



**Hillingdon Safeguarding
Partnership**



Safeguarding Children and Young People with Complex Needs and Disabilities Practice Guidance

April 2024

The vision of the Safeguarding Children Partnership is for every child and young person to be and feel safe, enjoy good physical, emotional and mental health, have pride in their unique identities, feel that they belong and have opportunities to thrive.

Contents

1. Introduction	3
2. A Child First	4
3. Safeguarding Children with Disabilities	4
4. Signs and Indicators of Abuse and Neglect.....	7
5. Overcoming Barriers to Good Practice	8
6. Universal Services	10
7. Early Help: Stronger Families	12
8. Children and Young People’s Services	12
9. Allegations of abuse by people in positions of trust.....	13
10. Transitioning to adulthood	15
11. Key Messages for Practice:	16
12. References	19

1. Introduction

This guidance is for all professionals engaged in the care and support of children and young people with complex needs and disabilities. It was formulated by the Complex Needs and Disability Subgroup of the Hillingdon Safeguarding Partnership and is designed to be universally applicable across all partner agencies. The guidance has been updated to reflect changes in statutory guidance and incorporates insights from both national and local reviews. It is relevant for those working in a wide range of sectors including children's social care, health, education, schools, early years, youth services, the youth justice system, the police, as well as the independent and voluntary sectors.

It aims to raise awareness of best practice principles and of the additional safeguarding risks that affect children with complex needs and disabilities. This document does not replace existing statutory guidance, including chapter 1 of *Working Together to Safeguard Children (2023)*¹.

A child is defined as a child and young person aged up until 18 years and the definition for Complex Need and Disability as adopted by Hillingdon Safeguarding Partnership is as follows: *'A child/young person with two or more needs affecting their physical, mental, social, or financial wellbeing. Such needs typically interact with and exacerbate one another, resulting in a significant and enduring impact on their life, often leading to the need for specialist support from education, health and/or social care'*.

The definition for disability is: *'a physical or mental impairment resulting in a substantial and long-term negative effect on ability to carry out normal daily activities.'*

The definition of substantial is: *'more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task such as getting dressed. Long term means 12 months or more,'* (Equality Act, 2010)

¹ [Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101333/Working_together_to_safeguard_children_-_2018.pdf)

2. A Child First



Children with complex needs and disabilities are children first and foremost. This means that they should be afforded the same opportunities, rights and protections as all other children and young people. Children with disabilities are too often seen in the context of the things that they ‘can’t’ do. Practitioners across all agencies should ensure that their intervention with children with disabilities is child focussed, that it highlights the child’s strengths and that support plans, irrespective of context, promote the child’s right to achieve their full potential.

Article 12 (United Nation Convention of the Rights of the Child)² states that children have the right to express their views, feelings and wishes in all matters affecting them and to have their views considered and taken seriously.

The voice of children with complex needs and disability is at the core of all safeguarding actions, interventions and the welfare of the child is paramount. In all instances, children and young people should be given the opportunity to communicate their opinions and to be involved in decision making regarding their care. Professionals should assume children have capacity and involve them in all aspects of their lives, unless assessments indicate otherwise. For young people aged 16 to 17, seeking their consent for care and interventions is essential unless they are deemed to not have mental capacity or be Gillick competent.

3. Safeguarding Children with Disabilities



Hillingdon Safeguarding Partnership recognises that the presence of a disability increases the vulnerability of children to abuse and neglect. This is a position that is well evidenced in research and reflected across the breadth of legislation, statutory guidance, and agency policies and procedures. Children with

² https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf

disabilities are also less likely to receive the protection and support they need when they have been abused (Brandon et al 2012; Taylor et al, 2014)³ Children with complex needs and disability also have an increased risk of suffering harm through abuse linked to contextual safeguarding, and in the online space. A disability can reduce the capacity of children to recognise that abuse is taking place and to seek help and support.

When undertaking an assessment of a disabled child, practitioners should recognise the additional pressures on the family, and the distinct challenges they may have had to negotiate because of their child's disability. A good quality assessment considers issues of equality and diversity, and how these impact on the child concerned. Disability is itself a protected characteristic under the Equality Act 2010; however, it is important that children are understood in the context of their whole lives, not through the lens of disability in isolation. For example, a child with a disability has a higher risk of abuse linked to harmful practices than a child without a disability. Practitioners should take additional care to ensure that full consideration is given to other factors that may increase the risk of safeguarding concerns and social exclusion including, but not limited to, age, gender, culture, ethnicity, and religion.

There are several factors that increase the vulnerability of children with disabilities to abuse and neglect. These include the following:

- They may have speech, language and communication needs that make it difficult to describe and tell others what is happening to them.
- They may have an impaired capacity to resist or avoid abuse, or to understand that it is happening.
- Lack of programmes regarding staying safe, relationships and sex education and where these are provided, they are not delivered in a way that makes sense to children with complex needs and

³ [New learning from serious case reviews - Gov.uk ; Scholarly articles for taylor et al 2014 - an investigation into the relationship between professional practice child protection and disability](#)

disability, hence they are less aware of what constitutes abusive behaviours, on and offline. (Garbutt et al 2010)⁴

- They may have contact with a wide network of carers and other adults for assistance in daily living and this can increase the opportunity for an abusive adult to be alone with a child.
- Behaviours indicative of abuse may be interpreted by professionals as a part of a child's impairment or health condition.
- Lack of participation and choice in decision making can disempower children with complex needs and disability and render them more compliant and not to complain. Issues around capacity to be consulted and to consent are not always considered by professionals.
- They are at an increased likelihood of being socially isolated with fewer outside contacts than children without complex needs and disability, (Franklin 2016)⁵.
- They are especially vulnerable to bullying and intimidation which impacts adversely on self-esteem and mental health.
- Their dependency on parents and carers for meeting their practical and medical needs and for assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour.
- The presence of chronic stress increases the risk of abusive or neglectful parenting. Parents can experience exhaustion due to the pressures associated with caring.
- Some disabilities have a genetic element; parents themselves may have additional needs that should be considered.
- Communication solely with parents/carers may pose a risk if the child is being abused by a parent or carer.
- Children with disabilities are more likely to be missing from education and face the increased risk of exploitation in consequence.
- Children who are looked after away from their families, in specialist residential, health or education provision, face increased risk of abuse due to their reliance on others to meet day to day care needs.
- They often do not have access to someone they can trust to disclose that they have been abused.

⁴[Garbutt R 2010 -final report talking about sex and relationships: the views of young people with learning disabilities - Google Search](#)

⁵[Franklin 2016 -friendship opportunities for disable... - Google Scholar](#)

- Issues regarding capacity and consent are not always considered by professionals.

4. Signs and Indicators of Abuse and Neglect

It is crucial when considering whether a child with complex needs and disability is at risk of harm that the complex needs and disability do not mask or deter an investigation of the child protection concerns. The examples below outline some of the signs and indicators of abuse and neglect for children with disabilities. This is not intended to be an exhaustive list, and full assessment should always be undertaken to explore the significance of any sign or indicator.

Physical Abuse

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child.
- Unjustified or excessive use of restraint. Rough handling (Reducing the Need for Restraint and Restrictive Intervention HM Gov 2019)⁶
- Misuse of prescribed and over the counter medication.
- Invasive medical procedures which are unnecessary or are carried out against the child's best interests.
- Misuse of medical equipment, ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting.
- Fabricated or Induced Illness and Perplexing Presentation.
(Perplexing Presentations (PP)/Fabricated and Induced Illness (FII) in Children (Royal College of Paediatricians and Child Health Guidance 2021)⁷

Emotional Abuse

- A child being excluded from their family.
- Unwillingness to try to understand a child's means of communication.
- Utilising punitive sanctions to apply boundaries.

⁶ [Reducing the need for restraint and restrictive intervention - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414217/Reducing_the_need_for_restraint_and_restrictive_intervention_-_GOV.UK_(www.gov.uk).pdf)

⁷ [New guidance on perplexing presentations and fabricated or induced illness in children | RCPCH](https://www.rcpch.ac.uk/resources/guidance/new-guidance-on-perplexing-presentations-and-fabricated-or-induced-illness-in-children)

Sexual Abuse

- A child who is fearful of personal care.
- A child demonstrating sexualised behaviours, albeit this can also be indicative of a child meeting a sensory need.

Neglect

- Not getting enough help with feeding leading to dehydration or malnourishment.
- Poor toileting arrangements.
- Lack of stimulation or supervision.
- Food denial, overfeeding or unexplained change in weight.
- Misappropriation of a child/young person's finances.
- Failure to follow medical advice, without good cause to do so.
- Sub-optimal physical care can lead to loss of skin integrity resulting in pressure ulcers and infections.

Some of the above examples can constitute criminal offences, for example, misuse of medication to manage behaviour, depending on the circumstances, might be classed as assault and breach of the Human Medicines Regulations 2012 or breach of the Care Standards Act 2000. Similarly, inappropriate restraint, sanctions, humiliation, intimidation, verbal abuse, and having needs ignored may all, depending on the circumstances, be criminal offences.

5. Overcoming Barriers to Good Practice

Professionals may find it more difficult to identify indicators of abuse or neglect or be reluctant to act on concerns in relation to children with complex needs and disability because of several factors, which they may not be consciously aware of. These include:

- Over identification with parents/carers. This may result in professional reluctance to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a child with complex needs and disability.

Disguised compliance Families can appear to be engaging with professionals, yet this does not result in tangible change for the child.

Families may feel unable to be open and honest about the family dynamics. It is with these families that professionals need to exercise most curiosity.

- Ambiguity and/or lack of understanding about the impact of the complex needs and disability on the child.
- A lack of confidence or knowledge about the child and their diagnosis, e.g. not knowing the child's usual behaviour as distinct from behaviour resulting from abuse or neglect.
- Professionals being aware of and accepting that certain health and medical complications may influence the way symptoms and behaviours manifest, or are interpreted, without being alert to the potential for safeguarding concerns to exist.
- Not recognising behaviour, including sexually harmful behaviour, self-injury, other repetitive, challenging and changes in behaviour, which may be indicative of abuse. The nationally recognised Brooke Traffic Light Tool could be used to help professionals identify, understand, and respond appropriately to sexual behaviours in young people. (Sexual Behaviours Traffic Light Tool – Brook)⁸

Professional curiosity is the capacity and communication skill to explore, challenge and understand what is happening within a family rather than making assumptions or accepting things at face value.

It involves practising and taking a *respectfully uncertain* approach, considering 'what is the meaning of what I know for this child'.

- Not being able to understand the child's method of communication.

⁸ [Sexual Behaviours Traffic Light Tool – Brook](#)

Seeking Children's Views children can use a variety of methods to communicate, these can include British Sign Language, Makaton, PECS, verbal and non-verbal communication and behaviour. Where children communicate non-verbally careful observation will usually assist in understanding their wishes and feelings.

6. Universal Services

Hillingdon Safeguarding Partnership utilises a Think Family approach across all agencies. This ensures that we consider the child, parent, and family as a whole. All practitioners should be alert to any issues that could affect a parent's capacity to meet the needs of their child.

The safeguarding needs of children with complex needs and disability are the same as for any child/young person (Article 19 UNCRC) and where a professional has concerns that a child/young person is at risk of or experiencing harm or neglect, they should follow their organisation's safeguarding procedures and seek advice from their line manager or their nominated safeguarding lead who will advise and ensure all concerns are directed to Children's Social Care. In an emergency the Police should also be contacted.

Practitioners must always share safeguarding concerns with the relevant agencies even if this goes against a child/young person's or their parents' wishes. Where practicable, concerns should be discussed with parent/s and agreement sought for a referral to Children's Social Care unless doing so is likely to place the child/young person at risk of significant harm through delay or the parents' reactions. Where a professional decides to not seek consent to make a referral the decision should be recorded in the child/young person's file with reasons, date and confirmed in the referral to Children's Social Care.

(London Child Protection Procedures and Practice Guidance March 2021) ^[OBJ]

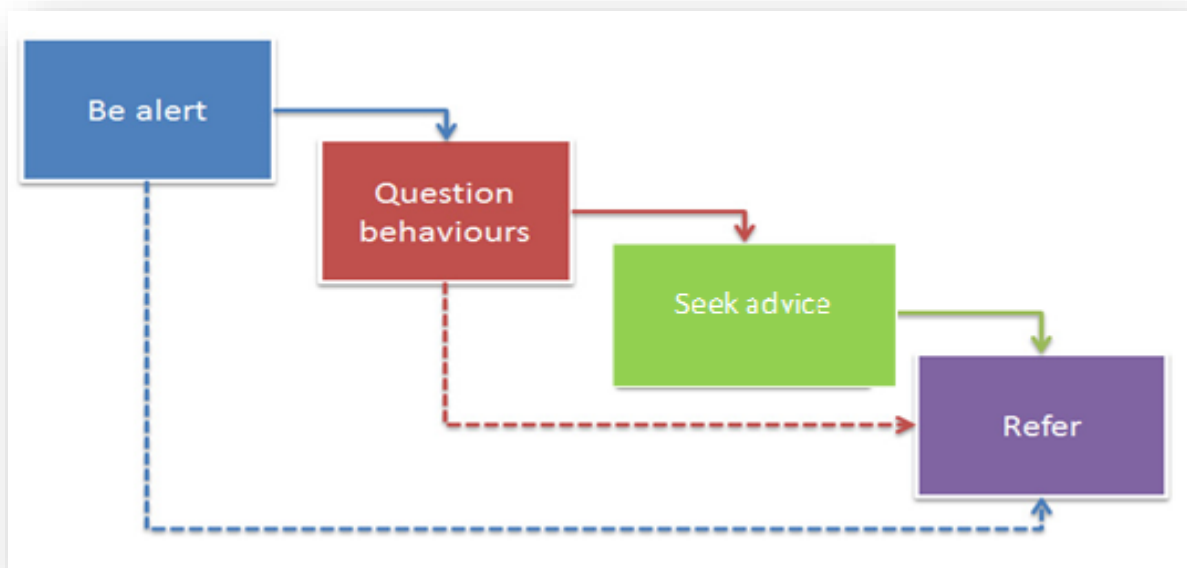
For the purposes of this guidance safeguarding and promoting the welfare of children/young people is defined as:

- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment.
- Preventing impairment of children/young people's health or development.

- Ensuring that children/young people grow up in circumstances consistent with the provision of safe and effective care.
- Promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and is in the best interests of the children.
- Taking action to enable all children/young people to have the best outcomes. (Working Together to Safeguard Children, 2023 p161)

In Hillingdon, a safeguarding referral or a request for support referral will be made by completing an Early Help Assessment which will be considered by social workers in the Stronger Families Hub. As a professional with direct knowledge of the child and family it is important to include as much detail as possible about the nature of the child’s disability and how this affects them, the support they need and any other relevant information. If a professional is unclear if a child/young person needs a safeguarding referral, or is in need of support, they should discuss and seek advice from the safeguarding lead in their agency, or from The Stronger Families Hub directly.

Referrals for support require the consent of parents/those with parental responsibility and the outcome of the referral will be fed back to the referring professional within three working days of receipt.



It may not always be appropriate to go through all four stages sequentially. If a child is in immediate danger or is at risk of serious harm, you should refer to Children and Young People’s Service and/or the Police and before doing so, you should try to establish the basic facts. However, it will be the role

of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

7. Early Help: Stronger Families

fAMILY



Working Together to Safeguard Children (2023) requires local agencies to have in place effective arrangements for the assessment of need for those children who

may benefit from early help services. In Hillingdon, professionals should use the Early Help Assessment (EHA) to assess unmet needs and co-ordinate appropriate support. The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a 'Whole-Family' approach owned by all stakeholders working with children, young people and families.

Families can now access most children's services via the Stronger Families hub, which may include a concern for a child's welfare, access to parenting advice and support, or questions regarding special educational needs or education. The hub will also deal with adult social care concerns reported out of office hours.

All professionals in Hillingdon can also use the hub as a single point of contact for advice and support, this could include reporting concerns for a child's welfare or requesting support for SEND, Early Help or adolescent services.

8. Children and Young People's Services

Children and young people with complex needs and disability who meet the children with disabilities intervention criteria and who need a statutory intervention will be allocated a social worker within the Children with Disabilities Social Work Team. This social worker will undertake a Child and Family Assessment to determine need and service provision.

Working Together to Safeguard Children 2023 mandates that whenever there is a reasonable cause to suspect that a child/young person is suffering or is likely to suffer significant harm there should be a strategy discussion meeting involving local authority children's social care, the police, health,

education, and other bodies including the referring agency who are involved in safeguarding the child. This discussion should be held irrespective of whether a child is already an open case to children's social care. The strategy discussion might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary.

It is particularly important to note that: "Where there is a risk to the life of a child or a likelihood of serious immediate harm, whether from inside or outside the home, the local authority, the police (including British Transport Police) or NSPCC should use their statutory child protection powers to act immediately to secure the safety of the child." (Working Together to Safeguard Children, 2023. P85)

The strategy discussion will:

- consider the needs of all children in the family unit, including siblings,
- share information from health, education, children's social care and police and other involved professionals and plan for any emergency action needed to secure the immediate safety of the child/young person,
- agree the conduct of any criminal investigation and decide whether enquiries under Section 47 Children Act 1989 will be undertaken,
- determine what information from the strategy discussion will be shared with the family, unless such information sharing may place the child/young person at increased risk or jeopardise the police investigation into any alleged offence/s,
- consider the need for communication aids, interpreters/intermediaries, and the support needs of the child/young person during any S47 enquiry process, e.g., a family friend or professional whom the child/young person knows and trusts,
- each agency should make a clear record of the strategy discussion actions.

9. Allegations of abuse by people in positions of trust

The Revised Guidance for safer working practice for those working with children and young people in education settings 2022, developed by the Safer Recruitment Consortium offers best practice guidance, on safeguarding and promoting the welfare of children/young people, to all those working with children. It is recommended that this guidance is reflected by organisations in their employee codes of conduct.

All those who work with children/young people must have an Enhanced DBS check undertaken. The role of the check is to assist employers in making safer recruitment decisions to prevent unsuitable people from working with vulnerable groups including children. However, the DBS should not be relied on solely as evidence someone is suitable to work with children. Organisations need to ensure wider safer recruitment checks such as references are undertaken as part of safer recruitment processes.

If allegations are made against an employee, volunteer, or a person in a position of trust, who works with children or young people with complex needs and disability, the employers safeguarding children's policies and procedures and Hillingdon's Safeguarding Partnership guidance should be followed. All organisations who employ staff or volunteers to work with children should have policies and procedures that align with chapter 4 of Working Together to Safeguard Children (2023) and include a named designated person in the organisation whom concerns and allegations should be reported to and who is responsible for liaising with the Local Authority Designated Officer (LADO).

This includes referring all allegations about someone who works or volunteers with children to the LADO, within one working day, where the below criteria is met:

- behaved in a way that has harmed a child or may have harmed a child.
- possibly committed a criminal offence against or related to a child.
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children. This includes behaviour in somebody's personal life which would raise a concern about them working with children (transferable risk)

Where it is unclear if the above criteria is met, this should be discussed with the LADO and agreed whether a referral is required. If Social Care, the police or any other professional believes the above criteria is met and is unsure if the employer has made a referral, then they should check with the employer. There should not be an assumption that the allegation will have been reported. Where the above threshold is met the LADO will guide, manage, and oversee any subsequent investigation processes.

Following the 2022 National Safeguarding Children with Disabilities and Complex Health Needs review, it is crucial to ensure effective communication between LADOs in host local authorities and those in

placing authorities. This is particularly important when a child or young person is placed outside their local area and there are allegations of harm within the host care. The LADO in the host Local Authority should ensure the social worker of the child is invited to any meeting where an allegation which relates to that child is discussed. As part of this discussion the social worker should consider the risk to the child and input into decision-making around this.

The review also highlighted the importance of organisations having clear whistleblowing and escalation policies in place, which are promoted amongst staff, to support in the raising of concerns that contribute to the safeguarding of vulnerable children. It emphasised the necessity for low level concerns about staff to be reviewed internally and reported to the LADO to assist in patterns of behaviour being spotted across individuals and organisations.

10. Transitioning to adulthood

Children with complex need and disabilities who are eligible for social care support can continue to receive it until adulthood. At this point, they transition to adult-oriented social care services. This time can be particularly challenging for young people with learning disabilities and their families. It involves a change in services and professionals at a time when they are also navigating broader life changes such as educational transitions.

To ensure a smooth transition, it's important to plan in advance. If a child or young person is likely to need support after they turn 18, the local authority must conduct an assessment to determine if there would be a "significant benefit" to the individual. This assessment is required whether the child is currently receiving any services. Parents can request this assessment, and it is a legal requirement that all young people over the age of 14 with a Statement of Special Educational Needs (SEN) have a transition plan.

Children that are currently open to children's services should be presented at the multiagency "Transitional panel" to ensure timely assessments and interventions are in place. Early assessment is particularly important for young people with complex needs who require significant levels of support from adult services. Detailed planning and a gradual transition to new services will be necessary for them.

During the transition period, the local authority must continue to provide any children's services that the individual was receiving until adult care and support is ready to take over, or until it becomes clear after the assessment that adult care and support is not required.

It's crucial to plan early for the transition to adult services to avoid the risk of someone going without the care and support they need after turning 18. (Joseph Rowntree Foundation, 2024)

11. Key Messages for Practice:

Assessment:

- *Think Family* --Where there are abuse/neglect allegations relating to a child with complex needs and disability, the safeguarding needs of any siblings living in the family home also need to be considered.
- Practitioners embed a Think Family approach when looking at the needs of parents with additional vulnerabilities in considering how to identify the threshold for care and support needs and referring into Adult Social Care in a timely manner. This supports in addressing safeguarding needs for both parents and children.
- Where the parents of a child/young person with complex needs and disability have a disability themselves, arrangements also need to be put in place to accommodate their needs throughout the investigation/assessment process.
- Where there are allegations of abuse and a child with complex needs and disability is alleged to have committed these, investigations need to be handled with sensitivity. A duty of care should be shown to both the victim and the child/young person who is alleged to have committed these.
- All assessments, whether single agency, early help or social work led should be undertaken with sensitivity and an informed understanding of the needs of a child with complex needs and disability. This includes taking into consideration matters such as the venue for the interview/s; the care needs of the child/young person; whether additional equipment or facilities are required; who should conduct the interview and whether someone with specialist skills in the child/young person's preferred method of communication needs to be involved.

Partnership working:

- Throughout all discussions, all service providers must ensure that they communicate clearly with the child/young person and family, and with one another, as there is likely to be a greater number of professionals involved with a child with complex needs and disability.

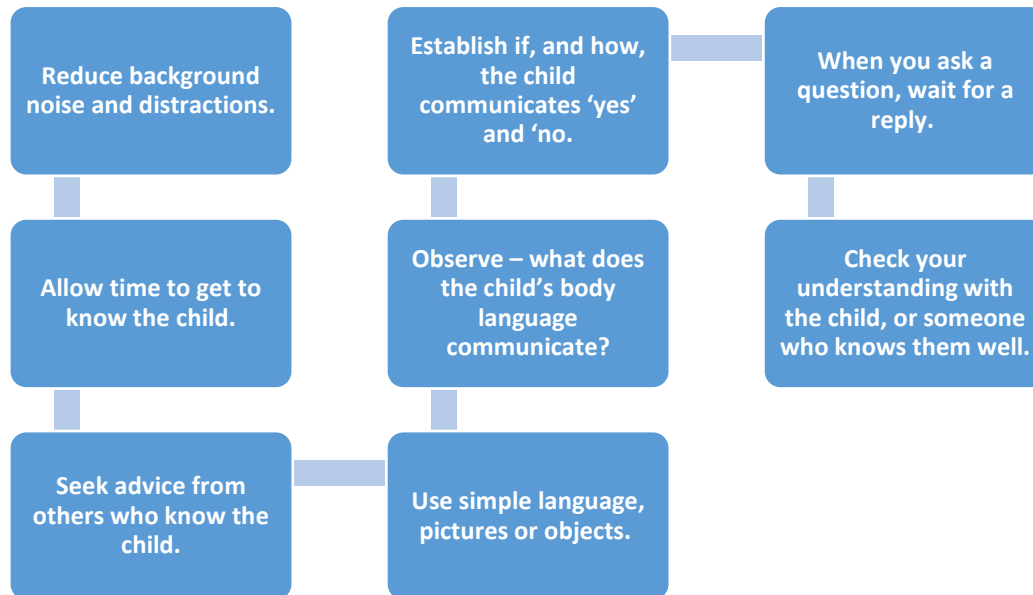


- The number of carers and professionals involved with a child/young person with complex needs and disability should be established as well as where the care is provided and the relevant information they hold. A child/young person's network of carers could include short break foster carers, volunteer befrienders, sitters, personal assistants, community support workers, residential care staff, independent visitors and learning support assistants.
- The collating of medical information concerning the health needs of the child/young person is vital as it may have a bearing on the outcome of any enquiry/investigation.
- Where there is a need for a medical examination, consideration needs to be given to the most appropriate medical professional who should undertake the examination, the venue, timing and the child's ability to understand the purpose of the medical procedure.
- Where there is to be a police investigation into allegations of abuse or neglect of a child with complex needs and disability, those undertaking such investigations should not make presumptions about the ability of a child/young person with complex needs and disability to give credible evidence. All such investigations should be undertaken in accordance with *The Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing Victims and Witnesses and Using Special Measures* (Ministry of Justice, 2011). Measures made available include the use of intermediaries and are specifically designed to address the barriers and enable children with complex needs and disability to give evidence.

Child First:

The child/young person's preferred communication method for understanding and expressing themselves needs to be given the utmost priority, and where a child/young person has speech, language and communication needs, including those with non-verbal means of communication and children who are deaf, arrangements will need to be made to ensure that the child/young person can communicate about any abuse or neglect she/he is experiencing and their views and feelings can be made and obtained.

To ensure that children can have their voices heard, these are some tips to assist in communicating with children who have speech, language, and communication needs:



Following any section 47 enquiries, the need for a child/young person with complex needs and disability and their family to be provided with ongoing support, should be recognised. This is especially important where children have disclosed that they have been abused. The need for therapeutic services for children following such experiences is not always recognised as emotions can show themselves in other ways, for example, self-harm or behaviours that are viewed as challenging.

A very useful question to ask, when assessing a child/young person with complex needs and disability, is:

“Would I consider this option if the child/young person did not have complex needs and disability?”

12. References

- Working Together to Safeguard Children, 2023: [Working together to safeguard children - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Prevalence and Risk of Violence against Children with Disabilities: a systemic review and meta-analysis of observational studies-L Jones et al, 2012: [Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)
- New Learning from Serious Case Reviews: A Two-Year Report for 2009-2011, Brandon et al, 2012-Department for Education: [New learning from serious case reviews - Gov.uk](http://gov.uk)
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- Final report: talking about sex and relationships: the views of young people with learning disabilities, R Garbutt et al, 2010: [Garbutt R 2010 -final report talking about sex and relationships: the views of young people with learning disabilities - Google Search](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214446/garbutt_r_2010_final_report_talking_about_sex_and_relationships_the_views_of_young_people_with_learning_disabilities.pdf)
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- Sexual Behaviours Traffic Light Tool – Brook - brook.org.uk : [Sexual Behaviours Traffic Light Tool – Brook](https://www.brook.org.uk/sexual-behaviours-traffic-light-tool/)
- London Child Protection Procedures and Practice Guidance March 2021 : <https://www.londoncp.co.uk/index.html>
- Communicating with children and young people with speech, language and communication needs and/or developmental delay- P Shaw, 2016-Research in Practice: [Communicating with children and young people with speech, language and communication needs, and/or developmental delay \(researchinpractice.org.uk\)](https://www.researchinpractice.org.uk/communicating-with-children-and-young-people-with-speech-language-and-communication-needs-and-or-developmental-delay/)
- Safeguarding Children with Disabilities and Complex Health Needs in Residential Settings; [Safeguarding children with disabilities in residential settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97212/Safeguarding_children_with_disabilities_in_residential_settings_-_GOV.UK.pdf)
- Guidance for Safer Working Practice for Those Working with Children and Young Peoples in Education Settings, 2022: https://www.saferrecruitmentconsortium.org/files/ugd/f576a8_0d079cbe69ea458e9e99fe462e447084.pdf
- Joseph Rowntree Foundation, 2024: [Moving into adulthood: Young disabled people moving into adulthood | Joseph Rowntree Foundation \(jrf.org.uk\)](https://www.jrf.org.uk/our-work/young-disabled-people/moving-into-adulthood)

Further links and useful resources

- Serious Case Review Child A-City and Hackney Safeguarding Partnership, January 2021: [child A serious case review | Search Results | chscp](https://www.chscp.org.uk/serious-case-review-child-a-city-and-hackney-safeguarding-partnership/)
- The impact of the corona pandemic on child welfare: d/deaf and disabled children-NSPCC Research Briefing, 2021:<https://learning.nspcc.org.uk/research-resources/2021/coronavirus-insight-briefing-deaf-and-disabled-children>

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