

Professionals can help me better by **understanding** and **listening**.

Most people have a job and then they finish....I work 24 hours to care for my child. I have qualifications but I choose to be here and care for my child. I often wake up at night to be there for all of my children.... I make sure they are ok. I feel social services **understand** and this is why we are here and we get **support**.

Safeguarding is good, it helps you to be **safe**

Safeguarding something that is precious, like a security man **protecting** paintings at the British Museum



Give **full attention** to the child and provide eye contact as it will enable you to **understand** the child mood or feeling.

## Safeguarding children and young people with disabilities: multi-agency guidance

It is very **difficult** being a parent to a child who is disabled. It is important that the professionals **understand** this when a safeguarding concern comes up.

There should be a completely **transparent** system so that all parties involved have a better understanding of what has happened

**Getting involved** with the child during school activities or activities outside of school would be good.

If I tell about something the professional can tell someone else who can **help** if it's not safe

It would be beneficial to **communicate** with parents as it may help safeguard children because it allows you to get an insight on the

I am happy that at school and other places there are people who **care for my child**. It upsets me that there are sometimes staff who do not care and switch off and I think this is when my child has been hurt. They should be questioned.

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## 1 Introduction and purpose of guidance

Children with disabilities are known to be more vulnerable to neglect and abuse than their peers and are more likely to experience multiple forms of abuse. However they are less likely to be subject to a child protection plan.

There are a number of factors that can increase the risk of harm to children with disabilities and a number of barriers that can make it difficult for them to seek help or for professionals to recognise the indicators of abuse and neglect.

Children with disabilities have the same right to protection as their peers and any concerns about their welfare should be dealt with under the child protection system. However sometimes the child protection system is not able to meet the specific needs of children with disabilities and the desire to treat all children equally may result in their needs being overlooked.

This guidance aims to help professionals overcome these problems so that children with disabilities are afforded the same level of safeguarding and protection as their peers. The guidance provides professionals with the information they need to recognise the vulnerability of individual children, identify neglect and abuse and respond appropriately and proportionally to safeguard their welfare.

## 2 Profile of risk

- Children with disabilities are:
  - over 3 times more likely to be abused than their peers
  - more likely to experience multiple forms of abuse
  - most likely to be abused within the family
  - more likely to be abused at an earlier age than their peers and for a longer period of time
  - less likely to disclose and more likely to delay disclosure
  - most likely to disclose to a trusted adult.
- Children with communications problems, sensory impairments (especially deaf children) and those with conduct disorders and learning difficulties are more vulnerable to abuse.
- Children from some cultures who have disabilities may experience abuse through belief in spirits or witchcraft.
- Children with disabilities who are in hospitals or placed in residential settings are more vulnerable to force feeding, unlawful restraint and deprivation of

liberty, over-medication, extreme behaviour modification methods and over-intrusive procedures and intimate care.

- Children with disabilities are more likely to be bullied by their peers.

### 3 Why children with disabilities are more vulnerable

- Attitudes and assumptions held about children with disabilities may lead to a belief that abuse doesn't happen to them or that it doesn't have the same impact on them as for other children. Certain care practices that would be unacceptable for their peers may be considered acceptable for a child with disabilities, for example force-feeding.
- Empathy for and over-identification with parents and carers by professionals can lead to reluctance for professionals to challenge them around poor standards of care and lead to service delivery that is adult rather than child focussed.
- Children with disabilities are dependent on parents and carers to meet their physical needs and where their needs are complex, a number of people may be involved in their care. This increases the risk that they may be abused especially if they require help with personal and intimate care.
- Children with disabilities may be led to believe that they don't have any control over who has access to their body and because they are likely to receive limited personal safety or sex education they will be less aware of their right to personal safety and protection or be aware of safeguarding issues affecting them.
- Children with disabilities are more likely to experience barriers to participation and choice and have limited opportunities to take part in discussions about their care. This can be disempowering and can leave them vulnerable as they have no opportunities to make their voices heard.
- Factors associated with their impairment may make it difficult for children with disabilities to reduce the risk of abuse; they may be unable to avoid abusive situations due to mobility problems and behaviours associated with being abused may be mistaken as being part of their disability or condition.
- Social isolation and dependence on parents and carers means children with disabilities do not have as many opportunities to disclose abuse as their peers.

- Black and ethnic minority children with disabilities face additional discrimination as services may not be sensitive to their culture or language and in some cultures they may be more vulnerable to forced marriage as their family try to ensure their future care.
- Children in residential placements are particularly vulnerable as being away from home for periods of time can increase risk; there can be a wide variation of care standards and practice and the child may not be subject to any safeguards if they are not a looked after child or the placement is not subject to any inspection regime.
- A lack of knowledge, understanding or training about the child's disability can lead to professionals failing to recognise signs of abuse and neglect where disclosure is unlikely due to communications difficulties. Professionals will be reliant on indicators such as bruising and behavioural changes and may not feel confident about recognising the signs of abuse and neglect.
- It is recognised that there may be extra challenges for law enforcement agencies when pursuing criminal proceedings in cases where children with disabilities are either the victims or perpetrators of a crime.
- Children with disabilities are likely to experience higher levels of bullying and harassment as they may not understand the nature of the bullying, and may be unable to avoid the situation or articulate their experiences or seek help.
- Use of direct payments can bring the risk that the money is not used for what it is intended for or that families use unchecked carers as a cheaper source of help and support.

#### 4 Barriers to communication

Communications difficulties are a key vulnerability and act as a barrier to disclosure. In particular, children with disabilities:

- may need specific help to communicate
- may have limited methods of communication
- cannot always access helplines like other children
- may have difficulty accessing professionals who can use their method of communications, particularly advocates
- may not have the vocabulary to explain what has happened to them
- may be dependent on their abuser to communicate
- may not be able to communicate effectively with professionals involved in their care if the professional does not understand their form of communication

- may require professionals to show more patience during their communication and interaction and acknowledge that more time may be needed to make communication more meaningfully understood.

## 5 Standards of practice

This guidance aims to help agencies and staff to reach the following standards of good practice to ensure the safety and welfare of children with disabilities:

- Children with disabilities receive the same level of service provision and are afforded the same protection under child protection systems and the criminal justice system as their peers.
- All staff are aware of the specific issues and vulnerabilities affecting children with disabilities and their families and the barriers they must overcome in order to seek help. Agencies recognise these barriers and take positive steps to ensure children with disabilities and their families have equal access to services and support.
- Agencies providing services for children with disabilities have anti-bullying policies that take account of the specific needs and vulnerabilities of these children.
- All staff are confident and able to recognise the signs of neglect and abuse in children with disabilities and take appropriate and timely action to safeguard their welfare.
- Children with disabilities are able to communicate effectively with staff in their preferred method of communication so that their wishes and feelings are known and they are able to participate fully in planning for their care.
- Professionals working with children with disabilities ensure there are sufficient safeguards in place so that children have an opportunity to share any concerns about their care or disclose any incidents.
- Children with disabilities receive information about child protection and can access suitable sex and relationships education and PSHE guidance so that they are aware of their right to protection, how to raise concerns, how to keep themselves safe and can make informed choices about sex and relationships.
- Agencies ensure that staff working with children with disabilities have the right training and information and receive support to help them carry out their role in safeguarding these vulnerable children.

- Professionals working with children with disabilities have access to someone with specific knowledge and expertise in the child's disability or condition and/or can communicate with them and that this person is available to attend meetings and reviews or take part in assessments and investigations in order to provide specialist knowledge and advice.
- When pursuing criminal proceedings involving a disabled child, the police will use powers under the Youth Justice and Criminal Evidence Act 1999 to apply to the court for leave to use special measures around information gathering and enabling the child to give evidence.

## 6 Recognising safeguarding issues

Children with disabilities will have additional and sometimes complex needs arising from their disability or condition and the professional network will need to be vigilant that parents are meeting these needs.

However professionals also need to ensure that all of the child's developmental needs are being met, that they are growing up in a safe and secure environment and that parenting is not being compromised by the strain of caring for a child with disabilities.

Possible issues that can act as a barrier to identifying abuse are:

- over-identification with parents
- lack of knowledge about the child's disability
- not being able to understand the child's form of communication
- confusing behaviours linked to abuse with the impact of the child's disability
- recognition that there may be limited people who may be able to take on a caring role for the child due to their disability and consequently looking too optimistically at the care they are currently receiving in the light of alternative resources or support not being readily available or accessible.

In general, the signs and indicators of the presence of safeguarding issues for children with disabilities will be the same as for their peers and professionals should refer to the pan London thresholds and continuum of needs document for details of indicators of need. [Threshold Document: Continuum of Help and Support \(londonsafeguardingchildrenprocedures.co.uk\)](https://londonsafeguardingchildrenprocedures.co.uk)

However when considering these indicators, professionals need to be aware of the particular vulnerabilities of children with disabilities; for example:

- Non-attendance at health appointments (cancellations and children not being brought to appointments) may be more concerning for children with disabilities than for other children.
- Any concerns about the safety or welfare of siblings should automatically raise concerns about the safety and welfare of a child with disabilities.
- Bruising in a site that might not be of concern if it was an ambulant child, for example the knee, may be concerning if found on a non-mobile child.
- Children who have difficulties in feeding may appear malnourished if they are not being adequately helped to feed.

Children with disabilities are also more vulnerable due to:

- lack of stimulation
- poor toileting arrangements
- unjustified or excessive use of restraint
- rough handling and extreme behaviour modification
- ill-fitting or poorly maintained equipment
- invasive or unnecessary treatment.

Professionals should be aware of the need to seek specialist advice from the relevant health and social care professional working with the child to establish how the child's disability may make the child more vulnerable to or exacerbate the impact of any neglect or abuse.

With regard to parental behaviours, professionals should be aware of parents:

- being unable or unwilling to accept the child's diagnosis
- not understanding the consequences of the child's condition
- having their own complex needs to deal with
- having difficulty with attending medical appointments
- having to deal with other issues arising in the family for example the birth of another child
- not learning the child's method of communication.

Where neglect is suspected, professionals should consider using the graded care profile to establish the standard of care being given in the context of the child's disability. Although professionals should be aware that many cases of neglect are likely to stem from parents struggling to cope with the extra stress that comes with caring for a child with disabilities, especially if they have other children, it is still important for professionals to consider this within a child protection context and to follow the appropriate processes to keep children safe.



For more details please see the CSCP neglect guidance. [CSCP-neglect-guidance.pdf](#)

## 7 Taking action

Concerns about the welfare of any child with a disability must be acted on in the same way as for their peers and a referral made to Children’s Safeguarding and Social Work by way of an e-CAF referral to the Children and Families Contact Service. Professionals can seek advice from the MASH social worker on a “no names” basis if they need guidance on thresholds and making a referral.

Professionals should ensure that they are in contact with all members of the child’s professional network and that they have taken advice from relevant health professionals working directly with the child before making any referral to ensure that all information is made available.

### **Child in need threshold**

A child is in need and meets the threshold for a service under section 17 of the Children Act 1989 if they are unlikely to meet a reasonable standard of health and development, or their health and development would be significantly impaired, unless provided with services, or they have a disability.

Children with complex and enduring needs arising from their disability will be a child in need and will receive a service from Camden’s Children and Young People’s Disability Service (CYPDS) that primarily focusses on meeting the needs arising from their disability.

However, all children with disabilities, regardless of the complexity of their disability, will be a child in need if any of their developmental needs under the Assessment Framework are not being met due to the standard of care they receive from their parents and they are not likely to achieve good outcomes as a result.

In these cases, parenting may be neglectful or may not meet the standard required resulting in the child’s basic physical and emotional care and the extra needs arising from their disability not being met.

### **Child protection threshold**

Child protection procedures under section 47 of the Children Act 1989 should be followed where there is reasonable cause to believe that a child is suffering or at risk of suffering significant harm. This is defined as ill-treatment, neglect and abuse

leading to impairment of health and development including the impact of seeing or hearing another individual's ill-treatment.

Appendix 1 gives full details of definitions and indicators of physical, emotional and sexual abuse and neglect for child protection cases. Any concerns about significant harm of a child with disabilities must be discussed in full at a strategy discussion and should be attended by all professionals working with the child. In particular it is essential that a relevant health professional with expertise of the child's disability is present to give advice.

## 8 Working with parents

Professionals need to be aware of the impact on parents of their child's disability and work with parents to ensure the child's medical and other needs are met.

Professionals need to be aware of any issues regarding parental attitudes to towards their child's disability and any potential areas of conflict that may arise with medical professionals regarding the child's treatment.

It is essential that parental attitudes to the disability and its treatment and any relevant cultural factors that may affect this are fully explored during assessment so that professionals are confident that they will be able to work with parents to safeguard the child's welfare and meet their needs.

Good practice should involve enabling parents to have space and time to consider the impact of the disability on them and on family life and where appropriate, should be signposted to counselling, information and advice.

## 9 Assuring the protection of children with disabilities

### 9.1 Quality assurance

The following quality assurance systems will be put in place to ensure that safeguarding outcomes for children with disabilities are regularly reviewed in order to ensure that they are receiving the same level of protection as their peers.

- Weekly performance management data on the number of safeguarding referrals and their outcomes, number of child protection case provided to the service manager of the CYPDS.
- The safeguarding of children with disabilities is expressly included in the CSCP multi-agency audit framework and specifically looks at the experiences of and outcomes for children within the child in need and child protection systems.

- An annual report to the CSCP is provided by the CYPDS service manager detailing safeguarding activity in respect of children with disabilities including outcomes.
- Allegations against staff involving children with disabilities are monitored by the Local Authority Designated Officer (LADO) and included in the LADO annual report to the CSCP.

## **9.2 Commissioning**

Commissioning processes should expressly address the safeguarding issues affecting children with disabilities and the following elements are included as part of the safeguarding provision when agreeing provision of services:

- The organisation providing the service has suitable safeguarding policies and processes in place that take account of the specific needs of disabled children.
- The organisation has clear safe recruitment practices in place to ensure only suitable people are working with children, including taking out Disclosure and Barring Service checks for staff carrying out regulated activities.
- The organisation has clear procedures for dealing with allegations against staff and these are in line with the Camden Safeguarding Children Partnership policy.
- All staff have the relevant and appropriate qualifications or experience for the caring role they carry out in respect of children with disabilities.
- Residential provision is regularly reviewed to ensure the child is receiving a high standard of care and their welfare is being safeguarded and promoted and that the mechanism for this is either through the statutory LAC review where the child is looked after or the Complex Needs Panel where the child is not looked after.
- Direct payment use is overseen by the short breaks panel to ensure it is being used for the benefit of the child and that anyone delivering care is likely to be suitable to care for the child.

### **9.3 Participation and communication**

It is Camden's policy that all children from the age of 4 upwards should be consulted on and encouraged to participate in meetings and reviews and the decision making process around their care.

To ensure this happens, all professionals working with children with disabilities should have some knowledge of the child's preferred method of communication so that they can ensure a worker with suitable skills is available for the child at meetings and reviews.

All children with disabilities should be given the option to have an advocate from the WAC Arts so that they are able to get involved in the decision making process and have an opportunity to raise concerns.

To help children with disabilities communicate more effectively and get their views across, professionals may want to use the "Fill in the spaces" communications tools.

### **9.4 Helping children with disabilities to participate in keeping safe**

Children with disabilities should be given opportunities to develop their own personal safety skills so that they are better equipped and empowered to take action to protect themselves. This includes ensuring they know who they can approach to raise issues and get support.

Professionals need to be aware that as they get older, children with disabilities are likely to face similar safeguarding issues to their peers and that they also need guidance to help them explore their developing sexuality in a safe manner.

Professionals and education providers should ensure that children with disabilities:

- have access to suitable PHSE and sex and relationships lessons
- know about anti-bullying messages and are able to report bullying
- are treated equally with their peers under all safeguarding and anti-bullying policies within the school setting
- receive information about their right to be safe and know how to raise concerns and who to approach for help.

### **9.5 Training**

The Camden Safeguarding Children Partnership are responsible for providing multi-agency safeguarding training to the children's workforce and will commission specialist training on safeguarding children with disabilities.

## 10 Dealing with specific safeguarding issues

- All professionals working with children with disabilities should be aware of their particular vulnerability to extra familial harm and exploitation, including **child sexual exploitation (CSE)** and **child criminal exploitation**, especially those with learning difficulties. Professionals need to be aware of the indicators and what action to take where there are concerns. Professionals should refer to the CSCP multi-agency guidance on extra-familial harm and child exploitation available at: [CSCP-extra-familial-harm-and-child-exploitation-guidance.pdf](https://www.cscps.org.uk/extra-familial-harm-and-child-exploitation-guidance.pdf)
- Professionals should also be aware of the increased vulnerability of children with learning difficulties to radicalisation through grooming by extremists both online and in person. For details see the CSCP guidance on radicalisation and extremism. [CSCP-guidance-on-radicalisation-and-extremism-2022.pdf](https://www.cscps.org.uk/guidance-on-radicalisation-and-extremism-2022.pdf)
- Research shows that children with learning difficulties are likely to be both the perpetrator and victim of **harmful sexual behaviour** because of their vulnerability. Professionals should refer to the CSCP “Harmful sexual behaviour” protocol for details on what action to take in order to safeguard victims and perpetrators: [CSCP-harmful-sexual-behaviour-protocol-2022.pdf](https://www.cscps.org.uk/harmful-sexual-behaviour-protocol-2022.pdf)
- Children with disabilities may be more vulnerable to grooming, exploitation and bullying online. Professionals should refer to the CSCP guidance for details of what action to take in order to ensure these children can be **kept safe online**. [Multi-agency-online-safety-policy-2023.doc \(live.com\)](https://www.cscps.org.uk/multi-agency-online-safety-policy-2023.doc)
- Children with disabilities are more likely to become the victim of **abuse due to a belief in witchcraft and spirit possession** because of their perceived “difference”. For more information, professionals should refer to government guidance “Safeguarding children from abuse linked to a belief in spirit possession”.  
<http://webarchive.nationalarchives.gov.uk/20130320124332/https://www.education.gov.uk/publications/eOrderingDownload/DFES-00465-2007.pdf>

## 11 Hidden disability

Professionals should be aware of the issue of **hidden disability** where the disability or challenge faced by the child is not easily apparent to others as it does not involve a clear physical manifestation. This can lead to others making inaccurate assumptions about the child’s ability to carry out tasks or cope in certain situations or environments.

The problem of hidden disability is most likely to arise within the public realm, for example on public transport, where the child's disability is unknown to people. It is a particular problem for autistic children who in these circumstances may misinterpret actions or become distressed due to their environment.

Professionals working with children with hidden disabilities who regularly interact with the public, for example using public transport, may want to consider strategies to address this issue. For example, the child could choose to wear a special badge to let others know of their specific disability so that people are able to adapt their behaviour accordingly.

## 12 Mental capacity

It is essential that services working with a young person with disabilities approaching their 16th birthday and beyond establish whether or not they have capacity to make a decision whenever they are called on to make any decisions regarding their education and care.

In the event that they are found to lack capacity, a decision should be made as to what action should be taken and who should be approached to make a best interest decision for the young person on the specific matter under discussion. Where appropriate, a Mental Capacity Act assessment should be carried out and the young person offered an advocate under the Act.

The Mental Capacity Act 2005 states that a person will be considered to have capacity to make a decision at the time it is being made unless it can be demonstrated that they lack capacity. A lack of capacity may be due to permanent or temporary impairment.

For this reason, a mental capacity assessment will be carried out as part of the transitions assessment to establish the young person's capacity of specific decisions. This may include decisions about further education, residency, managing finances and sexual relationships.

It is important that the young person is presumed to have capacity, however where there is evidence to suggest the person may lack capacity, it is important that services conduct a mental capacity assessment whenever a young person is expected to make a decision.

Agencies will need to support families to understand the implications of this process from at least year 9 (age 14).

### 13. Deprivation of Liberty Safeguards (DOLS)

Sometimes a young person with disabilities aged 16 years or older has complex needs requiring support services that may include measures that restrict their movement and these care arrangements may potentially breach their human rights.

Where a package of care involves potential deprivation of the young person's liberty and there are concerns about whether the young person has the capacity to consent to care arrangements, CSSW social workers will ensure Camden's deprivation of liberty procedures are followed in order to protect the young person's human rights.

### 14 What service users say.....

The Children and Young People's Disability Service consulted with parents and children and young people who use the service to find out their views on working together to safeguard children with disabilities. Parent's views are shown on the front cover of this document.

During consultation with children and young people with disabilities, top tips from them for the professionals who work with them are:

- respect me
- listen to me and include me
- don't make assumptions about me
- ask me for my views and don't assume others like my parents, carers or other professionals know what I want or need
- talk to me not down to me
- use language I'll understand
- find out about my disability and how it affects my life
- find out about my preferred method of communicating
- see me for what I can do rather what I can't do
- be calm and patient and give me a chance to speak
- don't promise something you can't deliver
- let me have a chance to get involved in arrangements for meetings
- give me a chance to build a good relationship with the people who work with me
- make it easy for me to contact my social worker or key worker if I need to.

Appendix 1:

**CHILD PROTECTION; DEFINITIONS AND INDICATORS**

**Definitions**

Child protection is part of the safeguarding agenda that focuses on preventing maltreatment and protecting children at risk of neglect or abuse. Under the Children Act 1989, CSSW have a legal duty to investigate and take any action to protect children where there are concerns that they are at risk of suffering **significant harm**, which is defined as:

**Neglect:** failure to provide basic care to meet the child’s physical needs, such as not providing adequate food, clothing or shelter; failure to protect the child from harm or ensure access to medical care and treatment.

**Physical abuse:** causing physical harm or injury to a child.

**Sexual abuse:** involving children in sexual activity, or forcing them to witness sexual activity, which includes involving children in looking at or the production of pornography.

**Emotional abuse:** failure to provide love and warmth that affects the child’s emotional development; psychological ill treatment of a child through bullying, intimidation or threats.

**Possible indicators of abuse and neglect**

<p><b>Neglect</b></p>	<ul style="list-style-type: none"> <li>• Inadequate or inappropriate clothing</li> <li>• Appears underweight and unwell and seems constantly hungry</li> <li>• Failure to thrive physically and appears tired and listless</li> <li>• Dirty or unhygienic appearance</li> <li>• Frequent unexplained absences from school</li> <li>• Lack of parental supervision</li> </ul>
<p><b>Physical abuse</b></p>	<ul style="list-style-type: none"> <li>• Any injury such as bruising, bite marks, burns or fractures where the explanation given is inconsistent with the injury</li> <li>• Injuries in unexpected places or that are not typical of normal childhood injuries or accidents</li> <li>• High frequency of injuries</li> <li>• Parents seem unconcerned or fail to seek adequate medical treatment</li> </ul>



<p><b>Sexual abuse</b></p>	<ul style="list-style-type: none"> <li>• Sexual knowledge or behaviour that is unusually explicit or inappropriate for the child’s age/stage of development</li> <li>• Sexual risk taking behaviour including involvement in sexual exploitation/older boyfriend</li> <li>• Continual, inappropriate or excessive masturbation</li> <li>• Physical symptoms such as injuries to genital or anal area or bruising, sexually transmitted infections, pregnancy</li> <li>• Unwillingness to undress for sports</li> </ul>
<p><b>Emotional abuse</b></p>	<ul style="list-style-type: none"> <li>• Developmental delay</li> <li>• Attachment difficulties with parents and others</li> <li>• Withdrawal and low self-esteem</li> </ul>
<p><b>Indirect indicators of abuse and neglect</b></p>	<ul style="list-style-type: none"> <li>• Sudden changes in behaviour</li> <li>• Withdrawal and low self-esteem</li> <li>• Eating disorders</li> <li>• Aggressive behaviour towards others</li> <li>• Sudden unexplained absences from school</li> <li>• Drug/alcohol misuse</li> <li>• Running away/going missing</li> </ul>
<p><b>Parental attributes</b></p>	<ul style="list-style-type: none"> <li>• Misusing drugs and/or alcohol</li> <li>• Physical/mental health or learning difficulties</li> <li>• Domestic violence</li> <li>• Avoiding contact with school and other professionals</li> </ul>

## Appendix 2: Thresholds and eligibility criteria for children's services

	Level of need	Indicators	Responses
<b>Universal</b>	<p><b>Level 1: Universal:</b> children whose needs are being met through universal services. This includes children with additional needs which can be met through a single universal service.</p>	<ul style="list-style-type: none"> <li>• Children in good physical health whose general development is age appropriate and who are making good progress academically.</li> <li>• Children living in stable families where parents are able to meet all the child's needs.</li> <li>• Children who need some support and who would benefit from additional universal services to improve outcomes.</li> </ul>	<p>All children should receive universal services such as health care and education, as well as early years and Integrated Youth Support Services.</p> <p>Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to early help intervention.</p>
<b>Early help</b>	<p><b>Level 2: Low level needs or vulnerable to poor outcomes:</b> Children whose needs cannot be met from one service and where there are a number of factors preventing the child from achieving their potential. Two or more of the indicators listed here need to be present.</p>	<ul style="list-style-type: none"> <li>• Children with mild disabilities or health issues.</li> <li>• Children with special educational needs.</li> <li>• Children who are out of school or have regular unauthorised absences.</li> <li>• Young carers.</li> <li>• Children showing signs of engaging in anti-social or criminal behaviour.</li> <li>• Children growing up in difficult family circumstances where there are low levels of substance misuse, adult mental health difficulties or domestic violence.</li> <li>• Families affected by parental ill health, custody, homelessness, poverty, immigration or other problems.</li> <li>• Children showing early signs of developmental delay.</li> <li>• Families affected by social isolation, discrimination or harassment.</li> <li>• Children who show early signs of being radicalised by people outside of their immediate family.</li> </ul>	<p>Professionals should talk to the family about carrying out a CAF assessment in order to identify appropriate services that could improve outcomes for the child. Where more than one agency is involved, a lead professional should be identified and the Team Around the Child should meet to devise an action plan that meets the child's additional needs.</p> <p>Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden's Prevent Co-ordinator or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.</p>

Safeguarding children and young people with disabilities: multi-agency guidance

<p><b>Child in need</b></p>	<p><b>Level 3: Complex needs:</b> Children who have more complex and enduring needs requiring a statutory social work service.</p> <p>Parents may lack insight and may not engage with services to address problems.</p> <p>For youth offending cases, children who are involved in low level criminal activity and who have entered the criminal justice system.</p>	<ul style="list-style-type: none"> <li>• Children with lifelong disabilities.</li> <li>• Children whose growth and development is being impaired by the quality of care received.</li> <li>• Children exhibiting high levels of behavioural difficulties and risk-taking behaviour or who are out of parental control.</li> <li>• Pregnant women whose lifestyle may be affecting the development of the unborn child.</li> <li>• Parents experiencing difficulties in parenting capacity due to substance misuse, physical disability, learning difficulties, domestic or family violence or mental health problems.</li> <li>• Children with high levels of emotional difficulties who may need a service from CAMHS.</li> <li>• Children who show more advanced signs of being radicalised and where parents or siblings may be involved in radicalisation.</li> </ul>	<p>Professionals should talk to the family about making a CAF referral to CSSW for a child in need service. CSSW will carry out a child and family assessment and convene a child in need meeting to devise the child's CIN plan. The allocated social worker will be the child's lead professional.</p> <p>Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden's Prevent Co-ordinator or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.</p>
<p><b>Child protection</b></p>	<p><b>Level 4: Acute needs;</b> Children may be suffering significant harm, in need of a safe home and/or a legal order to safeguard and promote their welfare. Parents face difficulties that affect parenting capacity and may not engage with services.</p> <p>For youth offending cases, children who are involved in serious criminal activity, eg gangs, and who may be remanded into care or receive a custodial sentence.</p>	<ul style="list-style-type: none"> <li>• Children requiring accommodation because there is no-one who is able to care for them.</li> <li>• Children whom it is suspected are being physically, emotionally or sexually abused or neglected or living with high levels of domestic violence.</li> <li>• Children who may be at risk due to trafficking, sexual exploitation, forced marriage or FGM.</li> <li>• Unborn babies where a pre-birth assessment has shown them to be at serious risk of significant harm.</li> <li>• Children who are deeply enmeshed in the extremist narrative and/or at imminent risk of carrying out violent acts or leaving the UK following radicalisation.</li> </ul>	<p>Professionals must make a referral to CSSW. If the matter is urgent, professionals can make a child protection referral to the MASH by telephone and follow up with a written referral within 48 hours. CSSW will carry out a child and family assessment and take appropriate action needed to safeguard the child under statutory child protection procedures. The allocated social worker will be the lead professional for the child.</p> <p>Where there are high levels of concern around radicalisation, the Police <b>must</b> be informed.</p>