



Safeguarding children and young people with complex needs and disabilities

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1. Introduction

This guidance is for all professionals working with children and young people with complex needs and disability. It has been developed by the Complex Needs and Disability Subgroup of Hillingdon Safeguarding Partnership and has been designed to be applicable across all partner agencies. This includes those working in children’s social care, health, education, schools, early years, youth services, the youth justice system, the police, and the independent and voluntary sector.

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 (2018)*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. These 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’.*

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



¹ [Working together to safeguard children - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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) 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 centre of all safeguarding actions and 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.

For young people aged 16 to 17 consent should be sought regarding arrangements for their care, or treatment. Where a young person lacks the mental capacity to consent practitioners must ensure that the relevant statutory duties are fulfilled. From April 2022 the Liberty Protection Safeguards will come into force, these have been designed to put the rights and wishes of the individual at the centre of all decision making on deprivation of liberty.

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 disabilities are also less likely to receive the protection and support they need when they have been abused (Taylor et al, 2014)² 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.

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,

² [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](#)

it is important that children are understood in the context of their whole lives, not solely through the lens of disability. 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 disability, hence they are less aware of what constitutes abusive behaviours, on and offline
- 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.
- They are at an increased likelihood of being socially isolated with fewer outside contacts than children without complex needs and disability
- 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 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
- 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 location on their body 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 which is disproportionate to the task or the needs of the child
- 'Rough' handling
- 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
- Fabricated or Induced Illness



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

Sexual Abuse

- A child who is fearful of personal care
- A child demonstrating sexualised behaviours, albeit this can 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

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 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 appear to be engaging with professionals, yet this does not result in tangible change for the child.
- 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

What Helps?

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'

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.

Think Family 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.

6. Universal Services

Where a professional has concerns that a child/young person is at risk of, or is experiencing harm or neglect, they should follow their organisation's safeguarding procedures. This includes seeking advice from their line manager, or their nominated safeguarding lead, and completing safeguarding referrals. In an emergency the police should also be contacted.

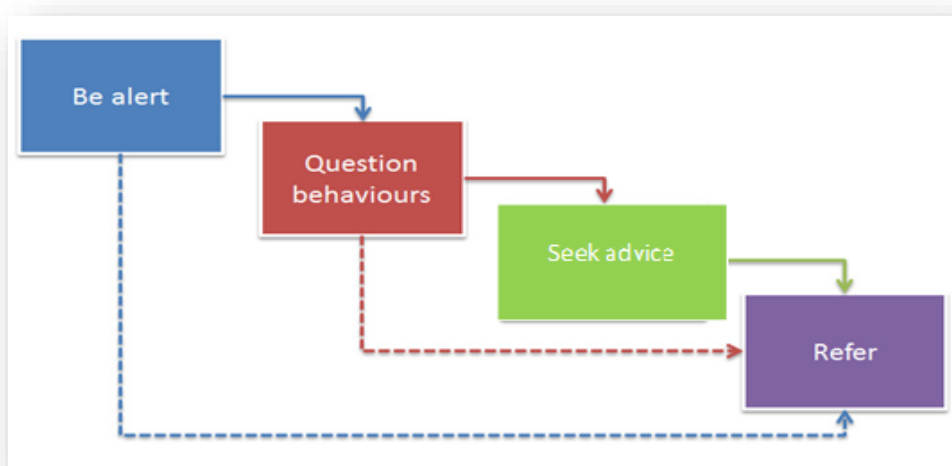
Practitioners must always share safeguarding concerns with the relevant agencies even if this goes against a child/young person's or their parents' wishes. Where practicable, concerns should be

discussed with parent/s and agreement sought for a referral to Children and Young People's Services 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.

Safeguarding and promoting the welfare of children/young people is defined as:

- 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
- Taking action to enable all children/young people to have the best outcomes (WTSC 2018- p5/6)

In Hillingdon, all referrals are 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 including, 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 seek advice from the safeguarding lead in their agency, or from The Stronger Families Hub directly.



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

Working Together to Safeguard Children (2018) 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 2018 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 and other bodies including the referring agency. 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/young person or a likelihood of serious immediate harm, an agency with statutory child protection powers should act immediately to secure the safety of the child/young person." (Working Together to Safeguard Children, 2018. p33)

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, eg, 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

Allegations of abuse by an employee or volunteer against a child/young person:

In the event of allegations being made against an employee or a volunteer involving a child/young person with complex needs and disability, the safeguarding children policies and procedures of the agency or Hillingdon's Safeguarding Partnership need to be instigated, in line with relevant disciplinary procedures, where appropriate. This includes referring such allegations to the Local Authority

Designated Officer (LADO). In addition, the procedures for managing allegations against people who work with children in Chapter two of Working Together to Safeguard Children (2018) should be adhered to.

The Revised Guidance for safer working practice for those working with children and young people in education settings 2019, updated April 2020 , 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.

All those who work with children/young people must have an Enhanced DBS check undertaken. The role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children.

9. 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.
- 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 assessment, 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.

Working Together:

- 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:

Practitioners should ensure that they do not rely on parental report in isolation. Where a child/young person has speech, language, and communication needs, including those with non-verbal means of communication and children who are deaf, appropriate arrangements should be made to seek their wishes and feelings. Where a child, or parent, uses English as an additional language the services of an interpreter should be sought. This is particularly important when sharing complex health/care information.



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?”

10. References

Working Together to Safeguard Children, 2018

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Safeguarding Disabled Children Practice Guidance-Department for Education 2009

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Child Abuse linked to faith or belief- The National FGM Centre, October 2017

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