

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
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Introduction

In 2012, Ofsted undertook a thematic inspection on “Protecting Disabled Children”¹. This report describes the results of a survey of Local Safeguarding Children’s Boards (LSCBs) undertaken in 2015 which aimed to consider the effectiveness of local arrangements to protect disabled children and, in particular, progress in light of the Ofsted recommendations. The survey was carried out by the National Working Group on Safeguarding Disabled Children (NWGSDC) in consultation with the Association of Independent LSCB Chairs.

At the time of writing this report, in England LSCBs are the key forum for identifying gaps and co-ordinating cross agency strategic responses towards safeguarding children. However, it is recognised that following the Government’s response to the Wood report (2016)² on the review of the role and functions of LSCBs, and changes set out in the Children and Social Work Bill 2016, we are now in a period of transition towards a change in the framework and accountability for co-ordinating multi-agency arrangements for protecting children in local areas.

Whatever systems are in place, the need to ensure the safeguarding of disabled children remains. Moving forward within new structures, and during the transition to them, it is vital that local authorities, the police and health service (key local partners) along with other relevant agencies ensure a particular focus on the safeguarding needs of disabled children and consider their strategic response both as individual agencies and collectively.

This report, outlining the outcomes of the survey is aimed at Independent Chairs of LSCBs, Board members, key local partners and other relevant

agencies. It is also aimed at the Department for Education, the Home Office and Ofsted. It is hoped it will provide a helpful contribution to understanding and growing practice with disabled children who face high levels of risk of abuse by sharing findings of LSCB’s self-reported progress against Ofsted’s recommendations, recognising key areas for development and highlighting examples of good practice.

Responses to the survey were received from 36 out of the 146 LSCBs (25%). The findings indicate a varied picture with many examples of good practice. However, the survey responses overall indicate that LSCBs have not made sufficient progress against the recommendations and in some cases, having previously prioritised disabled children and young people, have since regressed.

This report calls on LSCBs and local authorities, the police and the health service, as key local partners, along with other relevant agencies, to ensure they have arrangements in place to provide equal protection of disabled children and that the statutory guidance supporting the proposed new statutory framework provides guidance on these arrangements. It further calls on the DfE, Home Office and Ofsted to consider how they can satisfy themselves that key local partners are recognising and meeting the safeguarding and protection needs of disabled children and are effectively implementing the proposed statutory guidance and to consider ways in which they can support and disseminate good practice. Finally, it calls on LSCBs and key local partners, along with other relevant agencies, to ensure that there is an effective range of provision and support in the local area in order to safeguard and promote the welfare of disabled children and to engage with the Joint Strategic Needs Assessment as a mechanism to do this.

- 1 Ofsted (2012) Protecting Disabled Children: Thematic Inspection. London: Ofsted. www.ofsted.gov.uk/resources/protecting-disabled-children-thematic-inspection
- 2 Department for Education (2016) Review of the role and functions of Local Safeguarding Children Boards: the government’s response to Alan Wood CBE https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526330/Government_response_to_Alan_Wood_review.pdf

Why is a focus on safeguarding disabled children important?

Research has found that disabled children are three to four times more likely to be abused and neglected than non-disabled children (Jones et al 2012³; Sullivan & Knutson 2000⁴); are more likely to experience multiple types and occurrences of abuse (Sullivan and Knutson 2000) and have a prevalence rate of 20% for experiencing physical violence, 14 % sexual violence, 18% emotional abuse and 9.5% for neglect (Jones et al 2012). Disabled children have additional needs and face both additional and specific risks and barriers to their protection including:

- Attitudes and assumptions such as a reluctance to believe disabled children are abused, minimising the impact of abuse and attributing indicators of abuse to a child's impairment without an exploration of possible causes or reasons underlying these
- 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 of the child to understand what is happening or to seek help
- A skills gap such as an inability to communicate with the disabled child and respond to their individual needs in a child protection context, inappropriate application of thresholds.

(See Miller and Brown 2014⁵; Taylor et. al 2015⁶; Franklin et. al 2016⁷ for further information.)

Ofsted (2012) found that:

Children in need work was not always well co-ordinated; many plans were not detailed or focussed on outcomes. In a small number of cases children had no plans or reviews were not held. In other cases reviews did not always include other professionals working with the children. This lack of rigour in the management of children in need work increased the likelihood of child protection concerns not being identified early enough. (Ofsted 2012, p 5–6).

Article 19 of the UN Convention on the Rights of the Child provides for the protection of the child from all forms of abuse and 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. Under the Equality Act (2010) service providers have a positive and pro-active duty to make reasonable adjustments to ensure that disabled people can use and receive services to the same standard as non-disabled people.

LSCBs, key local partners and other relevant agencies have a responsibility for protecting all children and for ensuring practice standards are being upheld while the necessary supports are in place. However, commitments to the equal protection of disabled children are so often not reflected in strategic change. 'Protecting Disabled

- 3 Jones, L., Bellis, M.A., Wood, S., Hughes, K., et al. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. The Lancet July 2012.
- 4 Sullivan P.M., and Knutson J.F. (2000) Maltreatment and disabilities: a population based epidemiological study. Child Abuse and Neglect 24, 10, 1257–1273.
- 5 Miller, D. and Brown, J. (2014) 'We have the right to be safe': protecting disabled children from abuse NSPCC. <https://www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-report.pdf>
- 6 Taylor, J., Cameron, A., Jones, C., Franklin, A., Stalker, K. and Fry, D. (2015) Deaf and disabled children talking about child protection. University of Edinburgh/NSPCC Child Protection Research Centre (2015). <https://www.nspcc.org.uk/globalassets/documents/research-reports/deaf-disabled-children-talking-about-child-protection.pdf>
- 7 Franklin, A., Smeaton, E. and Raws, P. (2015) Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation. Barnardos http://www.barnardos.org.uk/cse_learning_and_disability_report_2015a.pdf

Children: Thematic Inspection' (Ofsted 2012), highlighted that at strategic level:



Most LSCBs and local authorities were not in a position to assess the quality of work to protect disabled children. Systems were not well established to evaluate and report on the quality and impact of work to ensure that child protection concerns for disabled children were recognised and responded to effectively (Ofsted 2012, p.6).



A cultural change is needed to ensure the equal protection of disabled children. The pivotal role that LSCBs and key local partners have in ensuring that local arrangements to safeguard and promote the welfare of disabled children are in place, tied to the critical comments of Ofsted relating to these local arrangements in 2012, mean it is vital that the effectiveness in meeting their responsibilities is supported and monitored nationally. The proposed new statutory framework and supporting statutory guidance following the Wood review provides an important opportunity to set the direction of the required change.

Key issues and Recommendations

This report highlights key issues identified from the survey and assesses progress against the Ofsted (2012) thematic inspection recommendations. These are followed by recommendations for further action to improve LSCB's and key local partners' response to their role in safeguarding disabled children. Please see Appendix 1 for methodology and full findings.

Prioritisation of disabled children

Key issue: A significant number of respondent LSCBs had not prioritised disabled children in the current or previous two years

Ofsted (2012) found that: LSCBs all had one or more board members experienced in working with disabled children in their professional lives. Most had identified specific members with responsibility for leading on safeguarding and protecting disabled children and had active sub-groups supporting this work. This helped to ensure recognition of the additional vulnerabilities of disabled children and there were examples of this leading to tangible outcomes (p.27).

Given the high risk of disabled children to abuse and barriers to their protection, if disabled children are not clearly identified and embedded within local safeguarding activities as a key risk group they are unlikely to receive equal protection. Particular attention is needed to address potential barriers in the child protection system such as: the lack of holistic child-focused assessments, reluctance to challenge parents, carers and professional colleagues and a skills gap (Ofsted 2009⁸, 2012; Brandon et al 2012⁹).



The extent to which the views, wishes and feelings of disabled children were captured and recorded varied. In many cases professionals knew children well and were skilled in communicating with them and in using observation of behaviour to assess how they were feeling. However, children were not always spoken to directly about the concerns for their welfare even when they could communicate well. (Ofsted 2012, p.6).



A response to the survey from only 25% (36 out of 146) LSCBs is very disappointing and raises the question about the extent to which non-responding LSCBs recognised the increased risk faced by disabled children. This is of particular note, given the Ofsted 2012 findings and the recommendations for LSCBs and local agencies towards ensuring their effective protection.

Of the LSCBs that did respond, 75% of respondents had prioritised disabled children either currently or within the previous two years indicating recognition of the need for increased attention proportionate to the increased risks. However, a significant minority (25%) did not, or reported that they saw disabled children's protection only as a 'part of' their ordinary safeguarding responsibilities for all children, indicating a lack of shared understanding about the increased risks faced by disabled children to harm and abuse and the barriers to their protection.

8 Ofsted (2009) Learning Lessons from Serious Case Reviews: Year 2. London: Ofsted.

9 Brandon, M., Sidebotham, P., Bailey, S., Belderson, P., et al. (2012) New Learning from Serious Case Reviews: A Two Year Report for 2009–2011. London: Department for Education. www.gov.uk/government/publications/new-learning-from-serious-case-reviews-a-2-year-report-for-2009-to-2011

Overall, the extent to which respondent LSCBs have been focussing on disabled children is mixed, with some excellent examples of practice in some and a lack of focus on disabled children in others. Most Boards provided practice guidance, training, reflected on effectiveness of practice at Board level and could provide some examples of good practice although cuts and changes in priorities meant that good initiatives were not always maintained. A major challenge described by respondents was to keep disabled children as a priority for their LSCB whilst there were budget restrictions and competing areas of need.

Further detail on the challenges faced can be found on page 23 and examples of good practice on page 24 and in appendix 4.

Only 22% of respondents had a specific subgroup to consider safeguarding issues for disabled children to support multi-agency practice and the development of policy for disabled children. This contrasts with Ofsted (2012) which found that most LSCBs had active sub-groups supporting this work.

The lack of a regular and enduring sub-group or lead person/champion and, instead the use of task and finish or action planning approach may contain the inherent weakness of promising initiatives not being maintained and followed through.

Seventy five per cent of respondent Boards provide multi-agency training in relation to safeguarding disabled children. This is essential given the complexity and cross-agency inter-connected nature of safeguarding disabled children. In order to create and ensure lasting improvements, training needs to be offered at a frequently enough rate to train all relevant staff and the learning embedded through staff development, support and supervisory processes.

In summary, the extent to which respondent Boards had focussed on disabled children was mixed. However, a response rate of only 25% to the survey and the significant minority of respondent Boards that had not prioritised disabled children suggests that overall, disabled children are not receiving due focus.

Management information and evaluation

Key issue: Many respondent LSCBs are not systematically gathering and evaluating information on disabled children

Ofsted (2012) recommended that Local authorities and Local Safeguarding Children Boards should:

- establish robust quality assurance case file audits and management information systems to assess and evaluate the quality and impact of work with disabled children
- ensure that findings are reported to LSCBs and local authorities' senior management to enable them to evaluate whether concerns regarding disabled children are identified and responded to effectively. (p.7).

Robust quality assurance systems that assess and evaluate the quality and impact of work with disabled children are essential for ensuring potential barriers to protection are addressed and practice standards upheld. Case file audits, practice reviews and routine analysis on referrals and outcomes should inform practice development, training needs and service design. For example, case file audits should ascertain the extent to which preparations have been made for communicating with disabled children and provide evidence on how effectively the child was consulted on their views and how these were responded to.

Research over ten years ago indicated significant problems in the then ACPCs' awareness of the extent to which disabled children in their areas experienced harm and abuse (Cooke and Standen 2002¹⁰). More recently Ofsted (2012) found that most LSCBs were not in a position to evaluate quality of practice with disabled children.

10 Cooke, P. and Standen, P.J. (2002) Abuse and disabled children: hidden needs? Child abuse review, Vol.11, Iss.1

Because quality assurance and case file auditing of work with disabled children were not well established, most LSCBs were not in a position to evaluate the quality of practice with them and the impact of this on ensuring their protection' (Ofsted 2012, p 5).

The LSCB survey responses indicate that significant gaps remain in knowledge about the disabled child populations receiving services and about the nature and quality of work undertaken with them and their families.

While 89% of respondent LSCBs indicated that they consider the effectiveness of safeguarding disabled children as part of quality assurance work, only 55% had implemented the Ofsted (2012) recommendation to establish robust quality assurance case file audits and management information systems and only 42% had implemented the recommendation to report findings from these to LSCBs and local authorities' senior management.

Between 44 and 67% of respondent LSCBs reported gathering some basic management information on, for example, disabled children subject of child protection referrals, on child

protection plans or receiving early help assessments while between 33 and 53% did not (figures depend on the category of information being gathered). Without such basic information, it will not be possible to make comparisons against non-disabled children or as a proportion of all disabled children in the geographical area, nor to track progress or outcomes for individual children.

It is likely that within LSCBs individual agencies do hold information about children at case level which is used in analysis and planning for individual children. However if such data is not aggregated, LSCBs and local authorities will be unable to systematically gather, analyse and scrutinise information about levels of need, practice, progress and outcomes for disabled children to inform a strategic approach.

Partnerships were considered by some respondent LSCBs to be vital for ensuring that information is shared between agencies and appropriate interventions developed. It is essential that key agencies collaborate in this process.

In summary, many respondent LSCBs had not been systematically gathering and evaluating information and had not implemented the Ofsted (2012) recommendations on quality assurance case file audits and management information systems and the reporting of these to LSCBs and senior management.

Understanding thresholds for child protection

Key issue: Less than half of respondent LSCBs had implemented measures to ensure that thresholds for child protection were understood and applied even though the inappropriate application of thresholds has been highlighted as a key barrier to effective protection for disabled children.

Ofsted (2012) recommended that Local authorities and Local Safeguarding Children Boards should ensure that thresholds for child protection are well understood and rigorously applied at every stage in work with disabled children. (p.7).

Ofsted (2012) and other inspections and reviews (Ofsted 2009, Brandon et al 2012) have identified

thresholds as a key barrier to the effective delivery of child protection for disabled children. The failure to apply clear thresholds can, for example, result from a lack of child focus, an over emphasis on family support and a lack of holistic assessment. Ofsted (2012) identified particular concerns about thresholds, especially in relation to neglect.

'Very few Local Safeguarding Children Boards (LSCBs) scrutinised the quality of work across agencies to ensure that thresholds for child protection for disabled children were understood and rigorously applied (Ofsted 2012, p.5).

Children communicate abuse in different ways. Greater attention is needed to how and what disabled children communicate both directly in their preferred means of communication and indirectly, for example, through their mood and behaviour. We know that when children are not heard they may resort to more drastic means to let us know they are not ok. This is particularly pertinent for children with severe and complex impairments where barriers to communication can be at their highest.

Under half of respondent Boards (42%) had implemented measures to ensure that thresholds were understood for disabled children with 45% considering this; for others this had not yet been considered. The issue of thresholds remains at the heart of reducing levels of harm and abuse through early recognition and attention to individual children's needs.

Some LSCBs had taken action to explore the extent and use of thresholds, for example, by reviewing and implementing threshold documents and

associated training across agencies and using audit to consider their effectiveness. There is a substantial link between application of thresholds and the existence of training which explores additional signs and indicators of harm experienced by disabled children and helps professionals to reflect on the extent to which their assessments do keep the child at the centre.

Clarity is also needed for both professionals and children and families who access support services. Families need to know how to access the right services to meet their needs in a proportionate way and to be clear at which point they should be accessing support through universal services, the Local Offer, Early Help, targeted or specialist services.

In summary, some respondent Boards had taken action to explore and address threshold issues although less than half had implemented measures to ensure that thresholds for child protection were understood and applied.

A preventative approach in response to the vulnerability of disabled children

Key issue: Survey responses indicate an overall absence amongst respondent LSCBs of local strategic preventative approaches to the safeguarding of disabled children

Ofsted (2012) found that in most local authorities insufficient scrutiny and attention were given to examining the quality of work with disabled children who were receiving early support or support as children in need (p.28).

Disabled children have additional needs and face additional risks that will vary depending on the nature of the child's circumstances. Prevention requires the provision of good support for disabled children and their families and the early identification and response to any concerns. Barriers to support services such as inaccessibility, communication barriers and a skills gap can prevent children and their families accessing the support they need. Empowering disabled children to seek the help they need and supporting their

participation in meetings and decisions about their lives is fundamental towards ensuring their protection.

LSCBs and key local agencies have a key leadership and coordination role in promoting effective preventative and early support services and in ensuring that barriers to accessing these services are addressed.

Only 44% of respondent LSCB's management information systems included details of disabled children receiving early help assessments. This figure increased to 58% for Child in Need assessments. For 53% and 39% of LSCB areas respectively, information on children receiving these assessments was not collected (3% not known for each).

The extent to which respondent LSCBs were responding to the Children Families Act 2014, the Care Act 2014 and Welfare reform varied. Some respondents were still in the early stages of planning, some were transforming services, for

example, the joint management of the LSAB (Local Safeguarding Adult Board) and LSCB while others hadn't started considering the implications of these Acts for their Boards.

Only 31% of respondent LSCBs indicated that their authority had an anti-bullying policy with a specific section about bullying related to disabled children. This is particularly relevant given the disproportionate prevalence of bullying in the lives of disabled children and potential effects in increasing risk, undermining resilience and adding to isolation and vulnerability. Only 53% of LSCB areas were known to have personal safety programmes adapted to the needs of disabled children, a significant finding when considering increased risks of sexual abuse and exploitation for disabled children and young people (Jones et al 2012; Franklin et al 2015). Anti-bullying and personal safety skills work are two important ways through which disabled children can be empowered to seek help and their safeguarding promoted.

LSCBs and key local partners have an integral role in recognising the responsibility of all those who work with disabled children to provide effective information on personal safety and to audit delivery in their local area. Boards and key local partners can work with colleagues through Healthy Schools and other networks to promote the importance of personal safety skills and identify and disseminate good practice, useful resources and most recent guidance on teaching SRE^{11,12,13}.

A wide variety of types of impairment were identified by respondent LSCBs as being linked to children considered the most at risk, yet only just under a third had detailed action taken in response to this.

Boards and key local partners should understand the range of provision and support for disabled children in their area and link to the JSNA which should provide an annual analysis on sufficiency, priorities and gaps. Information about anti-bullying, personal safety skills and SRE education could feed into this.

Ofsted (2012) recommended that Local authorities and Local Safeguarding Children Boards should ensure that local authority designated officers (LADOs), identify, analyse and report on allegations relating to disabled children to ensure that concerns regarding disabled children are appropriately referred. They should take prompt action to explore the reasons for either under- or over-reporting and track outcomes for disabled children compared with their peers. (p.7).

Disabled children are likely to come into contact with greater numbers of professionals, may have a higher degree of dependence for longer periods of their lives compared to non-disabled children and may have communication and mobility impairments which affect their ability to seek help. It is noteworthy, therefore, that only 32% of respondent LSCBs had implemented the Ofsted recommendation on LADOs (now designated officers involved in the management and oversight of allegations against people that work with children). Greater ability to quantify and scrutinise designated officer referrals including their proportion, severity, frequency and outcomes compared to non-disabled children is a key aspect of LSCB and key local partner work to be considered.

In summary, respondent LSCB management information systems overall were poor in capturing details of disabled children receiving early help assessments and services under child in need and responses to the Children Families Act 2014, the Care Act 2014 and welfare reform varied considerably. Significantly more could be done to promote personal safety skills and address the needs of key vulnerable groups.

11 Toolkit for auditing Relationships and Sex Education programmes in schools: www.rsehub.org.uk/media/22182/grf-special-schools-sample.pdf

12 Guidance on teaching SRE: <http://www.sexeducationforum.org.uk/media/17706/sreadvice.pdf>

13 Sex Education Forum resources for teaching SRE for pupils with additional learning needs: http://www.sexeducationforum.org.uk/media/4474/resource_list_disability_-_in_new_template.pdf

Conclusion

The publication of the Ofsted report and recommendations in 2012 was welcomed by the National Working Group. We had hoped this would prompt LSCBs to consider the safeguarding of disabled children and ensure that this particularly vulnerable cohort are afforded the same level of protection as other children where the additional risks are recognised and additional measures put in place to address these. The response to this survey, however, does not indicate this. The low response rate, despite numerous prompts, may be interpreted to reflect the level of priority given to safeguarding disabled children and the responses from the surveys themselves indicate an inconsistent rather than a systematic approach to the safeguarding of disabled children at Board Level across LSCBs in England.

The responses contained examples of excellent practice in some areas where activity was LSCB led and co-ordinated (see appendix 4) demonstrating that this is possible. However, many of the fundamental longstanding challenges remain

and more needs to be understood about why commitments to the equal protection of disabled children are so often not reflected in strategic change. Equally, we need to understand what does work and to share and build on this learning towards achieving a cultural change.

Whilst recognising the significant pressures and challenges faced by LSCBs, it is clear that without further scrutiny and attention it is unlikely that the Ofsted 2012 recommendations and other essential change will be considered and implemented systematically across Boards, key local partners and other relevant agencies, and that disabled children and young people will be afforded the safeguarding and protection they need. The proposed new statutory framework and supporting statutory guidance provides a timely opportunity for ensuring essential measures to improve protection are recognised and undertaken.

A child protection system that is effective for disabled children is one that will be more effective for all children.

Recommendations

The recommendations below take account of the planned changes following the Wood report on the review of the role and functions of LSCBs and are aimed at both LSCBs and key local partner agencies under the planned new statutory framework as well as key government departments.

1. The statutory guidance supporting the new statutory framework to protect and safeguard children should require local authorities, the police and the health service, as key local partners, to have arrangements in place that address their individual and collective responsibilities for ensuring the equal safeguarding and protection of disabled children.

This guidance should be developed in consultation with sector leads and identify measures that the key local partners and other relevant agencies should undertake. These arrangements should include:
 - a) The recognition of disabled children as a key risk group and the development of local action plans that address their specific safeguarding needs and barriers to their protection
 - b) The establishment of robust quality assurance case file audits and management information systems that assess and evaluate the quality and impact of work with disabled children at all stages of the child protection system
 - c) Ensuring thresholds for child protection are well understood and rigorously applied at every stage in work with disabled children
 - d) The review and development of staff skills and single and multi-agency systems and protocols
 - e) The seeking of disabled children's views on service design, delivery and review.
2. LSCBs and, in the future, local authorities, the police and health service as key local partners, along with other relevant agencies, recognise disabled children as a key risk group and ensure they have mechanisms in place, as above, that address their specific safeguarding needs.
3. LSCBs and local authorities, the police and health service as key local partners, along with other relevant agencies, ensure that there is an effective range of provision and support in the local area in order to safeguard and promote the welfare of disabled children and engage with the Joint Strategic Needs Assessment as a mechanism to do this.
4. The DfE, Home Office and Ofsted set out how they will assure themselves that key local partners are recognising and meeting the safeguarding and protection needs of disabled children and are effectively implementing statutory guidance supporting the new statutory framework.
5. The DfE, Home Office and Ofsted set out ways in which they will support and disseminate good practice and specifically how the 'What Works Centre' can capitalise on expertise and compliment work across all agencies and how the 'Knowledge and Skills for Social Work' can support an improved practice system for disabled children.

Key questions for consideration by LSCBs and key local partners

1. Have the findings of the Ofsted 2012 report and future statutory guidance supporting the new statutory framework been implemented and assured at Board or local authority, police and health service key local partner level?
2. To what extent are Board Members, key local partners and other relevant agencies aware of the research about increased risks faced by disabled children and barriers to their protection?
3. What additional management information, analysis and review is required to inform quality assurance activity, service planning and practice development?
4. What action does the LSCB and do key local partners need to take in order to evidence that they are effectively safeguarding disabled children and young people?
5. What support or information does the LSCB and do key local partners need to make this happen?
6. How can LSCBs, key local partners and other relevant agencies most effectively disseminate information about innovative and best practice within and outside the local area?

Appreciations

The National Working Group is very aware of the significant pressures and challenges faced by all LSCBs responsible for safeguarding all children and are very grateful indeed to the 36 authorities who took the time to fill out the survey in some detail. The responses are very enlightening, sometimes very honest about challenges faced and very helpful in the vital work of beginning to form a clearer picture of how LSCBs are approaching improving the safeguarding of disabled children.

We are also grateful to the Association of Independent LSCB Chairs for supporting and disseminating the survey; to David Sanders for his helpful contributions; to Helen Reid for managing the survey and collating the initial survey responses and to Emma Smith for analysing these responses and authoring the methodology and findings. Finally, thanks to Sarah Goff for identifying and drafting the key issues arising from the findings.

About the National Working Group on Safeguarding Disabled Children

The National Working Group on Safeguarding Disabled Children aims to ensure that the additional safeguarding needs of disabled children and young people are identified and met. It is co-chaired by the NSPCC and the Ann Craft Trust and made up of the following members:

NSPCC – David Miller (Development and Impact Manager)

Ann Craft Trust – Sarah Goff (Development Manager)

Action for Children – Kate Mulley (Director of Policy and Campaigns)

Council for Disabled Children – Amanda Harvey (Assistant Director)

Contact a Family – Paul Soames (Deputy CEO)

NHS England – Sue North (Education and Social Care Advisor for NHS England)

Image in Action – Lesley Kerr – Edwards (Director)

NSPCC – Shirley Wilson (Development Consultant)

National Deaf CAMHS – Tim Richardson (Regional Manager)

NDCS – Linda Cox (Senior Regional Director)

Appendix 1: Methodology and full findings

Aims of the survey

This survey was designed to identify the safeguarding activities of LSCBs in relation to their work with disabled children. Specifically the survey aimed to:

- Identify positive practice within LSCBs in relation to safeguarding disabled children
- Identify areas where further development may be needed
- Identify barriers which may hinder the LSCBs ability to safeguard disabled children effectively
- Identify the extent to which LSCBs are considering and/or implementing key national recommendations relating to the safeguarding of Disabled Children (2009 Safeguarding Disabled Children Practice Guidance¹⁴ and the recommendations of Ofsted from the 2012 Protecting Disabled Children Thematic Inspection).

Methodology

The National Working Group on Safeguarding Disabled Children (NWGSDC) sent out a survey to all 146 Local Safeguarding Children Boards via the association of Independent Chairs on 14th May 2015. The survey closed on 30th June 2015. The survey was designed utilising the recommendations from Ofsted's 2012 thematic inspection report on "Protecting Disabled Children". (See appendix 5 for the survey questions.)

Results

Descriptive statistics were calculated for survey questions and responses to open questions were analysed thematically. Thirty-six out of one hundred and forty-six representatives of Local Safeguarding Children Boards responded to the survey. The response rate was reasonable in comparison to other surveys involving this population at 25% (n = 36). However, the fact that only a relatively small proportion of LSCBs completed the survey is a limitation of this research as the views of the sample may not be representative of the LSCBs as a whole. Valid percentages are used meaning that percentages are calculated for each question based on the number of responses received for that particular question rather than the total number of responses to the survey. The numbers who did not respond to each question are noted.

Demographics

Half of the respondents were based in the South of the country, with 18 based in London or the South East. However there was representation from a number of other regions, including the North West (14%, n = 5), West Midlands (11% n = 4) and Yorkshire and the Humber (8%, n = 3) but no respondents from the North East or the South West. Please see Appendix 2 for full details.

The majority of respondents had a lead coordinating role, for example there were board managers (22%, n = 8), business managers (14%, n = 5), independent chairs (8%, n = 3), interim board managers (8%, n = 3) and an LSCB coordinator (3%, n = 1). There were a range of other professionals from LSCBs who completed the survey and full details are provided in Appendix 3.

14 Murray, M. and Osborne, C. (2009) Safeguarding Disabled Children: Practice Guidance. London: DCSF. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf

Implementation of key Ofsted¹⁵ recommendations

Respondents were asked to what extent four key recommendations from the 2012 Ofsted report ‘Protecting disabled children’ had been considered and/or implemented. The findings are as follows:

Recommendation One: Ensure that thresholds for child protection are well understood and rigorously applied at every stage in work with disabled children

Just under half (45%, n = 14) of those who responded felt the LSCB had considered the first recommendation, 42% (n = 13) had implemented this and four respondents indicated their LSCBs had not yet considered the recommendation (See Figure One). An additional five respondents did not answer this question. Examples of changes which had been made in response to this recommendation included:

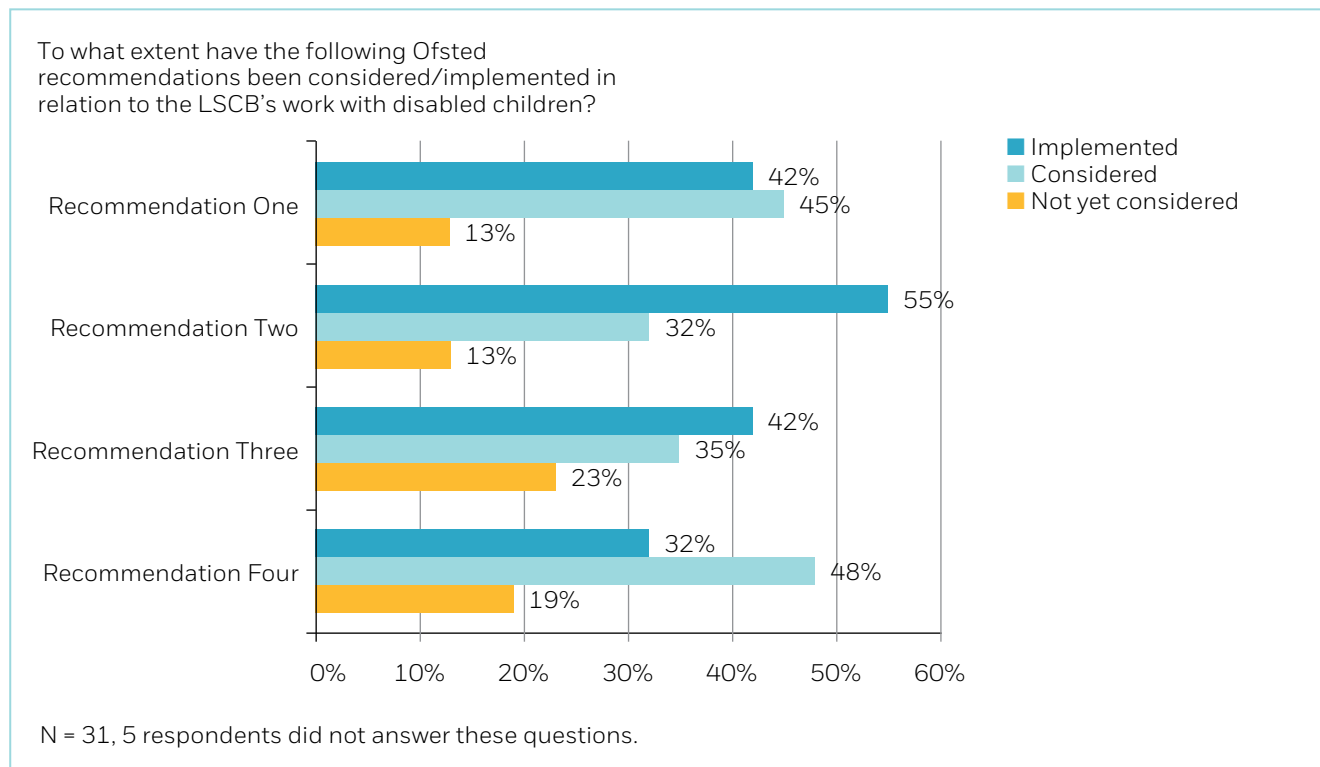
- reviewing and updating documents related to thresholds in order that there is more information related to disabled children

- Reviewing existing training or introducing new training and workshops related to thresholds
- conducting surveys/audits to understand how well the documentation related to thresholds is understood and communicated throughout the LSCB
- strengthening safeguarding practice involving disabled children, resulting in an increase in the number of disabled children with Child Protection Plans:

“The (LSCB) has reviewed and implemented a new threshold document and associated training. In addition to this, a priority area of work for the children with disability service has been to strengthen its safeguarding practice and has evidenced a sharp increase in the number of disabled children subject to child protection plans as a result.”

Recommendation Two: Establish robust quality assurance case file audits and management

Figure 1: LSCBs considerations of Ofsted (2012) recommendations



15 Ofsted (2012) Protecting disabled children: thematic inspection

information systems to assess and evaluate the quality and impact of work with disabled children

Almost a third (32%, N = 10) had considered the second recommendation and over half (55%, n = 17) of the responses suggested this had been implemented. Again, four respondents (13%) felt that this recommendation had not yet been considered and five did not respond. Ways in which respondents described their organisation taking this on board included the following:

- conducting single and/or multi-agency audits involving children with disabilities
- sharing the learning from audits and evaluations across the LSCB
- improving the way in which data is collected and shared, for example using one system to share information on specialist services involving children with disabilities:

“Case files are audited regularly. A specialist group was brought together to look at the information systems in light of the Children and Families’ Act, this has resulted in all specialist/targeted services within the disability partnership now moving to one system, to better share information. The multi-agency journey of the child audit undertaken by the audit and monitoring sub group of the board included case examples of children with disability”

Recommendation Three: Ensure that findings are reported to LSCBs and local authorities’ senior management to enable them to evaluate whether concerns regarding disabled children are identified and responded to effectively

Less than half 42% (n = 13) of respondents indicated that their LSCB had implemented the third recommendation, with 35% (n = 11) saying this was being considered and 23% (n = 7) stating that this had not yet considered. Five did not respond. A few examples of ways in which findings were disseminated to senior management were given:

The findings of audits were:

- raised with senior management
- included in newsletters
- discussed at events, such as those discussing serious case reviews and

- reported to the board with action plans being created.

Recommendation Four: Ensure that Local Authority Designated Officers (LADOs) identify, analyse and report on allegations relating to disabled children to ensure that concerns regarding disabled children are appropriately referred. They should take prompt action to explore the reasons for either under- or over-reporting and track outcomes for disabled children compared with their peers

Almost half (48%, n = 15) of those who answered this question said the LSCB had considered the fourth recommendation. Ten LSCBs (32%) had implemented the recommendation but it had not been considered by the LSCBs of six respondents, with a further five respondents not answering this question.

There were examples of good practice with some respondents stating that LADOs reports involving disabled children were monitored and challenged when necessary. Some collected detailed information about allegations involving disabled children, which was presented to the LSCB, for example in their annual reports. However, other respondents acknowledged that there were improvements which could be made to the LADOs’ analysis and reporting of incidents involving disabled children. For instance, one respondent stated that allegations involving disabled children had not been highlighted in their LADO report and another said the way they currently classified disabled children in the reports needed to be improved. Some respondents stated that the LSCB was planning to improve their data collection and reporting process in order that there is more focus on disabled children:

“LADO does investigate (allegations relating to disabled children)- but was not part of LADO report to the Board. Has been agreed as part of action plan that annual LADO report will contain information on allegations and investigations of cases involving disabled children”

LSCB priorities and disabled children

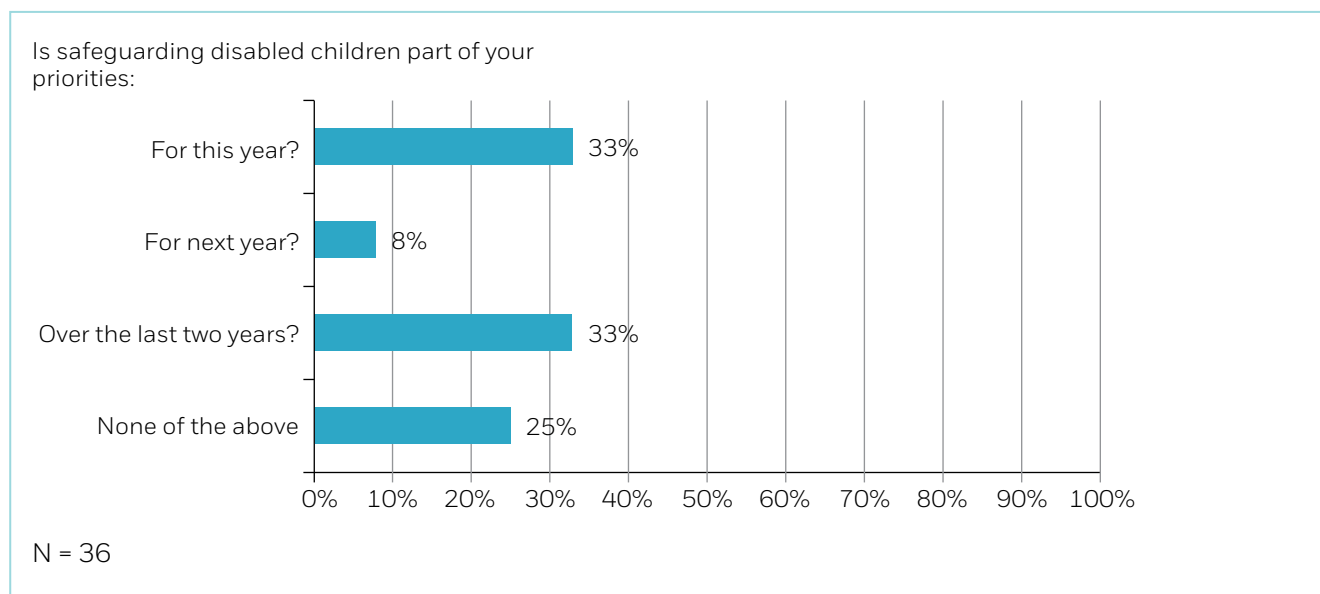
A third of LSCBs had identified the safeguarding of disabled children¹⁶ as a priority for this year, the same proportion (33%, n = 12) had chosen this for the previous two years and only three LSCBs (8%) had prioritised this for the following year (See Figure Two). LSCBs who described this as a key priority gave examples of specific areas which would be a focus within this remit, for example learning from serious case reviews involving disabled children.

A quarter (n = 9) of LSCBs had not prioritised the safeguarding of disabled CYP at all during these periods. Respondents gave a range of reasons why disabled children had not specifically been prioritised. Some respondents stated that this would be encompassed under another priority area, for example 'vulnerable children' or believed that this work was part of safeguarding all children.

There were other factors which influenced the priorities chosen by LSCBs, for example the results of an Ofsted inspection which highlighted the need for improvement in other specific areas which focussed their current direction of work:

".. Our current programme of work is heavily driven by the need for rapid improvement following a recent Ofsted inspection. As we make progress against those areas which need immediate development, children with disabilities is an area we would like to focus on more."

Figure 2: Proportion of LSCBs who identified safeguarding disabled children as a priority



16 For the purposes of this report the term disabled children is used to refer to both children and young people with disabilities

Comments indicated the challenges:

'I fought very hard to get this prioritised last year but it has been taken off priority list this year'

Only eight respondents (22%) indicated that their LSCB had a group which specifically considered the safeguarding and Child Protection (CP) issues for disabled children. However most had specific practice guidance (86%, n = 31) and multi-agency training (75%, n = 27) and considered the effectiveness of safeguarding disabled children (89%, n = 32) as part of their quality assurance work (See Figure Three).

Most respondents (83%, n = 30) said they were able to provide examples of how the board undertakes this work. Examples provided by respondents included specific multi agency audits, reports and training and reviewing policies and procedures around the safeguarding of disabled children. Respondents gave examples of how the LSCB had responded to the findings of audits and reports for example conducting a 'round table review' to discuss the findings and introducing new training programmes. However one respondent stated that one of their reports indicated that disabled children in their LSCB were safeguarded as effectively,

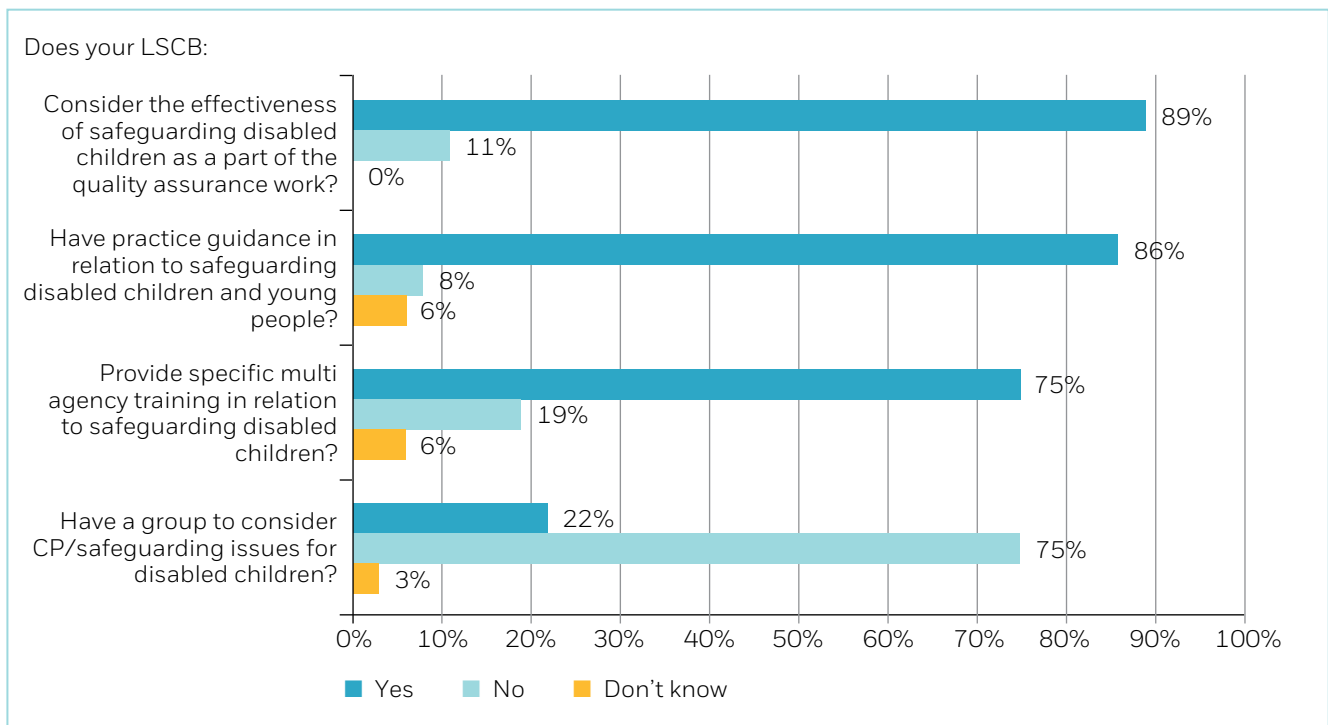
or even more effectively as other children in the area due to social workers having an increased awareness of their vulnerability:

"The LSCB considered a report evaluating whether children and young people with disabilities received safeguarding services at a different level to children and young people without disability. The report, which drew on a local audit of the CYPD team, found that CYP with disabilities were no less safeguarding than non-disabled children, and possibly greater safeguarding due to recognised vulnerabilities."

Some respondents acknowledged that there were improvements that could be made to the way in which their LSCB safeguarded disabled children, for instance collecting more detailed data on children's disabilities. Proposed budget cuts were identified as a potential barrier for introducing and maintaining specific activities around safeguarding disabled children. However, some respondents felt the LSCB could do more with their current resources:

"The LSCB is not maximising resources available to achieve.... (for example), carers () sit on the LSCB but don't provide borough input on disability"

Figure 3: LSCB activities specifically focussed on safeguarding disabled children



Data collection and disabled children

More than two thirds of LSCBs (67%, n = 24) collected details about disabled children on child protection plans and over half (58%, n = 21) collected this information for Children in Need and Looked After Children (See Figure Four). Over half (53%, n = 19) collected this data for Child Protection s47 inquiries, 47% (n = 18) collected this for referrals to Local Authority Designated Officers and 42% (n = 16) for Early Help Assessments. A significant proportion, for example 53% related to Early Help Assessments, stated they did not collect data about children’s disabilities for these areas and a few respondents did not know whether or not this data was collected.

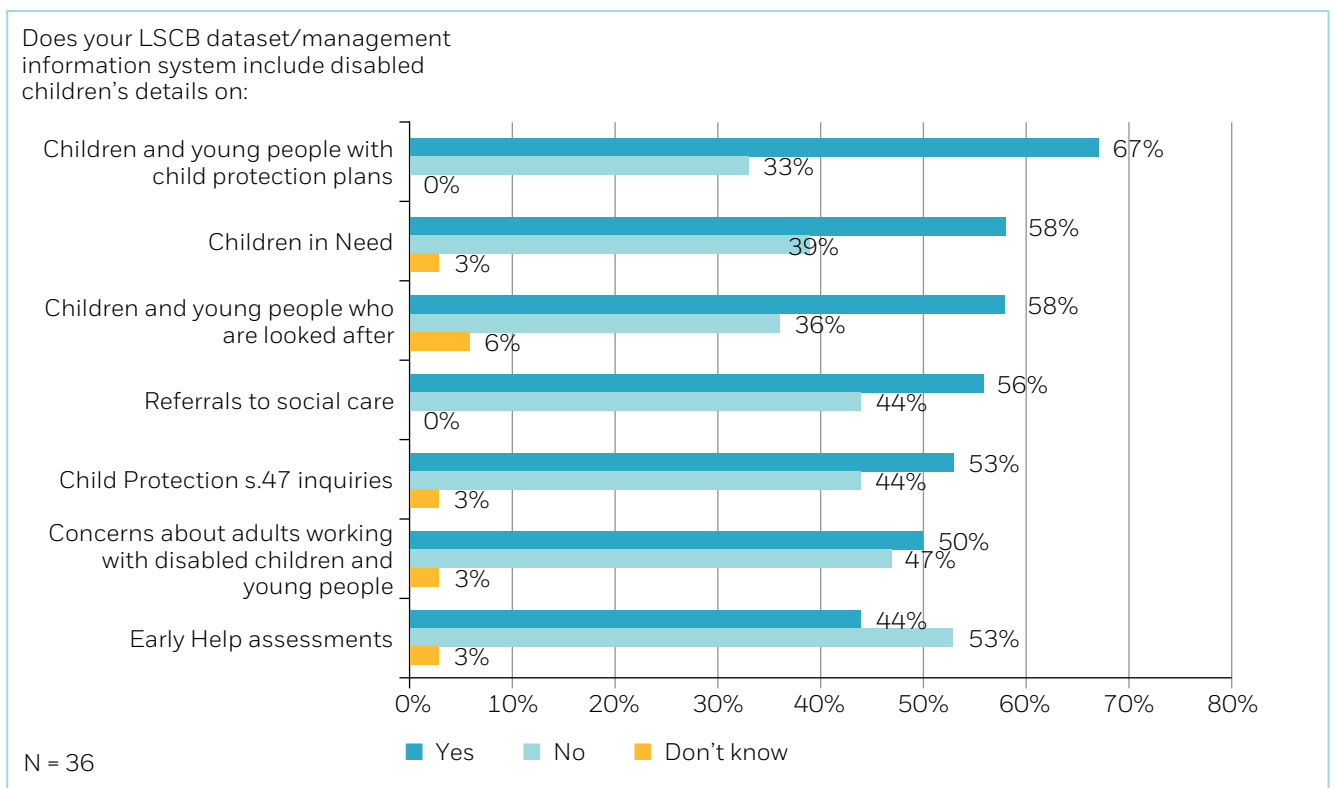
Some respondents indicated that disabled children would not be considered any differently than other local children:

“All children including children with disabilities are considered in the LSCB dataset.”

However others acknowledged that there were improvements that to be made in terms of the ways the LSCB collected data about disabled children and described how their systems would be revised in the future. There were also examples of good practice in terms of data recording where data about disability was collected and regularly reported:

“There is some information available about all Children in Need including Looked After Children and (those with a) Child Protection Plan in the form of the primary need at assessment. This includes the category N2¹⁷ child’s disability or illness. This information is reported annually as part of the development of the plan. All referrals and assessments should now have the main areas of concern recorded and these include the child’s health and any disabilities. It is intended to include more of this information in reports to the board in future.”

Figure 4: LSCB data collection related to safeguarding disabled children



17 This is a category used by the DFE to reference a child’s disability or illness

Key partnerships

Respondents detailed some of the key partnerships their LSCB had with other relevant agencies such as special schools, residential schools, social care and health organisations and described some of the strengths of these arrangements in terms of how they helped to support disabled children. These included:

- the LSCB building good relationships with these services whilst being able to challenge poor practice appropriately.
- LSCBs working closely with agencies in order to fund, plan and/or deliver services for children with disabilities.
- services working in partnership with the LSCB having good awareness of the increased vulnerability of disabled children.
- services working with the LSCB having a strong commitment to the safeguarding of disabled children.
- specific areas of concern, such as bullying of disabled children being identified and addressed by LSCB and partners

These partnerships were considered by some to be vital in order that information could be shared between agencies and to develop appropriate interventions:

“We have an integrated and co-located partnership for children and young people with disabilities across social care, education and health with a key strength to ensure joint planning, intervention and information sharing. We work closely with the CCG (Clinical Commissioning Groups) to joint fund continuing care packages to ensure a holistic response to need. The disability partnership is inextricably linked with (The LSCBs’) wider integrated children’s service. The Head of Service for the Partnership sits on the Safeguarding Board.”

However, others felt that partnership working was not an area of strength for their LSCB, or were unable to give examples of positive partnership working:

“(Partnership working) is not currently an area of strength for us.”

Implementation of legislation related to safeguarding disabled children

Respondents described the ways in which they were responding to recent legislation related to the safeguarding of disabled children, such as the Children and Families Act 2014, the Care Act 2014 and the Welfare Reform. Some respondents stated that they were still in the stages of planning their responses and reviewing their current protocols and procedures. However some admitted they hadn’t started considering the implications of these acts for their LSCB or did not have the relevant information to respond to the question. Others detailed specific work they were doing which included the multi-agency training and specialist services for disabled children, such as behaviour support services. Some LSCBs were focussing on improving specific areas such e-safety and supporting disabled children’s transitions to different services as a result of these acts. There were examples given where the acts appeared to have influenced a great deal of change with services being transformed in order that they had more of a focus on children with disabilities:

“We have ... been ensuring the transformation of services includes work that focusses on CYP with disabilities. The LSAB works closely with the LSCB (joint management of these) and so the transition issues for children into adult services is part of the future work plan between both boards”.

Identifying vulnerable groups

A variety of groups of children with disabilities were considered particularly vulnerable by respondents. Some felt that children with mild to moderate learning difficulties were the most at risk, whereas others felt children with more severe learning difficulties with communication difficulties were more vulnerable. Children with Autistic Spectrum Disorder (ASD) were also considered particularly vulnerable due to their lack of social understanding potentially making them more likely to engage in ‘risky’ behaviours:

“One group of children who seem to be more at risk are those with autism. This is due to their lack of understanding in social situations, sometimes resulting in more risky behaviour making them more vulnerable and also due to behaviour issues which can result in more violent episodes within the home, school and community.”

“We have a specialist autism service to work with children and young people and commission specialist packages of support with specialist providers. Our ASD team work with schools and families to ensure continuity of management strategies.”

However, other respondents were reluctant to select a particular group stating that all disabled children were vulnerable and the degree of their vulnerability depended on a range of other factors:

“All disabled children are considered vulnerable in different ways and due to individual needs. We would not want to identify a particular group for special attention when often the risk is related to individual circumstances of each child.”

Just under one third of those who had identified a particularly vulnerable group gave examples of how the LSCB was working to safeguard these children more effectively, including specialist services targeted at this client group:

Bullying and disabled children

Most respondents (69%, n = 25) indicated their authority had an anti-bullying policy, although there appeared to be some confusion over this question with respondents asking if the question were referring to the LSCB, the council or its partners. Some respondents, whose authority did not have their own policy, explained that the schools had their own individual anti-bullying policies and described how these were monitored:

“Residential children’s homes for children with disability have a specific anti-bullying policy. Schools and settings have their own bullying policies – this requirement is noted in the council’s model child protection policy for schools and settings and is monitored through the annual report to governors, collated by the council and presented to the LSCB.”

Only eleven respondents (31%) indicated that their authority had an anti-bullying policy with a specific section about bullying related to disabled children. Some of these referenced specialist services, such as SENDIASS (Special Educational Needs Disability Information and Advice Support Service) and Bullying UK, which they linked with in order to provide parents with additional support regarding bullying and disability:

“(The LSCB) has a dedicated SENDIASS Service. The website directs people to Bullying UK which has information about how to support parents if there child has a disability.”

Some respondents said that although their policy did not have a specific section about bullying and disability this was either covered by other policies, such as those on anti-discrimination, or they stated that this was a theme throughout the policy.

Personal Safety Training

Just over half of the respondents (53%, n = 19) indicated that their LSCB area provided Personal Safety Skills training which was tailored for disabled children. Concerns were raised about the quality of the training provided in some of the mainstream schools, whereas training provided by special schools was positively viewed.

“Special schools have good programmes but all professionals and parents need to work to reinforce the messages because of the children and young people’s (CYP) vulnerability. Personal safety programmes for disabled CYP in mainstream schools are less good. (The LSCB has) commissioned Autism Family Support to run personal safety skills programme for children with Aspergers”

Challenges

A major challenge described by respondents was to keep disabled children as a priority for their LSCB whilst there were budget restrictions and competing areas of need to consider such as domestic abuse, female genital mutilation and mental health issues. This could be increasingly difficult when other board members had the view that safeguarding disabled children did not require more focus or additional skills than required for safeguarding non-disabled children:

“Maintaining interest and focus in the face of so many other priorities (is a challenge). Many members of the board do not see that safeguarding disabled children requires special consideration and skills.”

This view appeared to be somewhat reflected by some of the survey responses, for instance with some respondents indicating that the vulnerability of disabled children would be assessed in the same way as for other children by the LSCB.

Other challenges detailed included getting agencies/professionals working with the LSCB to:

- focus more on the voice of the disabled child rather than those which focus more on the parents
- be better able at recognising risk such as neglect
- understand and be more confident with applying thresholds
- develop more community based interventions
- record information about disability consistently
- support the transition of disabled children, for example, from child to adult services
- evaluate the impact of their work with disabled children
- understand their roles and responsibilities when multi-agency working and not assuming another team is dealing with a case:

“(The key challenges are) multi-agency working: understanding roles and responsibilities and not making assumptions that one team is dealing with the case! There is a disability team within social care but partners are not aware of who would be the lead professional or what the team does. (Another challenge is) getting people to be professionally curious about what the disability is – and to take advice. Not to see the disability but also the voice of the child and think about the living conditions for the child. Not just thinking parents are coping... Having safeguarding disabled children as a priority and not just an add on.”

Resource gaps

Respondents identified a number of resources which they could not currently access which they felt could support them in their role of safeguarding disabled children. Respondents wanted more research and publicity about the prevalence of safeguarding related issues for children with different types of disabilities, examples of good practice which promote the well-being of disabled

children and more specialist training resources and training programmes for frontline staff. More funding was desired which would enable the LSCB to employ professionals with expertise in areas such as communication disorders. Some also felt that other professionals who had contact with disabled children, as well as those from specialist organisations, needed better training to help them safeguard disabled children.

Examples of good practice

Respondents were able to describe a number of examples of good practice at their LSCB related to the safeguarding of disabled children. These included early intervention projects, specialist multi-agency training, workshops, roadshows and advocacy programmes for disabled children. Respondents described how they had used the findings from audits, reviews and evaluations to make informed recommendations to improve practice. Some LSCBs worked closely with professionals and organisations with specialist knowledge about disabled children and safeguarding.

Services provided to support disabled children and their families included therapeutic short break services and early intervention projects. Other examples of positive practice included the translation of materials into British Sign Language and the use of specialist technology, to support their understanding and communication. Some also took part in the ‘Keep Safe’ scheme which aims to engage the community to support disabled children. See Appendix 4 for further details.

Appendix 2: Location of respondents

Region	No of authorities within the region who responded	Percentage
North West	5	14%
North East	0	0%
Yorkshire and Humberside	3	8%
East of England	3	8%
West Midlands	4	11%
East Midlands	2	6%
London	9	25%
South East	9	25%
South West	0	0%
Missing	1	3%
Total	36	

Appendix 3: Role of respondent

Job title	Number	Percentage
Board Manager	8	22%
Business Manager	5	14%
Interim LSCB Manager	3	8%
Independent Chair	3	8%
LSCB Chair	2	6%
HSCB Lead Learning and Development Officer/Training and Development manager	2	6%
Integrated Disability Services Manager	1	3%
Head of Service – QA	1	3%
Designated Doctor Safeguarding Children	1	3%
Safeguarding Board Officer	1	3%
Head of Safeguarding	1	3%
Governor	1	3%
Head of Service, Children and Young People's Disability Partnership	1	3%
Practice Audit Officer	1	3%
Disabled Children's Manager	1	3%
LSCB Coordinator	1	3%
Partnership and Workforce Development Manager	1	3%
Not given job title	1	3%
Total	36	

Appendix 4: Good practice examples identified from survey returns

Early intervention and prevention

- Early intervention and therapeutic short break services for children with severe learning disabilities (SLD), Autistic Spectrum Disorder (ASD) and challenging behaviour.
- Development of accessible information and safety materials e.g. British Sign Language to support children's understanding and communication.
- Partnership working with local special schools informing children and their parents about staying safe.
- Local Special Educational Needs and Disability Information and Advice Support Service website directing users to information about how to support parents if their child is disabled.
- Specialist autism support services for children and families, for example, where children have challenging behaviour and are at risk of exclusion or where the child may be at increased risk due to their lack of understanding and/or behaviour issues. Working across settings; developing positive behaviour plans; commissioning of specialist packages of support.
- Use of experts in autism by experience in order to train staff.
- Autism specific schools to minimise the risk of children with ASD being placed at a distance hence leading to increased safeguarding risk.
- Specialist autism support service commissioned to run personal safety skills programmes.

Practice

- Specialist advocacy for disabled children in Child in Need (CIN) and complex safeguarding work and where children are subject of a child protection plan.
- Effective links with schools where children are considered to be at higher risk such as children with SLD, ASD and with very limited communication.

- Routine exploration of safeguarding issues and risks at transition case meetings when young people reach 14 years, including FGM and Forced Marriage.
- Use of assisted technology such as I Gaze to help children communicate what has happened to them.
- Multi-disciplinary working with specialist practitioners such as specialist nurses on hearing the voice of the disabled child.
- Liaison with police regarding specialist intermediaries for disabled children
- Flexible response team of domiciliary care staff for children with profound and multiple learning disabilities (PMLD) and complex medical needs to respond to family and safeguarding emergencies.

Learning and Development

- Multi-agency training on safeguarding disabled children.
- Area Safeguarding Disabled Children Conferences. Presentations and information put onto LSCB website.
- Task and finish group considering Ofsted thematic inspection and development of an action plan including the updating of all LSCB training and practice guidance.
- Development of a key learning document on safeguarding disabled children and guidance notes for professionals.
- Action plan with safeguarding disabled children practice guidance being disseminated and considered by staff on team days and at a dedicated conference.
- Close interagency working between specialist community health teams and social care disability teams on working with children with PMLD and complex medical needs, including Shared Care Protocol training to ensure staff are trained to deliver invasive health procedures.

Quality Assurance

- Range of activities undertaken by Safeguarding Disabled Children group to enhance and improve the scrutiny of work in safeguarding disabled children. Including review of workforce development and training and designing an additional set of questions sent out with the Sn11 audit requirements.
- Allocated Independent Reviewing Officer to mitigate risks for children in residential school, residential hospital, and those who have child protection plans, link care, overnight stays and short breaks.
- Unannounced visits on children living away from home to monitor standards, ensuring quality care and outcomes e.g. ensuring medication policy followed, behaviour being appropriately managed, access to community.
- Review of information systems resulting in all specialist/targeted services within the disability partnership moving to one system, to better share information. The multi-agency journey of the child audit undertaken by the audit and monitoring sub group of the board included case examples of children with disability.
- Reviewing and implementation of a new threshold document with associated training and strengthening of safeguarding practice.
- Audit of the Children and Young People Disability team and report considered by the LSCB evaluating whether disabled children receive safeguarding services at a different level to children and young people.
- Audit on services hearing the voice of the disabled child in assessments and interventions.
- Multi-agency audit process on transition to adult services followed by a detailed action plan and updated protocols and guidance.
- Implementation of a more robust CIN policy for children at risk of long term neglect to avoid drift, seek change where possible and take action where not.
- Monitoring and challenging of unsafe hospital discharges by LSCB disabled children's group.

Strategic

- Integrated and co-located partnership for disabled children across social care, education and health ensuring joint planning, intervention and information sharing. Close working with the Clinical Commissioning Groups to joint fund continuing care packages to ensure a holistic response to need. Disability partnership inextricably linked with wider integrated children's service. The Head of Service for the Partnership sits on the Safeguarding Board.
- Joint service between local authority and NHS (Service for Children with Additional Needs). A multi-agency subgroup of the LSCB has overseen introduction of specific multi-agency training and provides an annual report to the Board.
- Interagency group addressing vulnerabilities of young people in transition to Adult Services. Operational Transition meetings with Children's and Adult Social Care, SEN and health. Vulnerable Adults Transition Panel established. Senior manager working across LSCB and Vulnerable Adult Safeguarding Board.
- Safeguarding disabled children recognised as a joint priority of the Children's and the Adults' Board. Review undertaken by both Boards and identification of next steps.
- Working with voluntary sector to establish Keep Safe scheme in the town centre to support disabled children in accessing community facilities and provide locations where they can access a phone to call a designated contact if required.
- Children and Families Service Plan includes protecting vulnerable children, early help and delivering SEND reforms.
- LSCB survey undertaken on bullying including in special schools.
- Requirement included in the council's model child protection policy for schools and settings to have policies on bullying.
- Senior professionals from specialist SEND services representing the needs and interests of disabled children on LSCBs.

Appendix 5: Survey

The National Working Group on Safeguarding Disabled Children aims to raise awareness of the increased risk of disabled children to abuse and to ensure that professionals are able to access resources that promote the safeguarding of disabled children and young people.

We are currently undertaking a review of Local Safeguarding Children's Boards activity in relation to safeguarding disabled children and young people. This survey aims to establish an overview of safeguarding practice amongst LSCB's; identifying where good practice is embedded as well as areas for further development. The results of this survey will inform our work going forward, including how we can effectively engage with and support LSCBs in the future and advocate for resources that support LSCBs and constituent agencies in meeting the safeguarding needs of disabled children.

Anonymised findings from this survey will be shared with LSCBs and with key stakeholders, with recommendations for further work required to improve safeguarding practice for disabled children and young people.

We would be grateful if you could complete the seventeen questions below. This should take approximately 30 minutes of your time.

Note: We recognise the terms 'disabled children' and 'children with disabilities' are both widely used by professionals. We have used the term 'disabled children' reflecting the social model of disability which focusses attention on the disabling barriers that can exist for disabled children and young people in accessing services and opportunities.

The limited nature of this survey does not allow us to ask questions relating to specific impairments. If there are particular issues you would like to raise we would invite you to include these within your responses.

✱ 1. Your Details

LSCB Area	<input type="text"/>
Your Name	<input type="text"/>
Your Position	<input type="text"/>
Your Email Address	<input type="text"/>

★ 2. Is safeguarding disabled children and young people part of your identified priorities?

- For this year?
- Over the last two years?
- For next year?
- None

Any other comments

★ 3. Does your LSCB;

	Yes	No	Don't know
Have a group that specifically considers safeguarding and child protection issues for disabled children and young people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have practice guidance in relation to safeguarding disabled children and young people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide specific multi agency training in relation to safeguarding disabled children and young people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider the effectiveness of safeguarding disabled children and young people as a part of the quality assurance work of the board?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can you provide examples of how the Board undertakes any of the above work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any other comments

★ 4. Does your LSCB dataset/management information system include disabled children's details on:

	Yes	No	Don't know
Early Help assessments (eg. CaF / TaC / Help without social care involvement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals to social care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children in Need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Protection s.47 inquiries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children and young people with child protection plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children and young people who are looked after	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about adults working with disabled children and young people (Referrals to the LADO / designated officer(s))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any other comments

★ 5. Does your authority have an anti bullying policy?

- Yes
 No
 Don't know

Any other comments

★ 6. If so, is there a specific section relating to bullying of disabled children and young people?

- Yes
 No
 Don't know

Any other comments

★ 7. Does your LSCB have any current examples of innovative or good practice in relation to effective safeguarding of disabled children and young people?

- Yes
 No
 Don't know

If yes, please give details

★ 8. Which group of disabled children and young people would you regard as most vulnerable in your LSCB area and what measures do you undertake to reduce the level of risk?

★ 9. Are there any personal safety skills programmes running in schools within your authority that have been adapted for disabled children?

- Yes
 No
 Don't know

Any other comments

★ 10. Please can you provide details of the consideration you have given to the safety and well being of disabled children and young people in your implementation of the Children and Families Act 2014, Care Act 2014 and Welfare Reform?

Please indicate whether your LSCB has considered (i.e. discussed at Board Level) and / or implemented and/or evaluated the four recommendations below in the 2012 Ofsted thematic inspection "Protecting disabled children". Please provide details about how impact or outcomes were evaluated and what the findings were.

Local authorities and Local Safeguarding Children Boards should:

★ 11. Ensure that thresholds for child protection are well understood and rigorously applied at every stage in work with disabled children

- Considered
- Implemented
- Not yet considered

Please give details of the Evaluated impact / outcomes and findings

★ 12. Establish robust quality assurance case file audits and management information systems to assess and evaluate the quality and impact of work with disabled children

- Considered
- Implemented
- Not yet considered

Evaluated impact / outcomes and findings

★ 13. Ensure that findings are reported to LSCBs and local authorities' senior management to enable them to evaluate whether concerns regarding disabled children are identified and responded to effectively

- Considered
- Implemented
- Not yet considered

Evaluated impact / outcomes and findings

★ 14. Ensure that LADOs identify, analyse and report on allegations relating to disabled children to ensure that concerns regarding disabled children are appropriately referred. They should take prompt action to explore the reasons for either under- or over-reporting and track outcomes for disabled children compared with their peers

- Considered
- Implemented
- Not yet considered

Evaluated impact / outcomes and findings

★ 15. What are the key strengths in your partnerships for the safeguarding of disabled children and young people?

★ 16. What are the key challenges for your partnership in the safeguarding of disabled children and young people, both strategically and in the community?

★ 17. The National Working Group would like to advocate for the development of resources that assist LSCBs in meeting the safeguarding needs of disabled children. Are there any gaps or identified needs you would like us to highlight? What practical resources would support practice?

Thank you for completing this questionnaire.

Find out more about safeguarding disabled children at
[nspcc.org.uk](https://www.nspcc.org.uk)
[anncrafttrust.org](https://www.anncrafttrust.org)