

CHILDREN FIRST: WHY AN EXPLICIT ACTION PLAN IS NEEDED TO PROTECT CHILDREN WITH DISABILITIES

Lessons from International Research*

- Children with disabilities are 3 to 4 times more likely to be abused than children who do not have disabilities
- More likely to experience maltreatment and more than one form of maltreatment.
- Neglect most common type
- Those with communication impairments, behavioural disorders , learning disabilities and sensory impairments are likely to experience between 3 and 5.5 times higher levels of violence and neglect.
- *Sullivan and Knutson, 2000; The Lancet 2012

A better chance of “getting away with it”

- Children less able to distinguish, remove themselves and to report.
- Communication challenges.
- Family vulnerabilities are enhanced
- There may not be adequate support for carers
- Parental and staff attitudes towards the child with disability
- Attitudes and approaches to care, communication and discipline may not be challenged
- Signs of abuse and distress may go undetected

Features in the Response

“Disabled Children and Child Protection in Scotland, An investigation into the relationship between professional practice, child protection and disability”2014

- Evidence of under identification and reporting
- Evidence of higher thresholds for triggering a child protection response
- Lack of confidence by professionals in identifying “significant risk” because of mystification of disability and multiple factors in the children's lives
- lack of accessible care arrangements
- Difficulty in securing specialist support

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Once in the Child Protection System

- After case conferences, less likely to be placed on child protection registers or have protection plans put in place
- However, markedly improved outcomes for children where child protection plans were in place
- Where concerns picked up early and dealt with through multi-agency working, these were generally handled well
- Local authorities found to be generally poor at monitoring child protection activities in relation to disabled children

Parental Support vs Child Protection

- Social workers empathy with levels of demand faced by parents and reluctance to make a formal referral of “a wee bit of neglect”
- Agencies more likely to increase support to the parents rather than consider child protection measures
- Different organisations different understandings of acceptable thresholds. (Stalker2012)
- Ofsted 2012: Focus on supporting parents sometimes meant participants had taken their eye “of the ball” of the children themselves. Failure to recognise that the threshold for referral had been reached

Enablers(E) and Barriers(B)

- E/B Interagency working is a strong enabler
- E/B Access to and working with interdisciplinary specialists
- B Child communication impairments
- B Over-reliance on third party and parent carer as main sources of information
- B Standards of Evidence needed
- B Lack of suitable services preventing effective interventions

How well are we working together?

Federation Feedback from members in 2014

- There are notable instances of good joint working between Tusla and HSE funded Disability Services.
- But the overwhelming response indicates that there is disagreement about where responsibility, especially financial responsibility lies
- Experience indicates that Tusla view the specialist agencies as the experts. This appears to extend to protection and welfare concerns.
- Perception: Tusla slower to open files, have child protection conferences and, if the child needs an out of home placement, to take legal action

How well are we working together (2)

- Where the parent is failing to meet the care needs of the child, Tusla generally expect the disability agencies to manage this.
- Children living in respite or residential care long term which would not be acceptable if the child did not have a disability. Children left in respite care without statutory protection.
- Disagreement about which agency HSE or Tusla has responsibility to secure and fund full time out of home placements
- Expectations on disability agencies to take over responsibility for child in care at age 18 years, even when the child is attending a third level course.

With Change comes Opportunity

- Opportunities for dialogue and joint learning
- Identify the issues and seek solutions together
- Care for children with disabilities is labour intensive, (expensive)for families, for support services and in provision of alternative family care.
- If the family of a child (with a disability) is not available, the child needs an alternative family.
- Need dialogue about what is needed, how and what works

We need an Action Plan

- Children with disabilities in need of protection are in danger of falling between the two stools of Tusla and the HSE
- To recognise the barriers to protecting children with disabilities on an equal basis.
- Recommend a Working Group similar to the Ministerial Working Group on Disabled Children set up by the Scottish Government in 2012

Key Components

- At national level, agree the respective responsibilities of the two agencies
- Identify a single entity tasked with the resolution of disputes
- Acknowledge the specific challenges in protecting children with disabilities
- A template for interagency working protocols to be drawn up by Tusla and Hse Disability Services in partnership
- Joint training for Social Workers in Tusla and in Disability Services in their respective roles

Child Protection is everyone's business

Positive developments are taking place in Tusla such as the Meitheal model promoting interagency working Partnership is multiway

Let us identify the challenges facing us now and agree how we will work together into the future to protect children with disabilities.

Clarification of statutory and financial responsibility is key to this