Bedford Borough Safeguarding Children Board &
Central Bedfordshire Safeguarding Children Board
Working together to safeguard children

Practice Guidance on Investigative interviews with disabled children and young people

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Glossary of terms

ABE	Achieving Best Evidence
BBSCB	Bedford Borough Safeguarding Children Board
CBSCB	Central Bedfordshire Safeguarding Children Board
BSL	British Sign Language
CPS	Crown prosecution Service
LSCB	Local Safeguarding Children Board
CRB	Criminal Records Bureau

This document should be read in conjunction with the practice guidance on investigative interviews with children and young people – www.bedfordshirelscb.org.uk

1. Introduction

1.1 The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect (see Standards 5, 7 and 8 of the *National Service Framework for Children, Young People and Maternity Services*).

1.2 Disabled children may be especially vulnerable to abuse for a number of reasons. Some disabled children may:

- have fewer outside contacts than other children
- receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- have an impaired capacity to resist or avoid abuse
- have communication difficulties that may make it difficult to tell others what is happening
- be inhibited about complaining because of a fear of losing services
- be especially vulnerable to bullying and intimidation and/or
- be more vulnerable than other children to abuse by their peers, parents or carers
- be perceived as 'asexual'
- have difficulty in establishing positive self-identity as a disabled child
- have carers and staff lacking the ability to communicate adequately with them
- have a lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
- have a lack of access to 'keep safe' strategies that are available to others
- have communication or learning difficulties preventing disclosure
- have parents'/carers' whose own needs and ways of coping are possibly conflicting with the needs of their child
- have parents/carers whose own use of allowance/benefits or other financial advantage which is meant for the child
- They are more likely to spend time away from their families than non disabled children, in short-break services, residential schools and so on;
- Practices which are abusive can sometimes go unrecognised. This happens in two ways: firstly, sometimes a practice is applied to a disabled child which if applied to a non-disabled child would be recognised as abusive (such as locking a child in a room in order to control his behaviour or using mechanical forms of restraints such as handling belts without sufficient guidance); secondly, for some disabled children a failure to provide a certain level of care can result in significant damage to their development, health and well-being, yet this is not always recognised
- There is a common failure to consult with and listen to disabled children about their experiences or recognise the additional support required to facilitate communication;

- Parent's views and needs are sometimes considered before those of young people. Neglect and poor parenting are in some cases not addressed with sufficient rigour where the young person presents challenging behaviour

1.3 Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting high standards of practice and a high level of awareness of the risks of harm, and strengthening the capacity of children and families to help themselves. Measures should include:

- making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
- making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;
- an explicit commitment to, and understanding of disabled children's safety and welfare among providers of services used by disabled children;
- close contact with families, and a culture of openness on the part of services;
- guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment;
- anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home; and
- guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack capacity will be governed by the Mental Health Capacity Act once they reach the age of 16.

(Working Together 2010)

1.4 In spite of this greater vulnerability, there is also evidence that current safeguarding systems do not adequately protect disabled children from harm. There are a number of reasons for this:

- There is a commonly held belief that disabled children are not abused. This can lead to a denial of, or a failure to report, abuse or neglect
- There is a lack of awareness among carers, professionals and the general public of what the indicators of abuse or neglect are for disabled children. These can of course be the same as for non-disabled children but there is much anecdotal evidence of indicators of abuse or neglect being misinterpreted as being related to impairment – the most common example being where a child's behaviour is put down to her impairment rather than as a possible indicator that she has been abused or neglected;
- A lack of familiarity with a child's impairment can get in the way of social worker using their safeguarding expertise – statements such as "He has a mental age of 5" can inhibit social workers and undermine their confidence in their own judgement concerning safeguarding and child development;
- Disabled children are commonly held to be not 'credible witnesses' and therefore concerns about possible abuse may not result in a referral to

children's social care, or further enquiry. A belief that the police are unlikely to investigate abuse of a disabled child can act as a halt on social workers proceeding further with a complaint;
- There is often a reluctance to challenge carers, particularly when the social worker knows that removing a child from home or a current placement would be difficult because it would be hard to find an alternative placement for the child.

2. Significant harm

2.1 It is important to be aware of the factors which should be considered to be indicators of abuse or neglect experienced by disabled children. There are particular indicators that need to be considered for disabled children. For example:

- a carer describes a disabled child as not able to communicate any preferences at all, or does not use/learn the child's preferred method of communication;
- equipment is issued to a child but seems to be unavailable for the child's use (for example, communication board or electric wheelchair); and
- a parent consistently refuses to take up services, or treatment which a group of professionals would consider are in the child's best interests, support school attendance, and or vexatious with professionals resulting a failure to access services.

2.2 These types of experiences should be taken as potential indicators of abuse or neglect and should be considered in any assessment or criminal investigation (see also the list below concerning 'significant harm'). Be aware of the particular forms that 'significant harm' may take for disabled children.

2.3 Disabled children may experience the same types of physical, emotional and sexual abuse and neglect suffered by non-disabled children. However, there are also certain types of harm experienced by disabled children that are not always recognised. It will be important to be aware of these issues when children's social care or the police are receiving a referral concerning a disabled child.

Examples:

- Failure to meet the communication needs of a hearing impaired child to the point where his or her development is impaired
- Physical interventions (including restraint) are not carried out in
- accordance with good practice guidelines and the protocols agreed by the Multi disciplinary team
- Inappropriate behaviour modification through, for example, the
- deprivation of medication or food, limiting movement, removing essential equipment
- a parent seeking residential schooling to the exclusion of access to ordinary family life and social and emotional development
- Misuse of medication;
- Invasive procedures which are unnecessary or carried out against the child's will, or by people without the right skills or support
- Being denied access to medical treatment;

- Ill fitting or inappropriate equipment which may cause pain or injury;
- Being denied mobility, communication or other equipment;
- Being denied access to education, play and leisure opportunities.

2.4 Remember that evidence of good quality care does not always mean there are no safeguarding issues.

2.5 Those who perpetrate abuse (both within and outside the child's home) may also be perceived as quality caregivers with good relationships with children, families and professionals. Their ability to engage successfully with children may be a necessity in securing the trust, privacy and opportunity which enables abuse to take place. This applies as much to the disabled children as to the non-disabled children.

2.6 The dependence on a carer by a disabled child may be such that opportunities for abuse to take place are increased because of the child's needs.

3. Enquiries and Investigations

3.1 When an initial contact is passed on or a referral is made to children's social care it will be important that those receiving it have clear information in order to understand the context of any concern. In addition to establishing all the usual information, the following questions should be asked when the contact or referral concerns a disabled child:

- What is the disability, special need or impairment that affects this child? Ask for a description of the disability or impairment: for example, 'learning disability' could mean many things and does not tell you much about the child or their needs;
- If you do not know how to spell a word that describes an impairment or condition ask how it is spelt. This will be important if further enquiries are required about how the condition might be expected to affect the child;
- How does the disability or impairment affect the child on a day-to-day basis?
- How does the child communicate? If someone says the child can't communicate, try asking "How does the child indicate s/he wants something?"
- How does s/he show s/he is happy or unhappy?
- Has the disability or condition been medically assessed/diagnosed?
- What access/communication needs does the child have e.g. BSL interpreter, communication aid. Consultation with Speech and Language Therapy may provide further information about the child's ability to understand language and his/her preferred communication mode.

4. Recognition of communication difficulties

4.1 The use of accredited interpreters, signers or others with special communication skills must be considered whenever undertaking enquiries involving children and families:

- for whom English is not the first language (even if reasonably fluent in English, the option of an interpreter must be available when dealing with sensitive issues);
- with a hearing or visual impairment;
- whose disability impairs speech;
- with learning difficulties;
- with a specific language or communication disorder;
- with severe emotional and behavioural difficulties;
- whose primary form of communication is not speech.

4.2 When taking a referral, Children's Social Care should establish the communication needs of the child, parents and other significant family members.

4.3 Family members and children themselves must not act as interpreters within the interviews.

5. Interpreters, Signers and Others with Communication Skills

5.1 Interpreters used for Child Protection work should be subject to references, Criminal Records Bureau (CRB) checks and a written agreement regarding confidentiality.

5.2 Interpreters for this work must be specifically trained so as to ensure that they are able to work effectively alongside professionals in the role of interpreter in discussing highly sensitive matters.

5.3 If the family's first language is not English, the offer of an interpreter should be made even if they appear reasonably fluent, to ensure that all issues are understood and fully explained. In these circumstances, wherever possible, interpreters should be used who can interpret in their own first language.

6. Strategy Discussion/Meeting

6.1 Because of the additional issues involved in such cases, the strategy discussion may need to take the form of a meeting. As well as those who will be involved in carrying out further enquiries, it is helpful to involve in the meeting, professionals who have a detailed knowledge of the child and/or expertise in the disability concerned and forms of communication, such as specialist nurses, teachers, care staff, speech and language therapists and occupational therapists.

6.2 It is essential that other professionals who know the child are consulted to ensure the child's perception of events, and their wishes and feelings can be accurately ascertained and understood;

- Staff involved in transport
- Pre-school organisations
- Paediatricians
- General Practitioners
- Health Visitors

- Physiotherapists
- Personal Advisors
- CAMHs
- Key worker
- Any other relevant persons/agency the child may have regular contact with.

6.3 It is possible that independent experts may need to be consulted. The child may require a chosen advocate to support them through the investigation.

6.4 When planning the strategy discussion/meeting particular attention needs to be given to ascertaining the child's communication needs. Children Social Care and the Police need to assess what communication system the child may use if they do not have verbal skills. Consideration may need to be given to involving skilled interpreters. The child's ability to communicate **MUST NOT** be underestimated.

6.5 With a disabled child, more than one strategy discussion may be needed, as the planning of the investigation will be complex and take time. However, this must not prevent any concern of significant harm being properly investigated. Issues for additional consideration at a strategy discussion concerning a disabled child are:

- Does the child need a supporter or advocate?
- What are the child's communication needs and who is to ensure they are met?
- Arranging for interpreters and signers to facilitate communication;
- When is the best time, venue, location to interview the child – how should it be structured (a child may be more alert in the morning, need disabled access, be able to access IT, need significant preparation before an interview). Consideration must be given to a Best Evidence Interview and reason why not pursued recorded; however, if an interview is not able to comply with the evidential requirements, a child should still be interviewed;
- Has the child personal care needs that need support during any interview;
- Will the child need medication or health support (eg if diabetic or has epilepsy;
- How is the child getting to the venue and who is transporting;
- If a parent or carer is suspected of abuse and needs to leave the family home, what support services will be needed for the child to remain at home – it must be a last resort to accommodate a child;
- What other sources of evidence are available to be considered if there is a possible criminal charge – is it appropriate for the child to have a medical, is there forensic evidence that can be gathered, has someone else observed an abusive situation, what is recorded in records.

Other matters for discussion and clarification at this meeting would be:-

- What is the child's language?
- What are the seating arrangements in the interview or Child Protection Conference?
- Camera angles if it is an ABE Interview (both the interpreter and the child must be seen on video)
- What are the child's names for body parts and Sexual Abuse, if relevant?

- Who will support the interpreter?
- Interpreters often sign and touch parts of the body. This could be construed as 'leading' so this must be planned and recorded prior to interview.

6.6 It may be that more than one strategy meeting may be required. . Throughout the planning process reference should be made to Appendix 1 – "Investigative interviewing with disabled children" and the Practice guidance on investigative interviewing of children and young people – www.bedfordshirelscb.org.uk

6.7 Appropriate sources of help will include Speech and Language Therapy, Social Services team for Disabled Children, staff in special schools and residential staff.

6.8 In addition agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interest and in the interest of justice.

6.9 These are issues which are complex – however, they must not prevent any concern being investigated in line with BBSCB & CBSCB Interagency Safeguarding procedures, nor can any investigation not proceed on the basis that the child cannot communicate, isn't a credible witness because of his/her disability, or time and resource problems.

6.10 If the conclusion of the investigative process is that concerns are substantiated and the child is at continuing risk of significant harm, than a child protection conference must be considered. If the process has not evidenced significant harm, it must be clear what ongoing needs the child and family have, and how these should be met.

7. Specific circumstances

7.1 Children in Residential Care and Residential Schools

7.1.1 Children living away from home are particularly vulnerable, as family contact may be reduced because of distance, or family support is weak because of a breakdown in the family circumstances. Children are also exposed to a high number of carers in these settings, which again increase the risk of abuse.

7.1.2 For residential care and schools in Bedford Borough and Central Bedfordshire area, all establishments must have the following in place:

- A clear safeguarding and child protection policy which highlights the vulnerability of disabled children
- Clear guidance on the use of medication, eating and drinking, intimate care
- Clear guidance on restrictive physical intervention (restraint), which defines what is and is not acceptable;
- Risk assessments which clearly outline how the child's needs for care, supervision and safety are to be met, and what are permissible forms of restraint and control;
- All staff have attended the LSCBs or Internal training on Safeguarding Children;

- A clear procedure regarding allegations against staff is in place.

7.1.3 Where a child is placed outside of Bedford Borough and Central Bedfordshire, the placing social worker must confirm together with the Contracts Section that the above is in place as part of the contract agreement.

7.1.4 It is essential that children are regularly visited and where necessary, an advocate or independent visitor is appointed to ensure that contact is made with the child, and their views sought about their care.

7.1.5 If a child is not looked after but is placed for educational reasons in a residential school the social care team must then consider what steps are "reasonable and practical" to safeguard and promote the child's welfare. BBSCB & CBSCB recommend that an assessment is undertaken in these circumstances, and clarification sought as to who is going to visit the child when in placement, and how the child can have access to an advocate or visitor to ascertain their welfare.

7.2 Children in health care settings

7.2.1 All health care settings (hospital adult and children's wards, hospices, nursing homes) must have appropriate safeguarding and care policies in place for disabled children as outlined in the previous section. Again, if a child has been in hospital for 3 months or the intention on admission is that he/she will be there for 3 months or longer, social care must be notified by the Hospital Trust under s 85 of the Children Act 1989 and an assessment undertaken to ascertain how their needs are being met and how their welfare is being safeguarded.

7.3 Disabled young people who are accused of abuse

7.3.1 Studies of adolescent sexual offenders have found that between a third and a half are children and young people with learning disabilities. This group are also overrepresented amongst those being treated for harmful sexual behaviour. It is not clear why this is but one relevant factor is that many of the young perpetrators have also been abused themselves – and children and young people with learning disabilities are particularly vulnerable to abuse. Successful interventions with young abusers require specialist treatment and it is important that disabled young people are not denied access to such treatment. Multi-agency assessment and joint-working will be particularly important for this group of young people. Specialist input from learning disability services is available, even if the young person's level of impairment would not normally meet the service's eligibility criteria.

8. Preparing the Interpreter, Signer or Person with Communication Skills

8.1 Social workers need to first meet with the interpreter to explain the nature of the investigation and clarify:

- the interpreter's role in translating direct communications between professionals and family members;
- the need to avoid acting as a representative of the family;
- when the interpreter is required to translate everything that is said and when to summarise;
- that the interpreter is prepared to translate the exact words that are used - this is especially critical for child abuse;

- when the interpreter will explain any cultural or other issues that might be overlooked (usually at the end of the interview, unless any issue is impeding the interview);
- the interpreter's availability to interpret at other interviews and meetings and provide written translations of reports (or taped versions if literacy is an issue).

9. The Interview Process

9.1 See Appendix 1 - "Investigative interviewing with disabled children" for information on how to proceed with the interview process.

9.2 It may be in the best interest of the child to be interviewed by an adult in whom he or she has already put confidence but who is not a member of the investigating team. Provided that such a person is not a party to the proceedings, is prepared to co-operate with appropriately trained interviewers and can accept adequate briefing, this possibility should be considered. If this decision is made, it should be recorded in the Strategy Meeting Minutes.

9.3 In interviewing children, every effort should be made to ascertain the child's perception of events and his or her wishes and feelings. Staff should be prepared to give more time than usual for the interview and where it is in the child's best interest to carry this over more than one meeting.

9.4 If a formal investigative interview is required consideration needs to be given to the most appropriate place for an interview to take place. If one of the video interview suites is to be used consideration needs to be given to access if the child has mobility problems. If the use of an interpreter or facilitator is being considered, this will need to be carefully planned and roles clarified. It may be appropriate to seek the advice of the Crime Prosecution Service (CPS) in these circumstances.

10. Following the Section 47 Enquiries

10.1 The disabled child, as with any other child, should have access to therapeutic services if these are assessed as being needed. This needs to be discussed at the Child Protection Conference or Core Group Meeting.

11. Support for the child through the court process

11.1 The Witness Service provides support to a child throughout the court process. The support can only be offered if the Witness Service has been fully informed of the child and their needs.

11.2 Once a police officer/other professional are aware a case is going to court they should contact the Witness Service. This is vital so children can have the opportunity to have a court familiarisation visit through the Witness Service.

11.3 All children attending court for a Pre-Court Familiarisation will receive a copy of the 'Tell Me More about Court' booklet, or 'Let's Get Ready for Court' booklet depending upon the age of the child. There is also a booklet (produced by the

NSPCC) available from the Witness Service for carers or parents of children attending court.

11.4 Police officers/other professionals can find out the current status of a case by contacting the Witness Service, who will endeavour to locate up to date information.

11.5 Generally only after the investigation is completed and social work involvement has ended can support be offered. However the welfare of the child is paramount and early therapeutic work can be commenced at any time if it is deemed in the best interests of the child.

References:

• *Working together to Safeguard Children, 2010*

• *National Service Framework for Children, Young People and Maternity Services: Disabled children and young people and those with complex health needs* (Department of Health 2004)

• *It Doesn't Happen to a Disabled Child,* NSPCC

This document should be read in conjunction with Safeguarding Disabled Children: A Resource for Local Safeguarding Children Boards
https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00374-2009

The full Achieving Best Evidence document can be accessed at
http://www.cps.gov.uk/legal/assets/uploads/files/Achieving%20Best%20Evidence%20in%20Criminal%20Proceedings.pdf

Appendix 1

GUIDANCE ON INVESTIGATIVE INTERVIEW WITH DISABLED CHILDREN

This Appendix sets out additional considerations for effective interviewing of disabled children whose impairments affect their communication with others. References are provided for further reading and resources. Disability can take many forms and specialist advice should routinely be sought in cases where communication impairments are likely to be an issue in the interview. It is important to acknowledge that knowledge is still growing in this area and for some children it is not yet possible to proscribe techniques for communicating about possible abusive experiences in ways which are reliable and evidentially safe.

THE INTERVIEW

1. Phase one – rapport

1.1 It is important that adequate time is allowed for this phase. Establishing rapport between the interviewer and the child will in itself require more time and attention, especially if a third person is needed to assist communication. There are also additional functions of the rapport phase for disabled children:

- relax and inform the interviewer;
- educate the viewer about the child and their impairments;
- establish additional ground rules, for example clear expectations of any additional adult taking part in the interview.
- dispel common myths and prejudices (e.g. physical impairments inevitably affect a child's intelligence and;
- allow the child to demonstrate communication and understanding.

1.2 It is important for the child to sense the importance of communicating clearly, and for the interviewer to develop as much skill as possible in talking with and understanding the child. Any difficulty that the interview or observer has in understanding the child's account at the time is likely to be magnified for any person subsequently viewing the video recording. The interview needs to be comfortable about referring to this and asking the child to repeat or rephrase or clarify as needed, and the supervisor needs to ensure that the recording can demonstrate the child's communication method.

1.3 The child will need to be given an opportunity to explain their world, especially where this might be unusual and relevant for the interview (e.g. if the child stays away from their family, if there are different adults involved with their care at home or elsewhere, if the child needs intimate care or other 'usual' help in day to day life etc). It is important to establish the context at this stage to give meaning to what may follow as it is often harder to go back afterwards. If, for example, a disabled child has a number of adults involved in their care, it will be important to demonstrate their ability to distinguish reliably between these different people. Alternatively, if a child needs very invasive care procedures (for example intermittent catheterisation) it will be helpful to establish the child's comprehension of this as a process before any discussion of possible sexual abuse ensues.

1.4 The experiences of disabled children may make them more compliant and eager to please or to see themselves as devalued. Some children with learning difficulties may have problems understanding the concept of truth, and interpreted

communication may lead to additional confusions. Some children may need explicit permission to refute adult suggestions. Even with this permission, some children may find this impossible to do. It can help if everyone in the room makes a commitment to tell the truth (including the interviewer and any additional adults). It is important to convey that the interpreter as well as the child and the interviewer should say 'I don't know how to say that' or 'I don't' understand' and not to guess if they are unsure.

1.5 Disabled children may need very explicit permission to request breaks, and a clear, simple sign, gesture or work with which to do so. Given the concentration required by all parties, it is important to establish that the adults can request breaks as well as the child.

2. Phase two – free narrative account

2.1 Communication impairments do not necessarily prevent a child from giving a spontaneous account. Exceptions to this include when a child is:

- relying heavily on yes/no signalling;
- using a communication board with a vocabulary that makes it difficult to discuss certain topics or;
- where a child has not reached the developmental stage of being able to tell a story.

Care should be taken to ensure that all responses are made by the child alone, without the intervention of a third party. Assisted communication is unlikely to be acceptable to the courts.

2.2 A child with learning difficulties may often require a greater degree of facilitation before it is clear whether an offence has occurred and if so, what form it took. Open-ended prompts should be used as far as possible. Reflecting back to the child in an open, non-directive manner what she or he has told the interviewer helps to ensure accuracy as well as facilitating the production of further details.

3. Phase three – questioning

3.1 A clear and informed plan for questioning is essential to ensure that a disabled child is not expected to respond to questions they cannot answer, or questions that are inherently confusing. This is important not just in terms of the child's emotional welfare, but also in order to avoid undermining the child's credibility. For example:

- Disabled children may be dependent on others for intimate care; interviewers will need to be able to distinguish between necessary caring or medical procedures and abusive or criminal actions.
- Children may be receiving orthopaedic treatment of using postural management equipment that might cause pain or discomfort but should never cause injury.
- A child's condition may restrict the positions he or she can get into or be placed into and some positions may in themselves be dangerous.
- Certain physical or neurological conditions are likely to affect the sensations a child can feel.

- A child with a sensory impairment may be restricted in some of the information they can provide about the identity of the alleged suspect or details of the alleged offences.

3.2 With some methods of communication, such as communication boards, questions can only be asked in a closed from which demands a yes or no response. Techniques which can increase the evidential validity of closed questions include:

- Avoiding a series of 'yes' responses by suggesting less likely alternatives first.
- Completing any series of linked questions, rather than halting at the first 'yes' and;
- Reverting to open question wherever possible.

When offering the child a range of alternatives, consistent working is needed for each, particularly if the child has a learning disability or poor short-term memory.

4. Phase four – closing the interview

4.1 Given the relative lack of knowledge of investigative interviewing of disabled children, it would be helpful for developing practice to obtain feedback from the child on their experience of the interview and perhaps also to acknowledge again the additional barriers to communication that discussion of sensitive issues such as abuse can provide. As long as there is no discussion of the evidence itself, such debriefing need not take place on camera, though a note should be kept of the points raised.

Appendix 2

Useful tools and contacts:

All Join In

This is a video/DVD about communication, inclusion and emotional literacy. It was made with a diverse group of 3-7 year olds. Produced by Triangle and the NSPCC 2004. It is available from www.triangle-services.co.uk ; Triangle, Unit E1, The Knoll Business Centre Hove BN3 7GS. Tel 01273 413141; Fax 01273 418843.

Communicating with Vulnerable Children: a guide for practitioners

This book by Dr David Jones was commissioned by the Department of Health and published by Gaskell in 2003. It includes some information about communicating with disabled children. Email: custserv@turpin-distributions.com

How it is

This is an image vocabulary for children about feelings, rights and safety, personal care and sexuality. It was developed - with the involvement of over 100 children - to support children to communicate about a range of important issues and was designed to fill the gaps in existing symbol vocabularies. There are 380 images available for free download www.howitis.org.uk or as a booklet with CD Rom from Triangle (see above for contact details).

I'll Go First: The planning and review toolkit for use with children with disabilities

By Lucy Kirkbride, this Pack was designed for use with children in short term foster care, family-based short term care, in a residential children's centre or with a statement of special educational needs. Published by The Children's Society. http://www.childrenssociety.org.uk/ The Children's Society, Edward Rudolf House, Margery Street, London, WC1X 0JL. Tel. 0845 300 1128.

Talking Mats

Talking Mats™ is an interactive resource that uses 3 sets of picture symbols: topics; options relating specifically to each topic; and a visual scale in order to allow participants to indicate their general feelings about each topic and option. For example, whether they are happy, unsure and unhappy. The AAC Research Unit has produced packages relating to Talking Mats™ and training is available. Further information from: AAC Research Unit, University of Stirling, Stirling FK9 4LA. Tel: 01786 467645 Email: aacscotland@stir.ac.uk www.aacscotland.com .

Talking Point

www.talkingpoint.org.uk - I CAN run a website called Talking Point. This provides information about speech, language and communication difficulties in children. The site is for parents and professionals who help children with speech, language and communication difficulties and includes speech and language information, a glossary, a directory of resources, news, case studies, discussion groups, ask-the-panels write ups and frequently asked questions.

Two Way Street: Communicating with Disabled Children and Young People

A training video and handbook about communicating with disabled children and young people. The video is aimed at all professionals whose role includes communicating with children and was developed in consultation with disabled children and young people. The handbook (also available separately) gives further information and guidance plus details of the main communication systems in current

use in the UK and annotated references to good practice publications. See above for Triangle's contact details.

In My Shoes
In My Shoes is a computer package that helps children and learning disabled adults communicate about potentially distressing experiences. Extensive testing shows it can be used in a wide range of circumstances, including with children who may have been abused. It has been used successfully in interviewing vulnerable adults. For further information contact: Liza Bingley, Email: liza.miller@ntlworld.com or write to Child and Family Training Services, P O Box 4205, London W1A 6YD or Tel. 01904 634417.

The ABCD Pack – a Training and Resource Pack for Trainers in Child Protection and Disability
The ABCD Pack is a training and resource pack to assist trainers to design courses that help to:
• Raise awareness of child abuse and disability
• Prevent the abuse of disabled children
• Investigate and assess possible abuse
• Empower and support abused and disabled children
• Identify the implications of this work for managers.
The pack has 5 modules:
• Foundation and Awareness
• Prevention
• Investigation and Assessment
• Survival
• Management and Policy.

The material was developed with two target groups in mind:
• Everyone who works directly with, or whose agency provides a service for, disabled children
• Everyone involved in safeguarding work.

It is available from: NSPCC Training and Consultancy, 3 Gilmour Close, Leicester LE4 1EZ. Tel 0116 2347223

Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including children

This is guidance on the implementation of the special measures in relation to vulnerable witnesses in the Youth Justice and Criminal Evidence Act 1999. It addresses the needs of disabled children and young people (and other vulnerable groups) as witnesses within the criminal justice system. Special measures within the Act include:

Section 29: Use of an intermediary. A person may be appointed by the court to act as an intermediary between the witness and the court to make clear to the witness questions put to them and enable the court to understand their responses.

Section 30: Aids to communication. These may be used to enable the witness to give best evidence, for example by signs and symbols, communication boards or electronic equipment.

Achieving Best Evidence includes extensive guidance on providing the necessary adaptations to investigation and prosecution when disabled children or adults are

involved as witnesses, including Appendix G Guidance on Investigative Interviews with Disabled Children.

Home Office, Lord Chancellor's Department, Crown Prosecution Service, Department of Health, National Assembly for Wales (2002) Achieving Best Evidence in criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including children. Home Office. http://www.cps.gov.uk/publications/prosecution/