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**'Specific issues faced by practitioners in Scotland in supporting disabled children at risk of significant harm'**

**'Equality does not mean treating every child the same'**

# Disabled Children and the Child Protection System: A Cause for Concern

Disabled children are more likely to be abused than their non-disabled peers. Despite this heightened risk, the abuse of disabled children often goes undetected and under-reported. This qualitative study investigated the specific issues faced by practitioners in Scotland in supporting disabled children at risk of significant harm. Interviews were held with participants from six local authority areas and across five different services, and five focus groups with child protection committees (total 61 participants). There were positive messages about putting the child at the very heart of child protection assessment and intervention, regardless of any impairment that a child may have. However, there was also concern that practice was at times parent-centred. Some participants appeared to be 'muddling through' in practice and many practitioners lacked confidence when working with disabled children. Data from this study suggest that thresholds for disabled children may be higher than for non-disabled children. Participants reported high levels of interagency working and saw this as inherently positive, although they recognised some failings and tensions. There is widespread commitment across the child protection system to putting the child at the centre. However, getting it right for every child does not mean treating every child the same. Copyright © 2015 John Wiley & Sons, Ltd.

**KEY PRACTITIONER MESSAGES:**

- There is significant evidence that disabled children are at greater risk of abuse than their non-disabled peers.
- Practitioners are sometimes so concerned with keeping the child at the centre they may fail to account for the added complexities and vulnerabilities that impairment can bring.
- Equality does not mean treating every child the same.

**KEY WORDS:** disabled children; abuse; neglect; thresholds; communication impairment

**I**n this article, we use the term 'disabled children and young people' rather than 'children and young people with disabilities'. This is consistent with the social model of disability (Oliver, 1990; Oliver and Barnes, 2012) which distinguishes between 'impairment' and 'disability'. 'Impairment' refers to an individual's loss or limitation of bodily or cognitive functioning, such as visual impairment, hearing impairment or learning disability. 'Disability' refers to:

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'The disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical, [sensory or mental] impairments and thus excludes them from the mainstream of social activities' (UPIAS, 1976, p. 1)

This study focused on children and young people with a wide range of impairments, including physical, sensory, cognitive and communication impairments and those with mental distress, all of whom are disabled by external barriers. For brevity and readability, we use the term 'children' to denote children, adolescents and young adults between the ages of newborn and 21 and we refer to 'the child' as 'she'. The research aimed to illuminate specific issues faced by practitioners in Scotland in supporting disabled children at risk of significant harm.

## Background

### *Disabled Children and Abuse*

Research internationally has found that disabled children are more likely to be abused than their non-disabled peers. A meta-analysis of 17 studies of violence against disabled children and young people, representing over 18 000 individuals, was the first study to provide pooled estimates of the prevalence and risks of violence experienced by disabled children (Jones *et al.*, 2012). It found that this group is three to four times more likely to experience violence than non-disabled children and that 26.7 per cent of disabled children and young people have experienced more than one type of violence in their lifetime. These findings broadly concur with those of Sullivan and Knutson (2000), who examined case records for 50 278 young people aged from newborn to 21 in Nebraska, revealing that disabled children were 3.4 times more likely to be abused than their non-disabled peers. Neglect was the most common type of maltreatment, although most experienced multiple forms of abuse.

Children with particular forms of impairment are more at risk than others. Logistic regression on the National Youth Risk Behavior Survey in the US showed that female students with a physical disability were more likely to have been forced to have sexual intercourse than those who did not (Ariksson-Schmidt *et al.*, 2010). Deaf and hard-of-hearing students reported significantly more exposure to child maltreatment than hearing controls, with 76 per cent reporting some form of child maltreatment (Schenkel *et al.*, 2014). Although findings vary, a literature review (Stalker and McArthur, 2012) found that those with communication impairments, behavioural disorders, learning disabilities and sensory impairments are likely to experience higher levels of violence and neglect. For example, Sullivan and Knutson (2000) found that children with speech and language impairments faced three times the risk of abuse compared to non-disabled children, those with learning disabilities faced four times the risk while young people with 'behavioural disorders' were 5.5 times more likely to be abused. Not enough is known about the direction of causality, however, and the extent to which some of these impairments may have been caused by abuse (Spencer *et al.*, 2005).

Despite this heightened risk, there is evidence from a number of countries that the abuse of disabled children often goes undetected and, even when suspected, may be under-reported. Kvam (2004) surveyed 302 deaf adults in Norway and found that 134 (44%) had been abused as children. Fifty had not

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reported this at the time; 11 who had were not believed. In Israel, Hershkowitz and colleagues (2007) examined the forensic records of 40 430 victims of sexual abuse aged three to 14. Disabled children in the sample failed to disclose abuse much more often than the non-disabled children. Research by Morris (1998), Cooke and Standen (2002) and Stalker *et al.* (2010) evidences under-reporting in the UK as well. This is given further credence by the low numbers of children on child protection registers recorded as having an impairment.

A range of factors has been cited to explain disabled children’s increased vulnerability to abuse. They may be viewed by potential perpetrators as less aware and/or knowledgeable than a non-disabled child; communication impairments may make it hard to report abuse; mobility difficulties can make it difficult to remove themselves from the abuser; and personal care needs open up opportunities for abuse. Family-related factors may centre on the stress of caring for a disabled child without adequate support (although it should be noted that the vast majority of parents provide loving and safe homes for their disabled children), as well as ambivalence about having a disabled child and disciplinary approaches (Stalker *et al.*, 2010). Increased risk may arise in services if staff are not aware of disabled children’s heightened vulnerability or may even think that no one would abuse a disabled child (NSPCC, 2003). Maltreatment may also be meted out under the guise of treatment, such as medication or electro-convulsive therapy and in some countries, disabled girls may be forcibly sterilised (UNICEF, 2013). Staff within residential settings (where disabled children are disproportionately represented) may not know how to communicate effectively with children who have communication impairments and signs of distress and abuse may go undetected, or be attributed to the impairment.

*Disabled Children and Child Protection Services*

**‘Very little research has been conducted on child protection and disabled children in Britain over the last decade’**

Very little research has been conducted on child protection and disabled children in Britain over the last decade. Cooke and Standen (2002), in a survey of 73 area child protection committees in the UK, found that following case conferences, disabled children were ‘significantly’ less likely than non-disabled children to be placed on child protection registers or have protection plans put in place. They received much the same response as non-disabled children in terms of legal interventions and more attention in terms of medical examinations and treatment.

In a scoping study of disabled children and child protection (Stalker *et al.*, 2010), joint working on child protection was said to be better for families with disabled children because, typically, a range of services were already in touch with them prior to child protection concerns arising.

Ofsted (2012) conducted an inspection of the effectiveness of child protection services in safeguarding disabled children. Where concerns were picked up at an early stage and dealt with through multi-agency working, these were generally handled well. Delays were more likely where there was less certainty about the child’s situation. Local authorities were found to be generally ‘poor’ at monitoring child protection activities in relation to disabled children.

It has been reported that higher ‘thresholds’ for triggering a child protection response are used with disabled children (Stalker and McArthur, 2012). Informants in that study suggested that, in some cases, social workers develop close working relationships with parents, empathise with the levels of demand

that they face and consequently may be reluctant to make a formal child protection referral if they witness ‘a wee bit of neglect or whatever’. It was also reported that some social workers appear to be more tolerant of parents smacking a disabled child than a non-disabled child. If concerns did arise, it was not unusual for the agencies already in touch with the family to increase support to the parents rather than consider child protection measures. It was also suggested that different organisations may have differing understandings of acceptable ‘thresholds’, with schools sometimes raising early concerns which social workers may perceive as premature. Similar concerns were reported by Ofsted (2012).

## Methods

The aim of this study, commissioned by the Scottish Government, was to assess how public services (including social work, health care, education, police and other related services) identify and support disabled children at risk of significant harm, whether neglect or abuse.

The study addressed four main questions:

1. What are the decision-making processes and ‘triggers’ for intervention used by professionals when determining the nature of interventions for disabled children at risk of significant harm?
2. What are the specific issues faced by practitioners in Scotland in supporting children at risk of significant harm?
3. How do services coordinate to support disabled children at risk of significant harm?
4. Are there practice examples in Scotland that illustrate how to address these issues?

The study involved four concurrent components: interviews with participants from a range of organisations, focus groups with child protection committees (CPCs), practice case studies and, lastly, the development of systems and response models. Our brief did not involve speaking to children or parents. We report here only on the first two components, the interviews and focus groups.

For the interviews, each potential participant was provided with a consent form and information leaflet about the research. From each local authority area, potential participants were contacted, from social work, education, police, voluntary organisations and health, who had practice experience of responding to at least two child protection cases involving a disabled child. The research team drew upon existing networks to assist in the identification of these participants. A letter to each CPC was sent out notifying them about the research and encouraging their engagement. Following this, the chair and lead officer for each CPC was contacted to arrange a date and time suitable for holding a focus group.

In-depth telephone interviews lasting on average an hour were conducted with 21 participants from six diverse local authority areas and across five different services. Interviews were thematic covering areas of practice highlighted as important by previous research. Focus groups were conducted with members of the CPCs in five of the six local authority areas sampled, comprising 40 individuals. They were asked to discuss key themes and issues that they had identified in responding to and supporting disabled children who may be at risk of significant harm, as well as questions focusing on interagency working.

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**‘We report here only on the first two components, the interviews and focus groups’**

**‘The research followed the Scottish Government’s Social Research Ethical Sensitivity Checklist’**

**‘Telephone interviews enabled case workers with heavy workloads to participate’**

The research followed the Scottish Government’s (2014) Social Research Ethical Sensitivity Checklist and a full ethical protocol was accepted by the University of Edinburgh Research Ethics Committee.

*Analysis*

Inductive analysis following framework design (Ritchie and Lewis, 2013) was undertaken. We chose framework analysis because it offers a balance between structure and the ability to generate inductively derived categories. To enhance reliability, analysis was undertaken independently by team members on selected interview transcripts creating nodes based on themes emerging from the data. A coding meeting was held to agree a shared coding scheme and initial framing matrix. Once the coding schema was agreed, the team applied it to all the transcripts. Revisions continued until consensus was achieved.

*Limitations*

While we had access to key actors at both the case worker and policy and strategy level, a main limitation of this research is that interviews were not conducted with disabled children themselves. This, however, remains an issue within the wider research literature and our specified research brief ironically did not allow for this. Since completion of the reported study, however, we have undertaken further research seeking disabled children and young people’s views (Taylor *et al.*, 2015). Another potential limitation is that the interviews with individual case workers were conducted by telephone rather than face to face. This risked losing the rapport and non-verbal communication that comes with the latter. Conversely, telephone interviews enabled case workers with heavy workloads to participate. The extra time required for setting up face-to-face interview locations and times might have been prohibitive.

**Findings**

The following section presents the findings derived from the research with 61 participants. They are grouped within five main themes.

*The Child at the Centre*

The majority of participants expressed that every child, whether disabled or not, should be seen first as a child, thereafter as a child with an impairment. While participants highlighted differences in signs and behaviours signalling concerns of significant harm in a disabled child, this was linked to young people with communication impairments. Where children did not have communication impairments, there was an assumption that she would make a disclosure of abuse.

‘Presumably [a deaf child] could tell somebody [if she was being abused]... I’d be looking for the same signs I would see in [a] child that wasn’t deaf... because she’s only deaf... she’s a 12 year old girl she just happens to be deaf’ (Interview 2)

Participants spoke of the importance of including the child within the child protection system, especially when she had an impairment. It was stressed that

impairment did not prevent child protection work from taking place and that a common framework should be followed in every case.

‘You’d be looking at the child first and I think... long gone are the days when we’ve seen disability as an absolute barrier for children to be protected and safeguarded’ (Focus Group 3)

While examples were given of approaches tailored to suit individual disabled children, this process was seen as important for all children, leading some to question the language of disability and impairment.

‘Communication impairment? I don’t know what that is, don’t recognise it... you would have to absolutely individualise your approach to the needs of that youngster’ (Focus Group 3)

Fitting child protection to individual need was described as ‘looking beyond’ impairment to grasp the full picture. This led some to stress there being no set criteria that would trigger concern, with a change in a child’s usual behaviour being the most important indicator of a risk of significant harm.

‘It first came to our notice from school... they noticed a huge change in [the child’s] behaviour [displaying sexualised behaviour], this was after the child had been taken abroad and stayed with family for several months’ (Interview 2)

There was a division between participants who thought that disabled children faced unique risks and those who thought that it was a question of the level of vulnerability to risks that would be the same for any child. Despite this child-centred approach placing focus on also treating children as individuals, there were difficulties in individualising responses in relation to impairment.

### *Added Complexity*

Participants discussed how the presence of impairments could create difficulties recognising if there was a risk of serious harm to a child. Impairments were perceived as adding further complexity to an already difficult area.

‘I think our rate of detection is probably quite poor because I think of all the personal care and things that children have, I would suspect that the rate of sexual abuse and stuff is probably higher than we actually detect. It’s hard enough in the average population without them being disabled where they can’t talk and tell us’ (Interview 3)

Despite the view that any impairment should be seen as secondary, there were times where difficulty identifying impairment effects could negatively impact upon the ability to assess specific risks.

‘There’s been a number of children where I’ve seen professionals having huge difficulty about deciding whether it might be a child protection issue or related to a diagnosis of autism... it is very, very confusing sometimes’ (Focus Group 4)

Practitioners were divided in their responses regarding the system’s collective ability to involve and respond to disabled children. Some practitioners felt confident in the effectiveness of the system’s reach:

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**‘Impairments were perceived as adding further complexity to an already difficult area’**

**‘It was common to shift discussion to statistics when questioned on the prevalence of abuse and neglect amongst disabled children’**

‘It does not appear I don’t think, from what we see, that disability or additional support needs seem to come up as a major issue.... We are reasonably confident that we are not missing [anything]’ (Focus Group 3)

Indeed, it was common to shift discussion to statistics when questioned on the prevalence of abuse and neglect amongst disabled children. While one focus group felt that the few disabled children on the register meant that they were doing things right, other focus groups believed that there was a possibility of under-reporting.

There was more consensus about a lack of adaptation of services for disabled children. This included a paucity of available residential care units or placements where it could become difficult to find suitable accommodation or foster care for disabled children who were removed from the family home. In a few situations, there were concerns that children had remained at risk because of an inability to find suitable accommodation.

Impairments for many participants were not viewed as causing a problem as long as the child was able to make a disclosure. Children with communication impairments, however, were perceived as not having the same ability to disclose. Throughout the interviews, many participants focused upon communication impairments as being a barrier to child protection.

‘It is easier to abuse a child who has a disability. Who are they going to tell? What are they going to say? ...then when they play the poor parent card what action is going to be taken because what provision is there for children with disabilities?’ (Focus Group 5)

Nonetheless, there were many incidents where communication had been successfully adapted where other participants had viewed it as impractical or impossible. This included involving speech and language specialists, particularly those already known to the child, and communication aids such as Makaton.

*Family Factors*

**‘Participants viewed the family situation as being crucial when making an assessment of a child protection risk’**

Participants viewed the family situation as being crucial when making an assessment of a child protection risk and the type of intervention required. The presence of impairments, in particular, was seen as impacting upon decisions discerning whether there was a situation of general neglect or more an issue of parents’ coping capacity where increased support was required.

Participants stressed that parents were not always deliberate perpetrators of abuse and/or neglect and were acknowledged as experts on their child’s impairment. It was felt though that their desire to protect their child could create its own limitations and potential situations of unintentional neglect where children were not given ample opportunity to take risks or engage in outside activities. However, participants felt that when given the right support to build parental capacity, the outcome could be positive.

The child-centred operation of child protection was positively regarded as moving away from placing parents at the centre. With disabled children however, this did not always happen. Concern was expressed by participants that practitioners may sometimes over-empathise with parents, particularly parents of disabled children with potentially higher levels of stress and coping

needs. A few participants expressed concerns that they themselves had unwittingly been too sympathetic to the parents' situation and potentially underestimated the risk posed to the child.

'It's back to this thing about parents being able to cope and what they cope with. If you've got a child who's not sleeping, you've got a lot of physical work to do with them... maybe we just allow a bit of neglect that we wouldn't tolerate elsewhere' (Interview 3)

Some discussed how they had been unsure whether restraint used to control a child's behaviour bordered on to abuse. More recalled having been involved in cases where they felt that other workers were being overly empathetic with the parents.

'I think we're maybe not always as critical as we should be. I mean, I can think of examples where a child repeatedly came in, its [sic] chair was so filthy and its [sic] feeding equipment was so filthy that the nurse refused to use it' (Interview 3)

The number of services that would potentially be involved with disabled children to provide general support was highlighted as a safety net for ensuring that any cases of abuse and/or neglect were identified. However, some practitioners expressed a concern that this could also lead to situations of complacency.

'...there is a tendency to think that if there's a child with additional needs or disabled then they have already got that extra support there... and they would expect somebody else to pick it up' (Focus Group 4)

This reliance on others for protecting disabled children could extend to relying upon parents or carers to understand what the child was communicating, or even using them as a proxy for the child's perspective:

'We rely on carers... it's not even just verbal communication, but if their communication is limited then quite often you're talking to carers and, you know, if there are child protection concerns they're more likely to be around the people who are caring for the child' (Interview 4)

### *Practice Issues ('Muddling Through')*

As previously highlighted, participants expressed a general lack of confidence in identifying significant risk for disabled children often citing the complex care environments, the specific impairment and a lack of experience. Not only were participants concerned about missing vital information or making an incorrect judgement, they worried that any failure on these fronts would contribute to or even heighten the risk faced by the child.

'There was anxiety around that for me of what if I miss something, what if I get this wrong and what if I leave this child more vulnerable because I haven't picked up on something this child's trying to communicate to me' (Interview 19)

Participants mentioned how practitioners avoided cases involving disabled children and/or passed such cases on to specialist services or disability teams. Fear was further associated with a lack of understanding of impairments in

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**'Relying upon parents or carers to understand what the child was communicating'**

**‘There is a fear of the unknown going on with children with disabilities’**

general, arising from a lack of confidence in being able to recognise significant risk and/or being able to see how the child’s impairments could influence their situation.

‘There is a fear culture, there is a fear of the unknown going on with children with disabilities... I think if they don’t know about the condition and they don’t know about the implications of the condition then their confidence is undermined...’ (Interview 8)

A lack of training for working with disabled children was reported throughout the interviews. There was a tension between the emphasis on child centredness and participants having confidence that they had the necessary training to achieve this in practice for disabled children.

An additional concern amongst practitioners was that there were ‘not enough hours in the day’ (focus group 4) to adequately assess and provide effective interventions for protecting disabled children. This was associated with high workloads and pressures faced by practitioners within the child protection system, leaving insufficient time to establish a positive relationship with some children. In turn, this increased the reliance placed on interagency working as a means to shore up protection efforts.

Identification and passing on of concerns, adaptation of communication and subsequent responsiveness were common areas highlighted as good practice.

*Interagency Working*

**‘A positive consensus regarding the effectiveness of interagency working’**

There was a positive consensus regarding the effectiveness of interagency working, an area of practice highlighted as having undergone improvement within recent years. Having other services available that could help facilitate interviews or provide practitioners with information on a child’s specific impairments was seen as improving the ability to seek her view and make decisions in their interest.

‘Health and education are involved in that initial referral discussion... So, and again the school can come with a great wealth of information about what this child, his ability, how well they speak, how do they communicate in school’ (Interview 9)

The majority of participants stressed the high level of interagency cooperation that took place when working with disabled children and their families, particularly with communication specialists.

With regard to criminal proceedings, a few participants perceived it as impossible to interview a child with communication impairments; considered that the information gleaned from interviews did not provide enough evidence; or believed that the child would be an unreliable witness.

‘Because of the young persons’ needs... the police were basically saying, ‘well we couldn’t really interview them’. I think that’s really been the most frustrating thing, that [the child] couldn’t be used as evidence because of their disability’ (Interview 6)

The regularly cited reason for legal proceedings being halted or not initiated was that even where adaptations were made to interviews and considerable time spent building information about the case, disabled children were still not considered reliable witnesses.

‘Disabled children don’t make good witnesses... they are not classed as reliable witnesses... And that is scary because you know these children are at a huge amount of risk’ (Focus Group 5)

In cases where the police had been involved but no prosecution took place, the continued involvement of other services was highlighted regularly as evidence that the child was, nevertheless, adequately protected.

## Discussion

Overall, there was a strong commitment by practitioners to the principles of child centredness, yet in practice significant barriers were identified to ensuring that disabled children were consulted, informed and had the opportunity to give their views about decisions affecting them.

Anxiety was cited as a reason for why many practitioners failed to involve disabled children in the process. In this regard, the initial fear of not being able to utilise a child-centred approach is realised. Paradoxically, the positive emphasis on child centredness potentially leads to an invisibility for disabled children. Efforts to treat every child the same may mean that crucial contextual and vulnerability factors are missed. The most recent report from the Care Inspectorate (2013) on child protection services in Scotland offers no analysis and makes no comment at all on disabled children.

A child protection threshold is the point at which action is taken – where something goes from being a concern to entering the child protection system. In order to understand child protection thresholds, we have to first understand initial ‘triggers’ of concerns and the overall decision-making ecology. This research highlighted a collective sense of the additional complexity that child protection concerns involving disabled children posed.

Most initial concerns came to light in relation to risk of neglect or physical abuse. This echoes previous research showing that often the more ‘visible’ indicators of potential child maltreatment, such as bruising or unsafe home environments, are more likely to lead to a child protection concern being raised (Munro *et al.*, 2014; Ofsted, 2012).

A recent study on disclosure found that 80 per cent of a sample of young adults who experienced child abuse attempted either through verbal communication or actions to disclose that they were experiencing abuse during childhood (Allnock and Miller, 2013). However, not all of these disclosures were heard or acted upon. Research has highlighted that disabled children may not disclose abuse as frequently as their peers due to a number of barriers (Stalker and McArthur, 2012).

Previous research highlights that challenging behaviours may be children’s way of disclosing abuse or trying to be heard (Buckley *et al.*, 2007). Challenging behaviours can also result from the impact of the trauma experienced and the consequences of child abuse and neglect can result in challenging or risky behaviours in children, adolescents and adults (Daniel *et al.*, 2011). In addition, specific impairments may have associated behaviours that are seen as challenging at the individual, relationship and societal levels. Very little research to date has examined the impact that disabled children’s perceived challenging behaviour may have on child protection decision-making.

**‘Paradoxically, the positive emphasis on child centredness potentially leads to an invisibility for disabled children’**

**‘Disabled children may not disclose abuse as frequently as their peers due to a number of barriers’**

**‘Practitioners should maintain an attitude of ‘healthy scepticism’**

**‘We suggest that the threshold at which child protection measures are taken for disabled children is often higher than it is for non-disabled children’**

Empathy with parents may increase the difficulty in both discerning cases of abuse or neglect for disabled children and also impact on decisions around any concerns. This resonates with previous findings (Stalker *et al.*, 2010) that professionals may over-empathise with the level of demands that parents face and be reluctant to make a formal child protection referral, especially for neglect and physical abuse concerns. Regular staff supervision has a key role to play in examining practice in individual cases; senior staff must be ready to challenge practitioners whose focus has shifted away from the child. Managers and practitioners need specialist training in safeguarding disabled children which, *inter alia*, highlights the risk of over-empathising with parents. This could highlight that, where child protection work is in progress, practitioners should maintain an attitude of ‘healthy scepticism’, looking for evidence of progress rather than relying on what parents may say, and taking account of past history in cases where parents have not sustained progress (Ofsted, 2012). Authorities must set out clear thresholds for action in relation to child protection which are applied equally to *all* children.

Multidisciplinary working can provide a positive context for objectivity where it is well coordinated, with effective communication and information sharing. Ofsted (2012) found that multi-agency early support at an early stage is valuable in tackling emerging concerns about disabled children. Regular reviews and robust discussion of disabled children’s plans (care plans and protection plans) at multi-agency meetings, preferably with an element of review by independent officers, should enable managers and practitioners to challenge cases of over-empathy with parents. Staff with expertise in child protection may identify concerns overlooked by colleagues with disability expertise, and vice versa. Work with disabled children is not always well coordinated, of course, and therein lies danger.

Based on our findings, we suggest that the threshold at which child protection measures are taken for disabled children is often higher than it is for non-disabled children. In order to fully understand thresholds, there are two missing pieces of data. One is the actual number of disabled children within the child protection system in Scotland and the outcomes of these cases. This information is not collected systematically across all local authority areas and our research shows that the data that are collected are an underestimate of the number of disabled children already in the system. This is compounded by the recent change in statistical codes to ‘additional support needs’ since the data being collected did not match legislative definitions. These missing data mean that currently we cannot definitively assess whether such thresholds are operated at a higher level because we are just not recording sufficient detail about which children may be disabled.

‘A society cannot be equitable unless all children are included, and children with disabilities cannot be included unless sound data collection and analysis render them visible’ (UNICEF, 2013, p. 63)

The second crucial piece of missing information is disabled children and young people’s views and experiences of help-seeking and child protection services – a vastly under-researched area of inquiry. However, a UK-wide study on this topic has recently reported (Taylor *et al.*, 2015). Because there

seemed to be a strong belief that support networks were already in place around disabled children, the variability in threshold criteria was likely to be masked.

While research can help make more accurate identifications of high-risk situations, it cannot determine the point or threshold at which professionals should act – this is a value and professional judgement influenced by a range of individual, case, organisational and external factors (Munro *et al.*, 2014). What is clear from this research is that professionals' desire to minimise both overestimations and underestimations of risk but often feel as if they are 'muddling through' with these decisions, and that more guidance and professional learning in relation to child protection and disability are warranted.

An emerging feature of current thinking around child protection systems is a focus on the importance of reflective practice for professional learning. One key finding from this study is that such reflective practice is in large part missing in the area of child protection and disability. This is not necessarily surprising given the barriers and tensions that many practitioners mentioned in feeling confident talking about disability. Because of the relatively smaller number of disabled children in the child protection system, the lack of experience of some participants and the sense of 'muddling through' for some interagency teams, it is clear that participants are lacking the spaces and support for reflective learning. The question becomes whether safe, self-reflective and practice-oriented spaces need to be created and fostered in order to generate system-wide learning practices.

This study highlighted that the key message for practice in terms of assessment is that the views of disabled children should be included where possible and that support should be given to children to give their views. Worryingly, recent research in Scotland found that, due to financial cutbacks and tightened eligibility criteria, local authorities do not always carry out assessments of disabled children when asked to so by parents and disabled children are little consulted about which services to use (Stalker *et al.*, 2013).

## Conclusion

This study reflected the views of over 60 practitioners working in child protection or in children's disability teams, one of the largest recent enquiries in the UK. Rather than new and surprising findings, it is disappointing to report similar messages to previous studies: we have a long way to go it seems in getting it right for disabled children. Although focused on specific issues faced by practitioners in Scotland in supporting disabled children at risk of significant harm, these issues will have resonance globally. There is widespread commitment across the child protection system for putting the child at the centre of practice. However, getting it right for every child does not mean treating every child the same. Consideration needs to be given to how best to adapt practice, assessment and intervention for children with a range of impairments. A lack of confidence and fear about getting it wrong, especially when children have communication impairments, suggests that practitioners are often 'muddling through' when it comes to working with disabled children and some children in the system remain invisible. Child protection workers require more training about disabled children, and children's disability teams

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**‘For disabled children,  
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need more training about child protection. Interagency working was regarded positively and was seen as an enabler to good practice. However, we suggest that thresholds for action in the child protection system are often higher for disabled children than for others. Serious attention is required to address the issue of consistent and accurate recording of disability status. Attention should be paid to ensure that disability is not conflated with communication impairments, and that all disabled children are given the attention and support that they need within the child protection system. More needs to be done to ensure that disabled children’s voices are heard and included within formal services. It seems that disabled children are still at the margins of our consciousness (Cousins, 2009). While there are positive aspects, this research shows that for disabled children, the child protection system is a cause for concern.

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