# Disabled Children's Threshold document: January 2014

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| **Version** | Nine |
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| **Approving Committee** | LSCB |
| **Date Approved** | |
| **Target audience** | All staff |
| **Consultation record** | Parents of Disabled children.<br>Disabled children<br>Disabled Children's Policy and Practice Review group.<br>Educational Psychologists<br>Multi-disciplinary team meetings at Special schools<br>Additional needs and disabilities service.<br>School therapists<br>Special Head teachers<br>Police Child Abuse Investigation Team<br>Child Protection Advisers<br>Legal Service |
| **To be consulted with:** | LSCB |

**Background:**

A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long term' negative effect on their ability to do normal daily activities.

**Section 17(1) of the Children Act 1989** places a general duty on Local Authorities to provide services to safeguard and promote the welfare of children within their area who are in need.

**Section 17(11) of the Children Act 1989** provides a definition of disability.

The Children Act 2004 places a duty on agencies to co operate to improve the well being of children and young people and provides a basis for integrated planning and commissioning through local partnerships.

The majority of the children the Disabled Children's team work with are in Level 3 or 4 of Haringey's Continuum of need and intervention, due to the nature of the Disabled Children's Team's eligibility criteria, and the targeted support and services offered to a defined group of Haringey's children.

The indicators of risk that are outlined in Haringey's threshold document are all relevant to disabled children however there are specific indicators of risk that it is important to identify to support the risk assessment of disabled children across all agencies working with disabled children and to ensure the threshold for different interventions is clear. This document will not provide an all encompassing or definitive list of possible harm caused to disabled children. It will work in conjunction with the Threshold of continuum of need and will support professionals to identify risk factors affecting disabled children to support the early identification of abuse, across agencies.

Professionals working with disabled children need to give a commitment to owning responsibility for their clinical decisions and judgements.

Levels 1 and 2 are the Disabled Children's Team's Early Help offer and illustrate that a disabled child can receive a short break through our Early Support work flow. The child is not allocated a social worker at this level.

Level 2 is in respect of children who are discussed at a School Multi-disciplinary Team discussion as there are additional concerns which need monitoring and reviewing.

The CIN work is at level 3 and 4 where Social work intervention is appropriate. Children's situations may 'step up' or 'down' within the triangle as appropriate.

Below are additional descriptors to the Haringey Threshold document which provide further detail to the issues of concern which relate to disabled children. These descriptors will assist professionals in assessing whether a matter should be referred to children's Social care at Level 3 or 4 of the Haringey Continuum of need and intervention.

**Level 4**

**Developmental needs of infant/child/young person**

**Emotional and Physical Health:**

- Parent/ carer is persistently not following prescribed feeding plan and the child:

  is losing weight and is not hydrated.

  is becoming substantially overweight leading to health problems (a child's Body Mass Index will usually be used to establish this but this may not be the sole indicator).

- The Parents/carers persistently do not comply with feeding regimes which could harm the child eg. Nil by mouth,

- The child is denied food as a form of punishment.

- Attempts are not being made to keep the gastrostomy site and contractures clean and dry. If the site is infected this would raise questions as to whether enough has been done to prevent the infection.

- No efforts made to prevent caries / decay of teeth or to seek support in addressing this – there will often be other indicators of neglect

- Mental health issues are induced by the negativity by parents to the child, emotional / verbal abuse, constantly critical, unrealistic expectations (either too high or too low), believing that child is possessed by spirit / witchcraft.

- Child is exposed to inappropriate material which is sexually inappropriate and not in keeping with the child's level of understanding. Parent believes that they do not understand what it is or that they cannot disclose. Parent lacks insight into the child's level of understanding and permits inappropriate access to material.

- **Equipment:**

- The equipment persistently used by the child is not appropriate and is not prescribed for the child. Parents /carer show no insight into the needs of the child and does not accept professional opinion.

If externally sourced, due regard needs to be given to the Haringey therapy ethos. Therapists need to be clear whether the equipment is ethically and clinically beneficial for the child or not. Equipment needs to be fit for purpose, used correctly and be recommended by a therapist.

- Equipment needs to be used often enough to prevent contractures but not overused as a form of restraint. Therapists need to be explicit about the risks associated with not using the equipment and when these are likely to occur. Therapists need to make this clear to the parents.

- Stretches for mobility range and function for upper and lower limbs are not carried out to sufficient level to prevent contracture and to maintain the range.

- **Medication management:**

- Parents / carers are not complying with the prescribed medication plan and are not giving an appropriate / adequate explanation. The implications of not following the medical plan have been made clear and appointments to review the plan have not been kept.

- Parents / carers are habitually late or miss appointments, not engaged or do not attend medical appointments, or they sabotage appointments so that their child is not examined.

- **Toileting:**

  Parents / carers are using toileting strategies that are not appropriate to the child's age, their level of awareness and which fail to protect their dignity, eg over use of suppositories, keeping a child in nappies when they could be continent, changing child in public places when other arrangements could be made. Parents refuse to toilet train their child when the advice is that the child is physically able to be toilet trained.

- **Physical harm:**

- Child is at risk of being exorcised due to their disability, including branding injuries.

- Child is made to attempt to walk in a spiritual religious ceremony when they are a wheelchair user.

- Child is at risk from violence in the home.

- Child is kept in extreme isolation / locked in

- Child is unable to protect themselves or move themselves to a place of safety where there is domestic violent situations.

- Child is having a coercive sexual relationship

- Child is not permitted independence and this dependency and reliance on others is not necessary but enforced. Reliance on others increases the potential of harm and minimises the ability of child to report concerns.

**Education and Learning**

- Employed carers have failed to inform health, education or social care of their involvement of providing care to a disabled child. This is compromising the safety of the child and the decision making regarding the child.

- Removal of communication devises / binding of hands of a Deaf child as a punishment.

**Identity**

- Parents / carers scapegoat disabled child – inhibiting positive identity / self image – this view could be exasperated by others in parent's network.

- Parents / carers believe the child will be healed or is possessed by a spirit, and they exercise their beliefs in a way that is harmful to the child.

- Parents / carers are not able to see their child as having the right to privacy and dignity, and the right to independent sexual feelings.

**Family and Social relationships**

Child's social presentation is not acceptable despite guidance how to achieve aim. Footwear and clothing is not appropriate. There is likely to be a pattern and there will be other negligent factors to consider.

**PARENTAL AND CARER FACTORS**

**Basic Care**

- Parent's / carers share the same or similar genetic diagnosis and this greatly impacts on their ability to engage.

- Parents / carers get into dangerous or abusive situations which have become normalised. These have an adverse affect on the behaviour shown by the child.

- Parents / carers are unable to manage their own health issues. Parent's mental health status deteriorates, failed to engage with CPN, failed to take medication and they do not seek any support to manage this.

- Parents history shows they have significant health care needs and these have been induced or exacerbated by parental behaviour.

- Parents/carers refuse essential support services which professionals have recommended and which would meet the child's needs and would support their development.

- Parents own behaviour is self – destructive (alcohol use / poor monitoring of weight, suicide attempts, drug use)

- Parents misjudge the child's ability to make their own choices which puts them at risk eg. home alone, playing out, not providing adequate supervision.

- Parents are unable to keep their child safe due to the child's behaviour.

- There is violence in the home and the disabled child cannot move to a place of safety.

**Level 3**

**Developmental needs of infant/child/young person**

**Health:**

- Parents / carers do not comply with feeding regimes eg. complying with nil by mouth, and tasters etc.

- Parents / carers do not plan in advance for the child with regards their child's need for prescriptions or food.

- Parent / carers travels abroad with the child without adequate provision of medication or food.

- Parents / carers do not inform alternative carers of the procedures for administering medication or food, and do not have the correct medication related equipment in place.

- Parents / carers refuse to disclose information that will support the care of their child.

**Equipment**

- Cochlear Implant / hearing aids: parent/carer not using equipment consistently /not using it at all at home. Not taking sufficient care of the

equipment. If it is faulty, not taking responsibility to take appropriate and timely action to report the fault/ arrange repair. Other issues of neglect are likely to be identified

- Parents do not keep the child in the correct position for feeding or transferring.

- Parents do not have the equipment that has been assessed and prescribed and have been informed of the consequences of the non-use by the Therapists prescribing.

- Parents/carers are causing discomfort by rough handling/ hoist/equipment not fitted correctly, safely or with care.

**Mental Health**

- Parent/carer is not able to communicate with their child, where the child relies on sign/British Sign Language. They may not accept that their child can only communicate in this way. They make no effort to learn to communicate through sign language. Long term significant effects on a child's mental well-being of not being able to communicate within the family.

**Physical Harm**

- Child is not given the opportunity to develop physical gross motor skills outside the home and this is denying child opportunity for socialisation.

- Child is unable to pick up on the nuances to pre-empt domestic violent incidences.

- Child is being picked up by the Police / running away.

**Education and Learning**

- No evidence of health appointments to account for the child's poor school attendance.

- Child is home educated and not accessing any services

- Child does not want to go home from school

- Lack of use of communication strategies with a disabled child which means that none of the child's wishes and views are ever taken into account and abuse cannot be disclosed.

- Child not given the opportunity to meet/play with/learn with other children outside the home

- Withdrawing a child from a provision. (alternative provision has not been identified)

- Extended holidays.

- Excessive time taken out of school for illness and or medical appointments

- Non engagement with professionals. Eg unable to make contact with parent.

**Emotional and behavioural development**

- Child is showing a new concerning behaviour which is not part of their ordinary presentation. This requires an assessment.

**Identity**

- Parents / carers have very low / very high expectations.

- Parents / carers do not see their child age appropriately and their actions are not appropriate – use of invasive medication in public places (suppositories). Not equipping their communication aid with age appropriate vocabulary.

**PARENTAL AND CARER FACTORS**

- Parents / carers attitude and acceptance of their disabled child limits their ability to provide age appropriate choices in relation to the child's understanding.

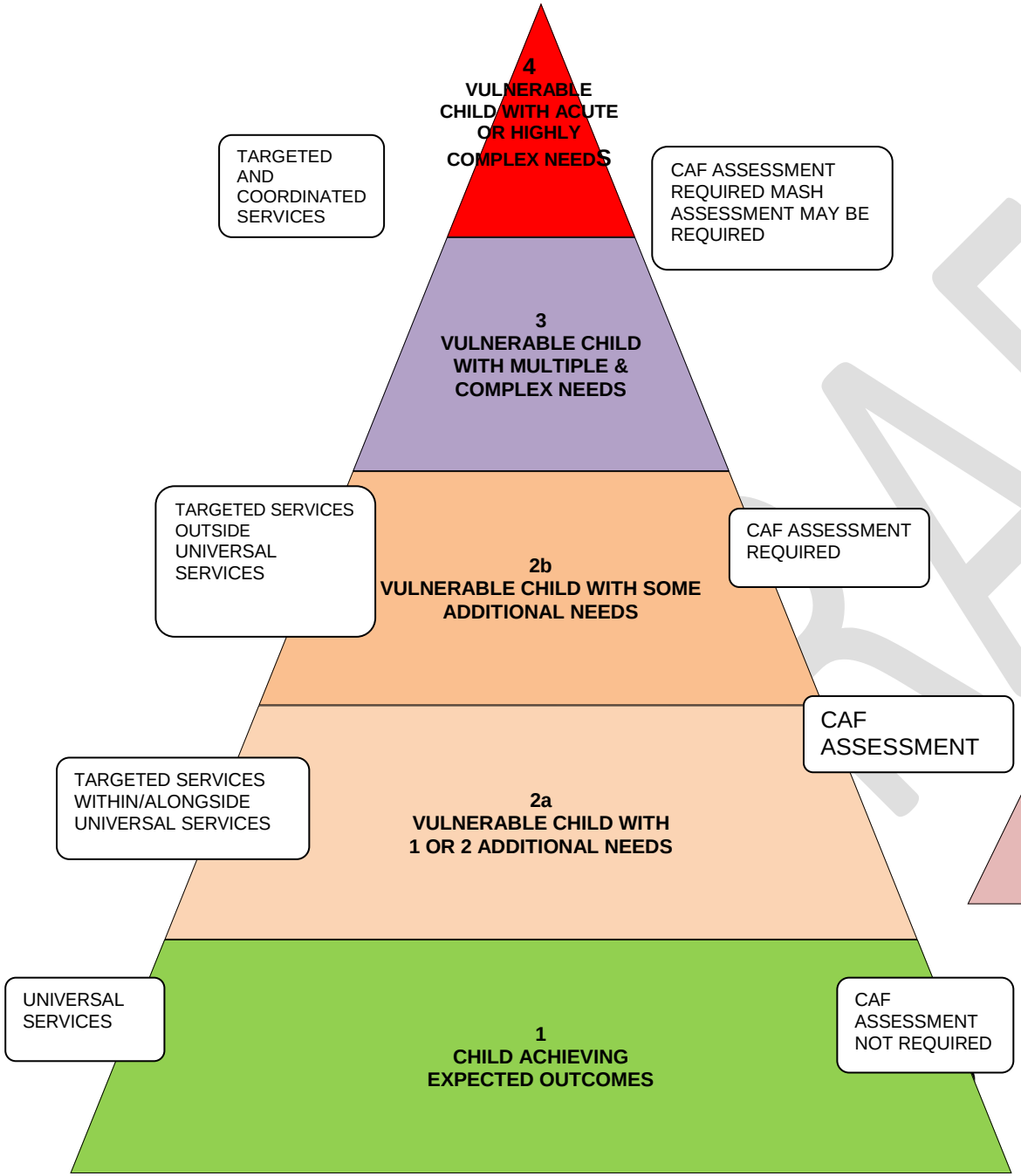
- Parents/ carers are dismissive of the right of the disabled child to gender specific care, to dignified care and to safe care. Child may be looked after by someone who is not able to care for them or to pre-empt or manage their behaviours/ self care needs. Varying levels of experience / knowledge and understanding makes children more vulnerable.

- Parents / carers treat the non-disabled siblings more favourably than the disabled child.

- Parents / carers are worn out and have ceased to engage / communicate with services and are less able to manage their child and more likely to accept offers of support without the ordinary safeguards. They have no idea where their child is going or with whom. Parents / carers in these circumstances are making unsafe decisions, under pressure.

- Parents / carers are not safeguarding the non-disabled siblings who are being injured by the disabled child. Disabled child monopolises all of Parents / carers time and thoughts.

## Haringey continuum of need and Intervention




## Haringey disabled children's thresholds