physically abused

• be sexually assaulted by intimate partners or strangers

• experience physical, sexual, emotional and financial domestic abuse than people without disabilities

Domestic Abuse and Disabled women Ravi
Thiara et al

- Multiple and complex
- Dependence
- Isolation
- Abusive partner-carers; control not care
- Birth of child
- Denied access to wheelchairs and mobility and communication aids
- Unable to leave home alone or move out of way
- Emotional degradation; names and bullying
- Physical and financial dependence
- 'Abuse by paid carers
- Containing things to minimise impact on children

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Barriers to the provision of support

- Isolated carers?

- Carers overwhelmed?

- Carers not asking for help? Not able to?

- Carers not aware help could be out there?

- Services not offering help in language that families understand?

- Carers with Learning Disabilities themselves?

- Links between services

- Quality of work between children and adults services?

# Vulnerability and resilience; Family and environmental factors

- Family history and functioning
- Carers needs, emotions and histories
- Management of stress, mental health, substance use and alcohol
- Supports and lack of them
- Extended families
- Income and housing
- Some of the most damaging aspects of the lives of disabled children and adults are not to do with the impairment (Marchant 2007)
- Domestic abuse (Thiara et al)
- Same outcomes needed but getting 'ordinary things right remains extremely difficult'

Making shift between support and challenge

- Critical thinking across specialisms
- Robust social care coordination
- Make sure we are speaking same language – jargon! Teamwork.
- Robust and accountable use of inter-agency work
- Responsive to developments and deterioration
- Challenging assumptions
- Revisit earlier hypothesis; open mind
- Up to date and holistic assessment;
- Domestic abuse, mental health, substance use, learning disability
- Analysis and reflection

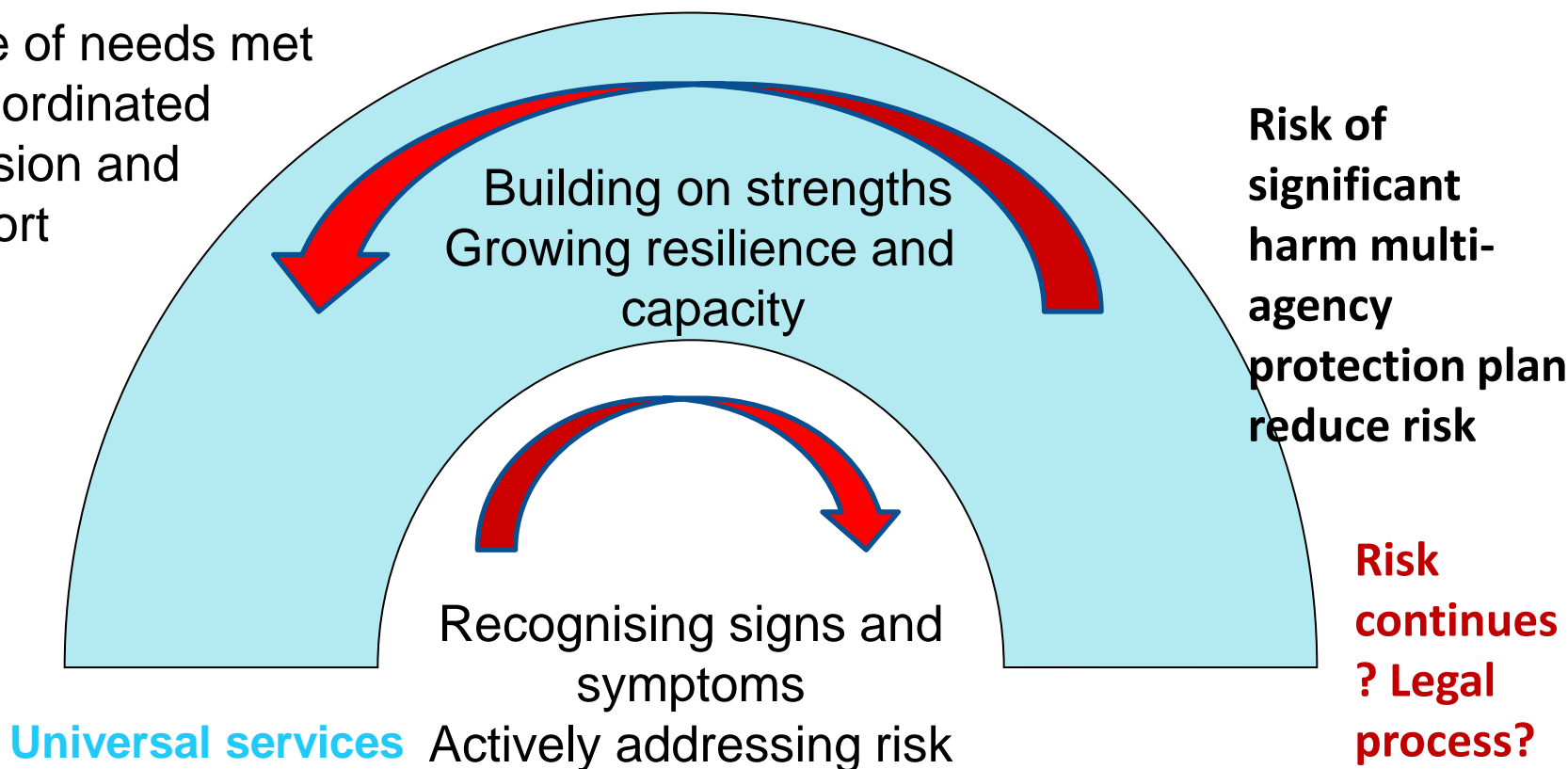# How do we understand the world of the disabled child or adult?
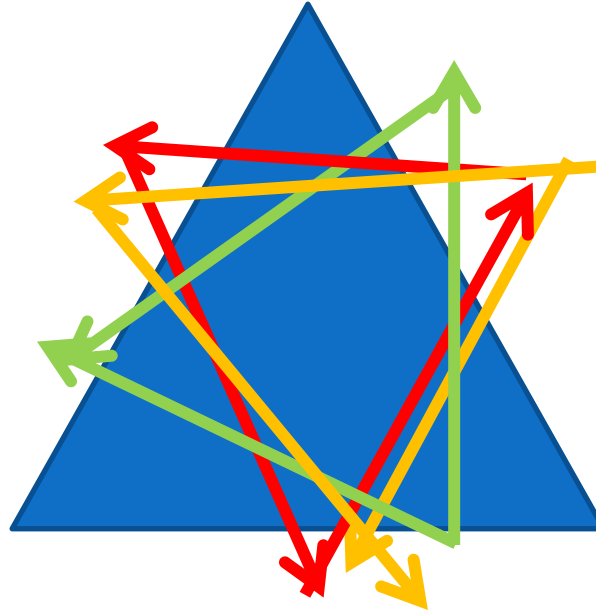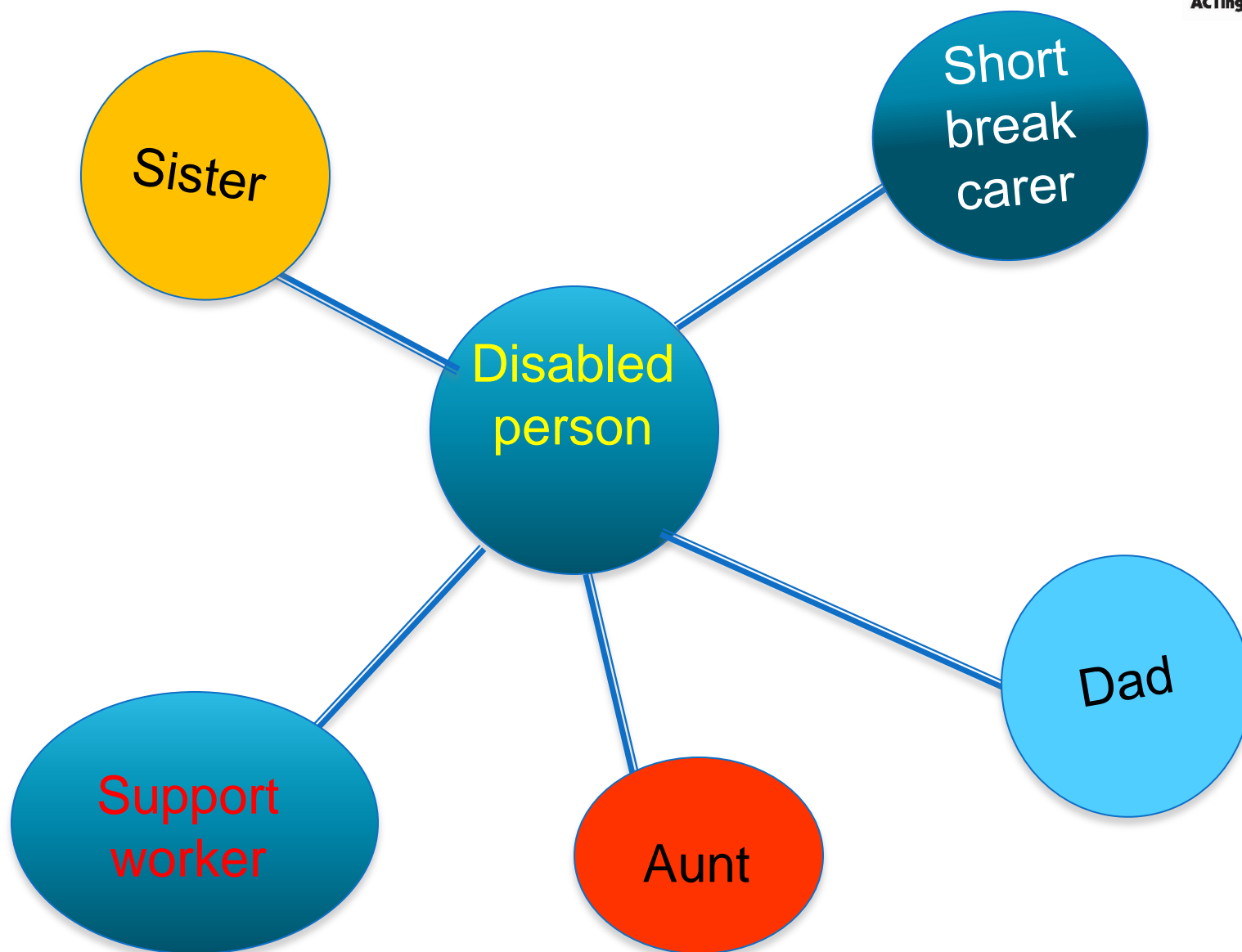
Working in the space between support and challenge, unmet need, harm and abuse

multi-agency early intervention

range of needs met by coordinated provision and support

multi-agency plan complex needs

Risk of significant harm multi-agency protection plan reduce risk

Building on strengths
Growing resilience and capacity

Recognising signs and symptoms
Actively addressing risk

Universal services

Risk continues ? Legal process?

Talking to disabled children about child abuse

Exploring children's experiences researchers found that

- 7 out of 10 had disclosed abuse as children

- Most found it extremely hard

- Some tried to communicate distress in other ways…usually unsuccessfully; explore this 'challenging behaviour'

- Researchers found some skilled in keeping silent for many year; discuss what may be the reasons for this

- The researchers found the following barriers to help-seeking

- Confusion about what counts as abuse

- Disabled children/ young people's credibility was questioned

- The children sometimes blamed themselves

- Fear and social isolation

- Invisibility of disabled children within services

Deaf and Disabled Children talking about child protection (Taylor et al March 2015)

Suggested solutions from the young people
- Listening
- Educating teachers and family
- Basic signing
- Provision of interpreting services
- Access to counselling
- Consistent and regular support
- Allowing friends to accompany
- Accessible campaigns to raise awareness

Learning Disability and Sexual Exploitation

➢ Lack of representation from disability services at multi-agency strategic/operational groups.

➢ Lack of attendance from disability services on local CSE training.

➢ Lack of CSE referrals from disability services.

➢ Identified need for more multi-agency working across CSE and disability services and reduction in 'working in silos'.

➢ Particular difficulty in gaining multi-agency response for young people without a diagnosed learning disability.

• (Franklin et al 2015 Unprotected Overprotected)

Safeguarding Disabled Children in England: How Local Safeguarding Children Boards are delivering against Ofsted requirements to protect disabled children: findings from a national survey

A report of the National Working Group on Safeguarding Disabled Children
July 2016

- Some innovative practice

- Inconsistent approach

- Need robust leadership and coordination across agencies

- Training

- Need to prioritise safeguarding disabled children

challenges

- Building resilience
- Prevention
- Time, Resources
- Communication
- Visibility
- Values and attitudes
- Expectations
- Knowledge, training
- Child and adults views
- Capacity
- Inter-agency work, jargon, effective teams

opportunities

- Holistic thinking
- Building resilience and creating capacity
- Coordination
- Multi-agency meetings
- Family Group conferences
- Advocacy
- Restorative practice
- Disabled people as credible witnesses

Working Together 2015 Policy duty to seek children's perspective; Children have said that they need

- **Vigilance**: notice when things are troubling them
- **Understanding and action**: to understand what is happening
- **Stability**: to be able to develop an on-going stable relationship of trust with those helping them
- **Respect**: to be treated with the expectation that they are competent rather than not
- **Information and engagement**: to be informed about and involved in procedures, decisions, concerns and plans
- **Explanation**: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- **Support**: to be provided with support in their own right as well as a member of their family
- **Advocacy**: to be provided with advocacy to assist them in putting forward their views

What keeps me safe?

- Knowing what is safe
- Relationships
- Trust
- Communication and being involved
- Clarity in rules, boundaries in the behaviour of others
- Knowing where to go and how to do so
- Being involved
- Having clear plans and expectations
- No jargon!

Yes we can!!!

Ann Craft Trust – ACTing against abuse

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