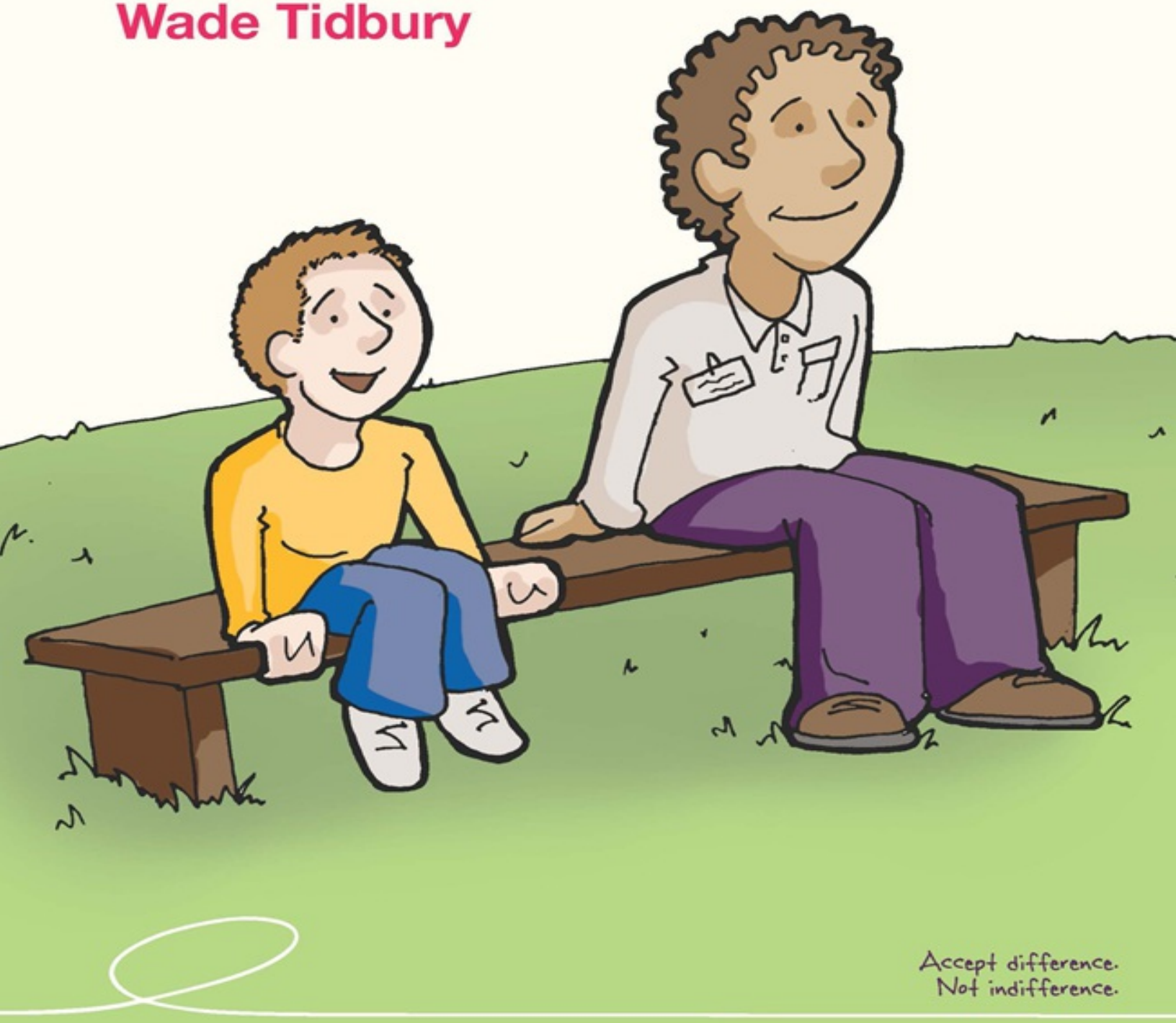
The National Autistic Society

Safeguarding children with autism

Wade Tidbury



Funded by

Department
for Education

First published 2014 by
The National Autistic Society,
393 City Road, London EC1V 1NG.

www.autism.org.uk

The National Autistic Society is a charity registered in England and Wales (269425) and in Scotland (SC039427) and a company limited by guarantee registered in England (No.1205298), registered office:
393 City Road, London EC1V 1NG.

ISBN 978 1 905722 92 1
EPUB ISBN 978 1 905722 98 3
MOBI ISBN 978 1 905722 71 6

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Printed by Rap Spiderweb Ltd

Safeguarding children with autism

by Wade Tidbury

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With thanks to the Autism Alliance

Because of their guidance with the development of this work, The National Autistic Society would particularly like to thank the Safeguarding Project Expert Advisory Group:

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Foreword

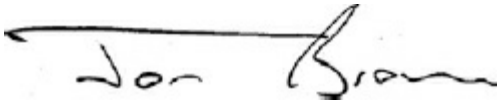
In recent years, we have seen an increased focus on the risk of abuse faced by disabled children and the barriers that can exist in protecting them. Children with autism have the same right to protection as all children, and professionals have a duty to understand and respond to their needs, including those relating to child protection.

Autism is a spectrum condition and all children with autism are individuals. Parents and carers need early and timely support to help them in their – sometimes difficult – roles in order to understand how they can best promote their child's development. They may, for example, need help with communicating with their child or to better understand and respond to their child's behaviour. The importance of early support cannot be understated.

All professionals should be alert to the indicators of abuse. Some of these indicators can also be traits of autism, such as avoiding eye contact and being withdrawn. This makes it more difficult to identify abuse and a careful exploration is required. It is important to identify any changes in a child's behaviour and to explore what may lie behind this. The change in behaviour may be communicating an unmet need but it could, in some circumstances, indicate a child protection concern. Like all children, children with autism should be considered as individuals and an emphasis should be placed on seeking their views.

Raising concerns with a parent or carer can be difficult, especially if this relates to the care of their child. It is important to keep the child's needs at the fore and to raise any concerns openly and in the spirit of partnership. The line manager or the designated safeguarding lead can provide advice and support towards ensuring a sensitive and appropriate response. Colleagues can also be an important source of support in these difficult situations.

This much-needed guide includes essential information about autism and child protection. It identifies key principles and clearly outlines the steps that need to be taken when there are concerns. The use of examples and case studies help to illustrate the points being made. This guide will be of enormous benefit, both to professionals who are not experienced in child protection and to those who are not experienced in working with children with autism. It will make a valuable contribution to the fundamental need of protecting children with autism from abuse.

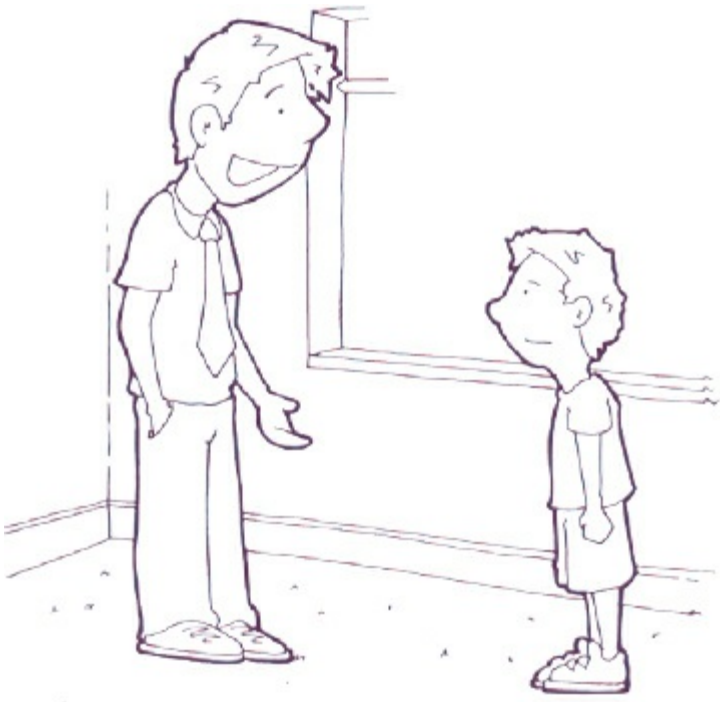


Jon Brown
Head of Strategy and Development (disabled children, sexual abuse) NSPCC


NSPCC
Cruelty to children must stop. FULL STOP.

Introduction

This guide explores issues of safeguarding and child protection with specific reference to children with autism. It outlines what all professionals must consider when they have concerns about a child's welfare or safety. The material draws on the statutory guidance *Working together to safeguard childre*n (Department for Education, 2013) and the national guidelines *Safeguarding disabled children: practice guidanc*e (Department for Children, Schools and Families, 2009).



The Children Act 1989 defines childhood as being up to a person's 18th birthday; the terms 'child' and 'young person' appear interchangeably throughout this guide to describe someone under the age of 18. Schools are required to have child protection and safeguarding arrangements in place for all pupils on their roll, even if they are aged 16 to 19. However, other organisations providing support or services to young people with autism aged 16 and over, and/or a looked after young adult up until the age of 25, should make sure that appropriate arrangements for adult protection are also in place.

Autism is a disability, and disabled children and adults are more vulnerable to abuse than non-disabled people. Because children with autism may find it difficult to communicate with others, struggle with social interaction, or have difficulty understanding people's motives, they may be less able to report abuse and therefore be more vulnerable to it. This means professionals need to be more vigilant with regard to recognising, reporting and investigating potential signs of abuse as well as ensuring that safeguarding issues remain on the agenda when working with children and young people with autism.

It is important to remember that people other than immediate family, such as the wider family, friends, professionals, volunteers can be the perpetrators of abuse. So professionals should be aware of all those who are involved in the child's life and care.

Identifying safeguarding issues for children with autism and understanding what to investigate can be complex, as many traits of autism can be confused with signs of abuse and neglect.

At the end of this guide there is further information on the definitions, signs and indicators of abuse and a quick checklist for safeguarding professionals to use when they are assessing possible abuse.

This guide refers to three groups of professionals/practitioners:

- Frontline practitioners, who are in day-to-day contact with children and young people. This group includes teachers, teaching assistants, support workers and therapists.
- Designated persons for safeguarding purposes, who work for organisations or services that work with children and whom frontline practitioners should know.
- Safeguarding professionals, who are local authority professionals responsible for investigating child protection concerns.

Frontline practitioners who have safeguarding concerns about a child should do the following:

- Recognise behaviour that may indicate abuse or other types of harm.
- Respond and listen to ascertain what the situation may be. It is important to ask open questions only and not to use leading or probing questions. It is also important not to make any promises about what will happen next. Reassure the child that they have done the right thing by communicating and emphasize that help is on its way.
- Record precisely what has been alleged and/or what has been observed, using key phrases and words the child has used.
- Report concerns to the designated person or their deputy.

Where indicated, the designated person should refer to the local authority to be consistent with local safeguarding protocols.

All professionals who work with children and young people must make sure that safeguarding remains on the agenda at all times.

1. Abuse, disability and autism

Abuse

Somebody may abuse a child either directly by inflicting harm or indirectly by failing to act to prevent harm. There are four types of abuse. These are:

- physical abuse
- emotional abuse
- sexual abuse
- neglect.

A list of possible signs and indicators of child abuse can be found in Appendix A.

Abuse and disabled children

Children with disabilities are more likely to experience abuse than non-disabled children, yet are less likely to be subject to child protection plans[1]. This is partly explained by reluctance in the minds of professionals, parents and carers to believe that abuse could happen, but there are a number of other factors that may prevent us from recognising the signs and reporting our concerns. These are as follows.

- The rule of optimism. Professionals may feel that a family or carer is doing their best and wait hopefully for the situation to improve.
- Diagnostic overlay. Signs and indicators are attributed to the disability or a medical condition; the possibility that abuse has occurred is not explored.
- Reluctance to challenge carers. Professionals may lack confidence in their own understanding of the child's needs and view the parent or carer as the expert, or may be concerned that there are no appropriate care services, residential placement and/or education alternative.
- Overreliance on the parent or carer as the child's advocate or main conduit for communication – professionals may come to see their role as one that supports the family, and lose sight of the child's needs and wishes.
- Assumptions about the child's point of view. Thinking that a child with additional needs cannot be a credible witness, or that action cannot be taken without a verbal disclosure.
- Tolerance of abuse due to disability. Actions that would be seen as abusive towards a

non-disabled child are tolerated in the case of a child with a disability. Examples include overmedicating, inappropriate restraint (perhaps in an attempt to keep them safe) or underfeeding in an attempt to make lifting and handling easier.

The reasons why disabled children are more vulnerable to abuse than non-disabled children are varied and complex. However, there are some key themes.[2]

- Social attitudes to disability and the devaluing of disabled people leads to a lack of acknowledgement of abuse.
- Dependency on others to meet personal and intimate care needs increase the opportunity for abuse to take place.
- Communication difficulties increase barriers to expressing concerns about abuse by the child or those that support them.
- Lack of participation or choice, such as failing to consult with disabled children. They may have learned compliance as this is part of their lived experience.
- Factors associated with the disability, such as behaviour indicating abuse, may be considered a feature of the disability or impaired capacity to resist abuse.
- Isolation due to disability leads to less contact with other children.
- A lack of understanding about the safeguarding of disabled children. Professional shortcomings and lack of training can impact directly upon the disabled child.
- Limited access to personal safety programmes and relationship education.
- Higher levels of bullying and/or hate crime (prejudice based on personal characteristics, such as skin colour, religion, disability or sexual orientation) and mate crime (where a child or group takes advantage of another child under the pretence that they are their friend or advocate).
- Children with disabilities who are from black and minority ethnic groups may face double discrimination.
- In cultures where disability is viewed as a punishment for past sins and leads to social stigma, this could increase the child's vulnerability to abuse.
- Children with disabilities living away from home are particularly vulnerable, where perpetrators may seek out opportunities to abuse children.

Particular behaviours in relation to children with disabilities can be regarded as abusive, such as:

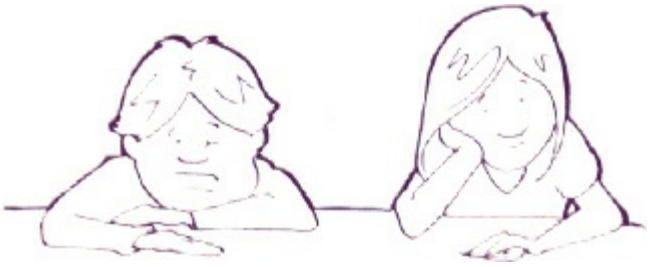
- force feeding
- physical interventions (including restraint) which are not carried out in line with the local authority's policy, procedures and guidance
- inappropriate behaviour modification including the deprivation of liquid, medication, food or clothing
- misuse of medication, sedation, heavy tranquilisation
- invasive procedures which are unnecessary or carried out against the child's will, or by people without the right skills or support
- being denied access to medical treatment and deliberate failure to follow sensible medically recommended regimes
- ill-fitting equipment, such as callipers, sleep boards which may cause injury or pain, inappropriate splinting
- financial abuse – misappropriation or misuse of a child's finances
- failure to meet the communication needs of a child with a hearing impairment to the point where his or her development is impaired
- being denied mobility, communication or other equipment
- being denied access to education, play and leisure opportunities.

Autism

Autism is a lifelong developmental disability. Because autism can take many different forms and people are affected in different ways, we refer to the existence of an 'autism spectrum'. Diagnosticians use different language when diagnosing children and young people with autism including autism spectrum disorder (ASD), pervasive development disorder (PDD), Asperger syndrome and others. More information on terminology can be found on The National Autistic Society website[3]. Throughout this guidance, we will be using 'autism' to cover all diagnostic labels and the entire autism spectrum.

People with autism experience difficulties in four main areas.

- ***Social interaction.*** People with autism often have difficulty recognising or understanding other people's emotions and feelings, and expressing their own, which



can make it more difficult for them to fit in socially. They may not understand unwritten social rules, prefer to spend time alone rather than seeking out the company of other people, not seek comfort from other people and appear to behave inappropriately, as it is not always easy for them to express feelings, emotions or needs.

- ***Social communication.*** People with autism have difficulties with both verbal and non-verbal language. Many have a very literal understanding of language, and think people always mean exactly what they say. They can find it difficult to use or understand facial expressions or tone of voice, jokes and sarcasm, or common phrases and sayings.
- ***Social imagination.*** People with autism often find it hard to understand and interpret other people's thoughts and feelings, predict what will happen next, understand the concept of danger, engage in imaginative play and activities, or prepare and cope with change.

- ***Sensory stimuli.*** A person may have different sensory experiences relating to sight, sound, smell, touch, taste, movement and balance. This can affect their reactions to certain sensations and their behaviour. For example, they may have low thresholds to sound or touch – finding it uncomfortable when over-stimulated. Conversely, they may have a high threshold and so bite or pinch themselves for sensory reasons, and not with the intention of causing harm.

Some children with autism will also have a learning disability whilst others will not. They may have other physical and sensory disabilities and medical conditions. They may also experience mental health problems and, in particular, are often vulnerable to high levels of stress and anxiety. Children with autism are therefore as vulnerable to abuse as other disabled children.

[1] Ofsted (2012). *Protecting disabled children: thematic inspection.* Manchester: The Office for Standards in Education, Children's Services and Skills (Ofsted).

[2] Adapted from Department for Children, Schools and Families (2009). *Safeguarding disabled children: practice guidance*, pp48-54); and Waltz, M. (2009). *Safeguarding: a specialist guide to working with people with autism and their families*, written for and commissioned by Ambitious about Autism on behalf of the Investor Group.

[3] See The National Autistic Society (2014). *The use and misuse of diagnostic labels* http://www.autism.org.uk/labels (Accessed: June 2014) and *Changes to autism and Asperger syndrome diagnostic criteria* http://www.autism.org.uk/about-autism/all-about-diagnosis/changes-to-autism-and-as-diagnostic-criteria.aspx (Accessed: June 2014)

2. Identifying safeguarding issues in children and young people with autism

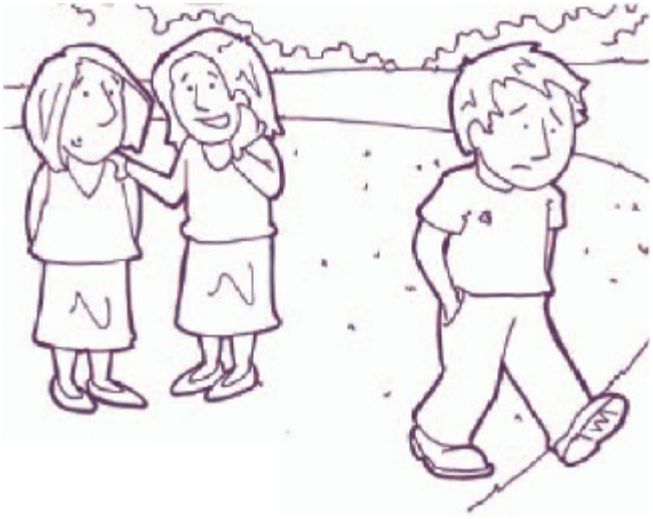
If indicators of abuse are apparent and/or if frontline practitioners have any concern about a child's welfare, they should always discuss the concerns and observations with the designated person.

When considering the protection of children with autism, there are some key points to consider.

- Children with autism may find it particularly difficult to communicate that they are subject to emotional abuse, especially if they have limited communication skills.
- Some typical indicators of abuse may be a consequence of the child's autism, such as self-injury or withdrawal from social situations.
- Conversely, indicators of actual abuse may be falsely explained as a consequence of the child's autism.
- Where a child is experiencing physical and/or psychological injury as a consequence of behaviours arising from his/her autism, it may be considered neglectful not to pursue reasonable interventions to reduce this behaviour.
- Children with autism sometimes demonstrate behaviour that challenges those around them and are vulnerable to experiencing interventions that are inappropriate, disproportionate or abusive.
- Children with autism often share environments with children who may demonstrate challenging behaviour. It is not acceptable for children to be abused by other children.
- Children with autism struggle to manage changes so any transitions that the child goes through may bring about new or challenging behaviours.
- Even subtle changes in behaviour may be a child communicating that something is wrong and/or that they are being abused.
- There is an increased risk of professionals becoming overfamiliar with the behaviour that a child with autism exhibits. They are then at risk of failing to pick up other concerns, or seeing new behaviour as an extension of behaviour they have already observed. A clear understanding of autism and its impact on a child is imperative, as is the ability to recognise subtle changes or other indicators, and remaining open to the possibility of abuse or neglect. A clear understanding of how autism impacts upon each individual child is crucial in determining an appropriate response to indicators of abuse.

It is essential to avoid making the assumption that all signs and indicators are attributable

to abuse or that all are attributable to the child's autism. The best outcomes are achieved when designated persons and safeguarding professionals consider both possibilities and explore these carefully and thoroughly.



Specific considerations

Physical abuse

Physical injury may result from a lack of appropriate supervision, such as self-injury or accidental injury. Parents or carers may present such injuries as arising from the child's autism and safeguarding professionals need to explore whether supervision and support of the child is appropriate relative to his/her needs, and is not neglectful.

Physical injury may result from the use of inappropriate forms of restraint, even if used with the best intentions. In exploring such injury, safeguarding professionals may need to explore what forms of restraint are being used and if they are appropriate. If not, support and training for the parents or carers may be required. Safeguarding professionals should nonetheless remain open to the possibility of restraint being used to hide purposeful abuse.

Feeding and eating problems are also more common for children with autism. As such, the risk of a parent or carer of trying to force-feed a child is higher, perhaps with the intention of acting in the child's best interests.

Some children with autism will be prescribed medication to assist in the management of mental health issues (such as high anxiety) and to reduce the occurrences of challenging behaviour. Some parents or carers may be tempted to overmedicate their child to further aid their behaviour management.

Some parents or carers believe that other forms of medication can assist with behaviour. For example, there is a misconception that the use of suspended paracetamol (such as Calpol) helps a child to sleep.

Overmedicating and the use of other medicines for behaviour management purposes has significant risks and, where a child is presenting as over-subdued, this avenue should be explored to include the child's GP if necessary.

Some parents or carers choose to explore alternative therapies or medications for their child and whilst the majority are harmless, designated persons and safeguarding professionals should be alert to the potential for some that are harmful.

Emotional abuse

In supporting children with autism, parents, carers and other adults (such as educators) often explore a difficult balance between promoting the child's development so that they are best able to engage with the wider neurotypical world, and accepting them (and their autism) for who they are.

To not promote the child's personal development would, of course, be neglectful – but to deny the child's autism may compromise his or her emotional wellbeing and, in extreme cases, it may be abusive.

Children with autism are often vulnerable to high levels of anxiety and rely on routines, structure and special interests to provide contexts in which they feel safe and secure.

Parents, carers and others may be pursuing perfectly reasonable strategies and interventions to help the child become less dependent on those routines, structures and special interests and to be more flexible in coping with and managing the wider social environment. These strategies and interventions may cause the child a degree of short-term distress and, as part of an agreed strategy, may be entirely appropriate.

However, ill-conceived or heavy-handed interventions that deny a child access to his or her sources of security and which lead to high levels of long-term distress may be abusive.

In some or all areas of a child's development, children with autism may negotiate developmental stages later than typically developing children and may continue to engage in and enjoy activities that may not be seen as age appropriate.

Parents, carers and others may quite reasonably seek to expose a child to experiences that are more consistent with the child's actual age. However, it may be necessary to explore the extent to which a child is being denied access to favoured activities, the impact this has on their emotional well-being and whether a reasonable balance is being achieved.

Professionals should be alert to changes, such as increased anxiety, increased difficulty in sleeping, a marked increase or decrease in behaviours that are typical for the child, and new or increased challenging behaviour. Children who are verbal may also tell parents, staff or other pupils directly about their difficulties, although communication problems may make their message harder to understand.

Sexual abuse

The sexual development of children and young people with autism may be out of step with their emotional and wider social development. This may lead to the demonstration of

sexualised behaviour at inappropriate times and places (such as public masturbation or use of sexualised language), inappropriate touching of other people and a lack of understanding of social rules.

Such issues, combined with limited social understanding and, often, limited communication skills, make children and young people with autism particularly vulnerable to sexual abuse.

Children and young people with autism may demonstrate echolalia – the propensity to repeat what others have said – and may present sexualised language that, in other circumstances, may be an indicator of abuse. But it also may be a repetition of something they have heard on TV.

As with the other types of abuse, it is therefore critical that designated persons and safeguarding professionals are alert to these issues and should carefully consider the presenting issues in the context of knowing the child well. However, if in any doubt, designated persons should refer and safeguarding professionals should investigate.

CASE STUDY

"Julia is a 10-year-old girl with autism whose primary mode of communication is echolalia (repeating things that she has heard). She was recently heard saying a variety of concerning phrases, such as: ' "I'm coming for you!";"Why don't you just love me?"; "I didn't want to hurt you, but you made me!" '... Julia has been repeating phrases since she was very young, but the phrases became more elaborate as she got older.

Julia also started acting out phrases, saying: "What are you going to do? Hurt me?" and then she would throw herself onto the floor like she had been punched and hit herself. Staff at school were aware that some of the phrases Julia used were from TV programmes, but were concerned about the more serious phrases and the injuries. Investigation by the school and social services led to a discovery that her older brother was involved in an extremely violent relationship with his girlfriend."

Julia isn't a real person but her story represents the type of issue a professional could encounter while working with a child with autism.

Neglect

Neglect is the most common form of abuse suffered by children with disabilities[4]. But there are many typical indicators of neglect that, in respect of a child with autism, may be perfectly reasonable. Here are some examples.

- A sparsely furnished bedroom might help a child with autism settle to sleep, if they become overstimulated by sensory information (although you might expect to see toys and stimulation opportunities in other areas of the home).
- There may only be a mattress to sleep on and no bed, due to safeguarding against falling out of bed.
- Doors and windows may be locked to minimise the risk of an accident. In situations like this, it is important to refer the family to an occupational therapist who can carry out an assessment and identify ways of keeping the child safe within the home without the need to lock the door, which is a form of restraint.
- A dishevelled appearance may be related to sensory processing difficulties.
- A desire for sameness can result in certain behaviours, such as needing to wear the same clothes day after day.

While these may reasonably explain typical indicators of neglect, there is, again, a need for a balanced and constructively critical approach by designated persons and safeguarding professionals. On one level, parents and carers might be in need of support to address such matters. On another level, such issues may be neglectful.

As previously described, children with autism are likely to process sensory information differently to typically developing children and may be under-or over-sensitive to a range of stimuli. They may therefore need certain special arrangements to be made.

- Food to be prepared in particular ways and, perhaps, a longer timeframe to be allotted to eating a meal.
- Support and protection against the behaviour known as pica (when people eat inedible substances and objects for sensory stimulation).
- Particular arrangements for washing and bathing, as some products may be difficult for them to use.

While some issues are very complex and may take a long time to overcome, it is not acceptable to simply dismiss them as arising from the child's autism and to not respond.

Children with autism often find GP and dental surgeries anxiety-provoking and highly distressing. Furthermore, we know that children with learning and developmental difficulties are vulnerable to missing out on the quality of health care that the majority of

people receive[5].

It is therefore important to ensure that children receive good medical and dental care, including regular check-ups. A failure to do so is neglectful and may lead to worsening medical issues that could cause further pain to the child. The child may communicate that they are in pain through displaying challenging behaviour and a lack of thorough investigation could lead to a further restriction of health services.

Bullying, hate crime and mate crime

There is a common misconception among parents and even some professionals that bullying cannot occur in special schools. But it can occur in these settings, just as it does in mainstream schools.

The different ways in which children with autism communicate and interact can become more apparent to their peer group, making them more vulnerable to experiencing bullying, and more recently, cyberbullying. Because some children with autism find it hard to read facial expressions and body language, particularly those who have difficulty with social communication or social skills, they can't tell when someone is being genuinely friendly or pretending to be a friend or advocate so that they can take advantage of them (mate crime). They may also find it hard to put themselves in someone else's shoes and understand another child's intentions. Children with autism are also vulnerable to hate crime and double discrimination (see Chapter one).

Professionals working with children with autism should always be alert to signs of bullying, mate or hate crime and take action if they suspect a child is experiencing any form of harassment. Hate crime and mate crime is likely to require a multi-agency response including referral to the police and/or social services, wherever possible with the knowledge of the child and their parents or carers. Preventive strategies at school often include teaching children to identify safe places and people who will help them.

Remember: above all and throughout, careful consideration must be given to what the child is communicating about an injury, sign or indicator.

[4] Sullivan, P. and Knutson, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect, 24*(10), pp1257-1273

[5] Sullivan, P. and Knutson, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect*, 24(10), pp1257-1273

3. What to do if you have concerns about a child

All settings and organisations providing services to children and their families must have procedures that reflect the arrangements of their local authority and local safeguarding children board. All frontline practitioners working with children should make sure that they know and follow these procedures and understand when and how to contact the designated person. The designated person should be contacted for any concerns regarding a child or the concerning behaviour of a colleague or professional.

It is usually the responsibility of the designated person to make referrals to children's social care. Local authorities and local safeguarding children boards provide training to designated staff on how to make a referral, when and how to raise concerns with parents, and the assessment arrangements used locally.

Working with parents

Working together to safeguard children (2013) states: 'Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges.' Each local safeguarding children board is required to publish a threshold, or 'continuum of need', document to assist professionals in determining the types of indicators or concerns that should be responded to with formal early help.[6]

All professionals working with children have a responsibility to identify children's or families' emerging problems and potential unmet needs, particularly where the child is disabled or has special educational needs. In most cases, parents know their child better than anyone, so a change in behaviour, health issues, or early indicators of possible abuse or neglect should always be discussed with parents or carers at the earliest opportunity. Where there are serious concerns or witnessed abuse, a direct referral should be made to social care services by the designated person.

Parents of children with autism often experience high levels of stress, so discussions should be carefully organised by the designated person, with an agenda for all parties and any support services needed for communication in place. It is helpful for the meeting to be in a familiar and comfortable place, and to take clearly written notes that can be shared with the family along with any agreed plan.

These discussions need to be handled sensitively. It is important that parents do not feel that they have already been judged, that they are listened to, and that a response to any

needs identified is followed through.

In many cases, parents or carers may be able to shed light on what has been observed. They may have made the same observations themselves, and if so may agree with the professional about what – if any – action needs to be taken and by whom.

Be mindful when working with parents who have a learning disability and/or autism themselves. These parents may be reluctant to engage with professionals because they may have had their own negative experiences with care services in the past or suffered abuse themselves. They may also have communication issues, or feature rigid or odd parental behaviour that raises concern but may be due to the parent's autism.

Where the concern or observation warrants assessment, professionals involved with the child should work in partnership with the family to identify what help the child needs. The agreement and involvement of the child and of parents or carers is central to the effectiveness of an early help assessment.

It is important for all professionals to make and retain adequate records as the process goes forward.

Making a referral to children's social care

The designated person should ensure that all frontline practitioners they work with know when and how to contact them, as well as the organisation's arrangements for recording and reporting concerns. The designated person should be familiar with their local safeguarding children board's threshold document. This will provide information and guidance about agreed levels of need, what constitutes 'risk of significant harm', and what steps should be taken if the emerging concern does not meet the threshold for multi-agency assessment.

If the designated person disagrees with a decision made about a referral (for example, if social care services has determined that the threshold for significant harm has not been met), they should follow the protocol for professional challenge published on the local safeguarding children board's website.

When making a referral about a child with autism, it is essential that the designated person makes this clear, along with information such as how the autism may affect the child's ability to keep themselves safe, the extent to which autism might increase the child's vulnerability and any communication issues that may impede an effective assessment.

Remember: when there are concerns about a child's safety or welfare, the referral to social care services should not be delayed due to the absence of the designated person.

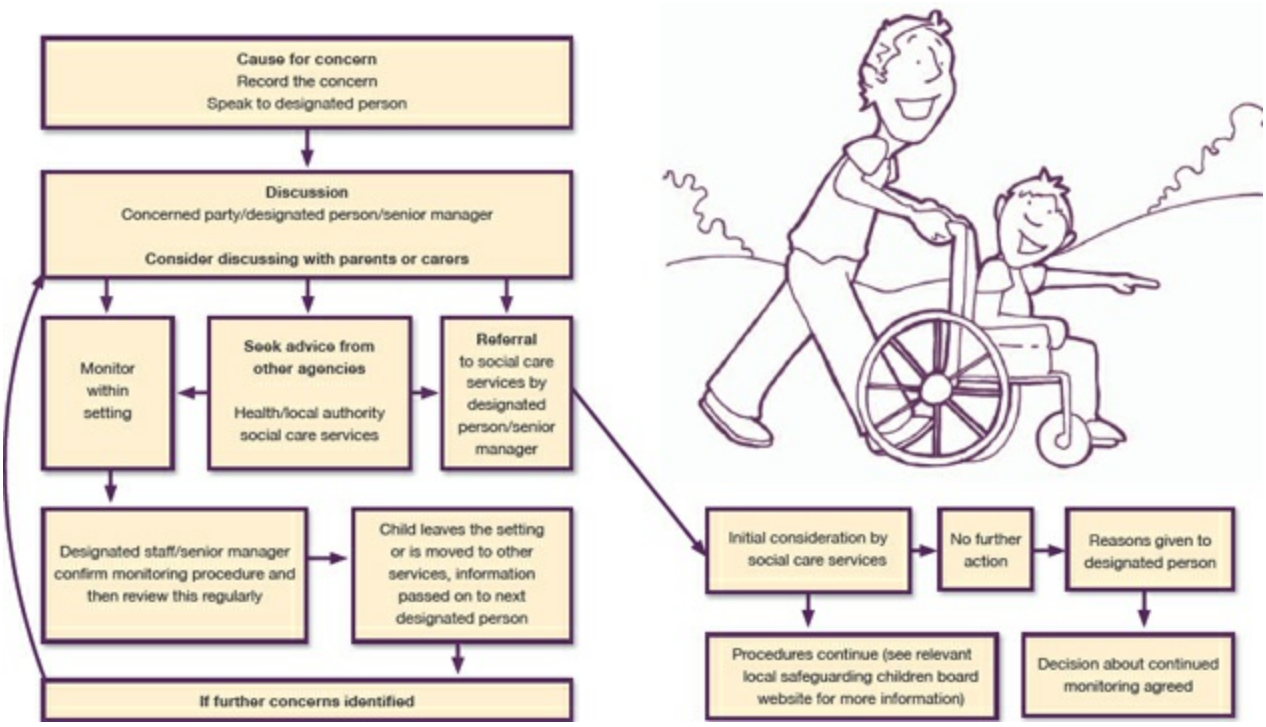
The designated person should ensure that all other professionals know who they can contact in their absence.

A child-centred approach to multi-agency assessment

Failings in safeguarding systems are too often the result of losing sight of the views and needs of children or placing too much emphasis on the needs and wishes of adults. A child-centred approach ensures that safeguarding professionals see and speak to children, listen to what they say, take their views seriously and involve them in identifying the support they may need. Statutory guidance states: 'Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and children's social care has a duty to ascertain the child's wishes and feelings'.[7]

Safeguarding professionals undertaking an assessment of a child with autism may feel anxious about talking to the child or worry that they lack the skills to communicate effectively if, for example, a child has limited or no verbal communication or uses communication aids. In these cases, it is best practice for those undertaking the assessment to seek advice and support from more experienced professionals – ideally someone who knows the child and their preferred communication method or style. They should also take advice from professionals who know the child and their family. In some circumstances, the use of an intermediary (such as those used in civil proceedings) may be considered. It is important to know how the child could be involved in any subsequent actions, and whether it is appropriate for the child to attend any arranged multi-agency meetings.

Example of in-house procedures to follow where there are concerns about a child[8]



[6] Department for Education (2013). *Working together to safeguard children*. London: Department for Education, point 18/page 14

[7] Department for Education (2013). *Working together to safeguard children*. London: Department for Education, point 18/page 14

[8] See also Department for Education and Skills (2006). *What to do if you are worried a child is being abused*. London: Department for Education and Skills. Available at: http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190605/DFES-04319-2006-ChildAbuse_Summary.pdf.

4. When a child with autism is abusive or may cause harm to others

Remember: Some of the behaviours that a child with autism may display could be seen to be abusive towards others. However, explore the reasoning behind the behaviour as it may relate more to their autism than to a purposeful attempt to cause harm.

Children or young people with autism who may abuse others

If a child with autism bullies another child, carefully consider the possible reasons for the bullying. Some children with autism find it difficult to understand or control their emotions or behaviour and may have little or no concept of the consequences of their actions. They might not have the insight or language to describe their feelings of frustration, may not be able to appreciate the impact of their words or behaviour on others, or may be re-enacting the bullying that they have experienced from others. The possibility that the child with autism is being coerced by others, as in mate crime, should also be explored.

CASE STUDY

"Unfortunately children may be left with criminal records because they have made a mistake, simply because they have not been given a sex and relationship education (SRE) that made sense to them. I am currently involved with a family where the young person is on bail for a sexual crime. He may well have committed the crime he is accused of, but he has no understanding of the accusation. His parents are not able to cope with the pressure of living with a young man who they believed to be innocent but are now finding out has probably committed a sexual crime. The safeguarding issues here have been very complex and he has been at risk within his

local community as well as presenting a risk to others."[9]

Professionals must remain open to the range of explanations and, if abuse appears to be occurring, it should be taken seriously. The impact of abuse and bullying on a victim cannot be underestimated or discounted simply because the perpetrating child has autism. It is also imperative to give due consideration to the possibility that any child or young person who has harmed another child or young person may also be a victim of abuse, even though they may not be aware of or understand what has happened to them. In all cases of child-on-child abuse, the needs of the victim and the needs of the child or young person who has enacted the abuse must be considered separately. Consideration should be given to whether either or both children should be referred to children's social care services.

Designated persons and safeguarding professionals should present the parents or carers with an opportunity to share what they know about the abusing child's range of behaviour and, crucially, recent influences on them. This sharing of information should ensure sound decision-making, as well as a thorough analysis of risks to the victim and other children.

[9] Safeguarding Children with Autism Professional's Survey (2013). The National Autistic Society: London. This survey was undertaken as part of this DfE Safeguarding Project.

5. Communication

The need to communicate well is crucial when considering safeguarding concerns. It is important to remember that communicating with children is a two-way process: it not only relates to a child's ability to communicate but also relies upon the professional's competency with communication.

Some children with autism can communicate in a sophisticated manner – particularly about topics in which they have developed a significant interest. They may also have an ability to repeat large pieces of dialogue word-for-word. Such language skills can mask the difficulties they may experience with interpreting others' motivations, considering emotions and feelings, or interpreting non-verbal cues (such as those relating to conversational turn-taking).

Professionals need to have a comprehensive understanding of a child's preferred communication style and the way their autism presents. A number of resources exist for professionals to enable them to help those with learning difficulties to express their thoughts, wishes and feelings and talk about abuse; some of these are listed in Appendix B. Most local safeguarding children boards can provide further information and access to training. For older children and young people, particularly those who are higher-functioning, professionals may find resources for communicating with adults about abuse helpful. On the other hand, some children with autism may communicate non-verbally.

- The Picture Exchange Communication System (PECS) was specifically developed to help children with autism communicate with others. The system uses a series of cards with pictures of objects on them. Initially, the cards indicate simple requests in pictorial form (such as food). A communication partner (such as a parent, carer or teacher) reinforces the use of PECS by responding to the child's requests. The system becomes more sophisticated with the use of communication boards with a variety of cards; these can be used by the child and a number of communication partners. This method of communication relies upon the right cards being available for the child to articulate their thoughts, wishes and feelings.
- Augmentative and alternative communication (AAC) describes any form of language other than speech that assists a child in social-communicative interactions. There is a large range of AAC devices available for children who have no speech, and the use of

AAC devices for children with autism can be particularly helpful. Children with autism who have no spoken language often resort to challenging behaviours to meet their needs and feelings. The use of an AAC device can give them a primary means of social communicative interactions with others.

- Interactive communication boards contain visual symbols organised by topic. They can be created in different sizes and formats depending on the requirements of the activity and environment. The selection and organisation of the symbols included need to be motivating, and chosen to enhance functional communication for the child.
- Speech output devices are a form of AAC that give non-verbal children a 'voice'. A team of relevant professionals should determine the most appropriate technology option. Once this has been established the team then need to decide on an appropriate vocabulary selection, the layout of the device, the size of the symbols and the principal situations to encourage the child to use the device. A wide range of devices are available, including simpler ones for children who do not understand visual symbols. In order to use these devices, the child will need an understanding of cause and effect.
- Social Stories™ are another way of assisting children and young people with autism to develop social skills. These stories are brief descriptions of an everyday situation written from an individual's perspective. They can prepare people with autism for social situations that they may encounter – and minimise anxiety or frustration, as the situation is no longer full of unknowns. Social stories can also be used to consider personal safety issues and abuse.
- *How it is* is an image vocabulary that has been developed to help children communicate about a range of important issues. It has been developed by Triangle and funded and supported by the NSPCC. It is designed to be used as a flexible, child-centred resource.

The combined use of AAC, social supports, organisational supports and visually cued instruction can enhance social communicative interactions with children with autism, especially those who are non-verbal. When considering safeguarding issues, do not always assume a lack of understanding if there remains a question about whether the child had sufficient tools to articulate what they understand.

When investigating safeguarding concerns, every effort must be made to speak to the child alone – unless that would place them at greater risk of suffering harm. Safeguarding professionals may seek specialist support from a professional who knows the child and their preferred communication style, other social workers with expertise in child disability, or an intermediary.

Key suggestions for safeguarding professionals to help with communicating

- Approach communication in its broadest terms. As well as speech, communication includes body language, gestures and reference to objects. Simply being alongside someone with autism and attempting to make sense of their experiences from their perspective is an excellent starting point.
- Make sure that the child has sufficient time to speak. Using alternative communication methods may take longer but if a child can communicate all they want to, they will not need to repeat information to other professionals. On the other hand, shorter periods of time might be appropriate for a particular child's concentration span; it may be helpful to have breaks.
- Are you competent in communicating using a child's preferred method, or is someone else better able to assist? Other professionals who know the child may be able to facilitate the conversation. The best person would be someone who knows them well,

with whom they feel comfortable and who is as neutral as possible in the assessment process. Find out whom the child is most comfortable with.

- Try to make sure the child is comfortable in their surroundings and make efforts to strike up a rapport with them (particularly if you are unfamiliar to them). Someone with autism may struggle with new locations and new faces, becoming agitated or anxious. Fiddle toys such as stress balls can be provided and may help them to manage their anxiety. A conversation on a car journey (for those with verbal language skills) can be positive, as eye contact is avoided and the inside of a vehicle is likely to be a familiar environment.
- Think about the environment – is there good lighting, especially if visual communication tools are to be used? Is there a risk of interruption, for example in a thoroughfare or from ringing phones? What else is the room used for?
- Ask to see the child's communication passport. This is a commonly used document that the child owns, detailing their preferences on a range of topics, including communication. There may also be information relating to the use of eye contact, touch, and the child's likes and dislikes.

CASE STUDY

In severe cases of autism where communication is minimal, abuse could be going on for a long time before anyone notices. I have been involved with such a child, and the way this child showed their feelings was in worsening behaviour in the setting where the abuse was taking place. It took a new member of staff whistle-blowing to bring the issue to a head. The parents had said all along that something was wrong and were told by the staff that everything was fine.[10]

[10] Safeguarding Children with Autism Professional's Survey (2013). The National Autistic Society: London. This survey was undertaken as part of this DfE Safeguarding Project.

6. Management of behaviour and restraint

There are different types of restraint, but they all involve limiting or restricting a person's liberty, behaviour or freedom of movement.[11]

Restraint may be physical, mechanical (eg make use of straps, splints), environmental (such as using cot sides, door locks, etc), chemical (use of medication) or psychological. Seclusion (putting someone in a room they cannot leave) is also a form of restraint.

Children with autism can present challenging behaviour that is potentially harmful to themselves and others. It is best practice in registered settings to use BILD (British Institute of Learning Disabilities) accredited techniques for any physical interventions that must be applied. It is crucial that professionals understand the need to balance the psychological impact of physical, mechanical and chemical intervention with their duty of care to the child and others around them to prevent injury or harm. In any circumstance, restraint can place enormous stress on the child and staff, so alternatives, such as de-escalation techniques, must always be used wherever possible.

The use of physical intervention can be particularly distressing for children with autism because of sensory differences: even the slightest physical touch (even if meant as reassurance) may be painful and distressing to the child. In addition to this, they may not understand why they are being restrained, which could heighten anxiety and cause the child to present even more challenging behaviour.

Consider alternative strategies when encountering challenging behaviour. Use communication methods appropriate to the child (see Chapter five: Communication) to support the child in positive behaviours or use re-direction as a means of de-escalation. Consider the child first, apply consistent approaches to their behaviour, and avoid or manage triggers. This is all likely to reduce the number of occasions where physical restraint is required.

There are a number of BILD-approved and nationally recognised approaches to positive behavioural strategies designed to reduce anxiety, risk and restraint, including Team Teach, CALM, Studio III, and PROACT-SCIPr-UK. For more information about all accredited BILD physical interventions, see ***www.bild.org.uk/our-services/pias/***.

It is crucial that parents, carers and children are consulted when restraint is being considered by professionals, as they can provide information about effective strategies for managing challenging behaviour. Parents have the right to discuss restraint policies with service providers and consider individual risk management plans specific to their child. Where children use a range of education and social care services, it is best practice to have a single behaviour support plan to use across all settings.

On the other hand, professionals who become aware of parents or carers using physical, mechanical or chemical restraint have a duty to explore this as a possible safeguarding issue.

CASE STUDY

Nicolas is a 14-year-old boy who is very particular about the routines that he has. He needs complete control over his whole home situation, including when his brothers and sisters can have their shoes on or off, when they can watch TV, eat, or go to bed. These behaviours have been known to social services for a number of years. However, his behaviour has recently become more challenging towards his parents and his siblings, and in particular his mother, when he is not able to do as he chooses. These behaviours include biting, slapping and scratching. On a couple of occasions, Nicolas had come to his autism club with scratches where his siblings were trying to protect themselves and a bruise from where his dad had to use a physical restraint when he was trying to swim out to sea and was biting his dad when he tried to stop him. Social care services were made aware of each incident either by the school, parents, or escorts, and eventually Nicolas was placed in a 52-week residential school where he went home at the weekends.

Nicolas isn't a real person but his story represents the type of issue a professional could encounter whilst working with a child with autism.

Many local authorities say that any information relating to a child being locked in the house or the bedroom requires a referral to social care services. That is not to say that there may be circumstances that may warrant restraint; rather, there needs to be a careful and considered risk assessment of how, when and to what extent the use of restraint is required.

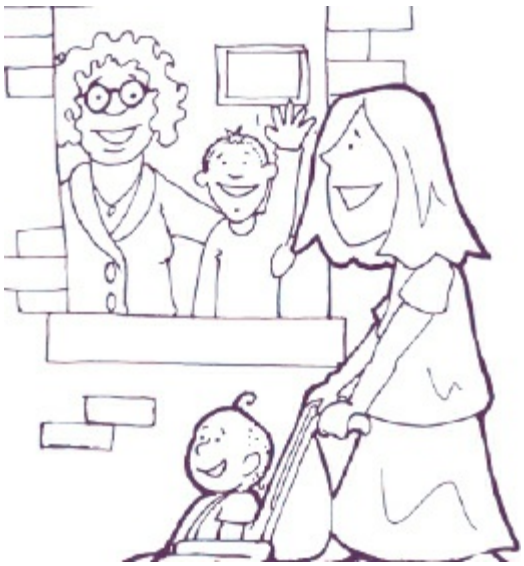
Professionals should explore any underlying issues with parents – has the child's behaviour changed or become more challenging? Is the parent resorting to new restraint methods because the child is growing bigger (for example, locking them in their room because the child is becoming too strong to be held)? Has the child been purposely under- or over-medicated in order to control their behaviour? The professional may have some understanding or even empathise with the parent's situation but should help the family to explore more appropriate strategies while making it clear that inappropriate restraint – including inappropriate use of medication – is a safeguarding issue and may fall within the definition of physical abuse.

Any allegation that professional carers are using inappropriate restraint – or that a child has been injured during a physical intervention – must be passed to the local authority's designated officer (LADO) without delay, in line with the organisation's own policy and local authority procedures for managing allegations of professional abuse.

A note on restraint

Those who are in a position in which they have to apply restraint must have completed appropriate training to ensure that they can do so correctly. School employees have a right in law to use 'reasonable force' in certain circumstances – see ***www.education.gov.uk/aboutdfe/advice/f0077153/use-of-reasonable-force***.

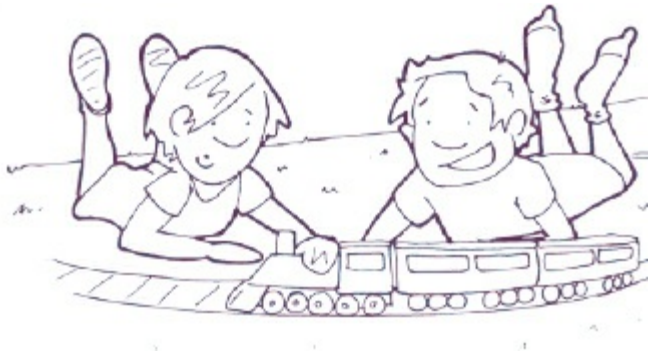
However, this is not necessarily the case for other professionals or settings. Unlawful or inappropriate use of restraint or physical interventions, restriction or deprivation of liberty (there is a distinction between each) is physical abuse. Health and social care providers must have internal operational procedures in place covering the use of physical interventions and restraint of anyone over the age of 16 years by incorporating best practice guidance, the *Mental Capacity Act*, *Mental Capacity Act Code* and the *Deprivation of Liberty Safeguards*.



[11] Brooke J. and Paley S. eds. (2006). *Good Practice in Physical Interventions: A guide for staff and managers*. Kidderminster: BILD Publications

7. Parents, other primary caregivers and siblings

In order to safeguard children with autism, it is important to consider the wellbeing of their primary caregivers. Any decline in the mental health and wellbeing of parents or carers of an individual with autism is likely to impact upon the sensitivity of care giving and can increase the risk of abuse. In a world that lacks understanding of autism and may not value difference, the struggle to interpret and manage a child's behaviour can impact upon the mental wellbeing of everyone in the family. Consideration of family wellbeing and relationships contribute to the safeguarding of children and young people.



Parents may feel helpless in the face of autism if they do not have the right support, and may also lack the skills to understand their child. Families can become isolated, feeling that it's easier to manage at home rather than go out. A child with autism may have disturbed sleep; this, in turn, affects parents' sleep, which can cause stress, impact on self-esteem and lead to depression and other health problems. If a parent is depressed, it affects the consistency of care they can offer, and their child may become anxious or frustrated.

Parents or carers may use alcohol or drugs as a coping strategy, which in turn affects their responsiveness to their child's needs – ranging from basic care needs of providing food, warmth and shelter, to meeting emotional and stimulatory needs. The use of drugs or alcohol also impacts upon the stability of the child's home life, which can quickly become abusive or neglectful.

Siblings

Siblings of children with autism need to be considered from a safeguarding perspective. Parents and carers may struggle to divide their time between their children, focusing on the child with autism at the expense of brothers or sisters. Alternatively, siblings may be favoured. The responsibility for safeguarding and protection relates to all children and must be considered in relation to their specific situation.

Providing support to siblings (such as social activities outside of the home) may indirectly benefit the child with autism and help parents to manage the competing needs of their children. Children with autism can struggle to establish and maintain friendships, so their sibling(s) may be their main contact with other children. This can be difficult for the sibling to manage.

Siblings may pose a risk to the child with autism because they bully them or perpetrate abuse. Alternatively, the child with autism may pose a risk to siblings as a result of challenging behaviour or a lack of understanding of boundaries.

Siblings may be called upon to help care for their brother or sister with autism. If this is not age appropriate, it could be considered emotional abuse or neglect. National guidance such as *Working together to safeguard children* (2013) identifies young carers as children in need under Section 17 of *The Children Act* 1989. Local authorities should be involved in providing or commissioning support for this group; many areas have young carer support services, including those provided by the voluntary sector.

Children who share a room with their sibling who has autism may be affected by sleeplessness if their sibling has difficulty sleeping and so may appear tired and unfocused (if sleeplessness continues over days or weeks) at school. It would be worth informing the school of the sibling of any difficulties that a child with autism may be experiencing as it may impact the learning and development of the sibling. Informing the school would mean that they could be alert to the sibling showing signs of falling behind or loss of motivation.

Siblings of a child with autism might experience teasing from other children, lack of privacy, disruption to their home life and a feeling of resentment that the whole focus of the family is always on the person with autism. It is important that siblings receive opportunities to spend time with their parents and are able to invite friends around when

their sibling with autism is involved in activities out of the house.

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Keeping Children Safe in Education statutory guidance 2014 Department for Education ***www.gov.uk/government/publications/keeping-children-safe-in-education***

Appendix A:

Definitions, signs and indicators of child abuse

Physical abuse

This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Examples which may indicate physical abuse include (note that this is not designed to be used as a checklist):

- patterns of bruising; inconsistent account of how bruising or injuries occurred
- finger, hand or nail marks, black eyes
- bite marks
- round burn marks, burns and scalds
- lacerations, wealds
- fractures
- bald patches
- symptoms of drug or alcohol intoxication or poisoning
- unaccountable covering of limbs, even in hot weather
- fear of going home or parents being contacted
- fear of medical help
- fear of changing for PE
- inexplicable fear of adults or over-compliance
- violence or aggression towards others including bullying
- isolation from peers.

Emotional abuse

This is the persistent emotional maltreatment of a child which may cause severe adverse effects on the child's emotional development. It may involve conveying to children that

they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill treatment of another person. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Examples which may indicate emotional abuse include (note that this is not designed to be used as a checklist):

- over-reaction to mistakes, continual self-deprecation
- delayed physical, mental, emotional development
- sudden speech or sensory disorders
- inappropriate emotional responses, fantasies
- rocking, banging head, regression, tics and twitches
- self-harming, drug or solvent abuse
- fear of parents or carers being contacted
- running away, compulsive stealing
- masturbation
- appetite disorders such as anorexia nervosa, bulimia
- soiling, smearing faeces, enuresis.

The indicators above could be simply a particular child's normal behaviour or could be the side-effects of medication or hormonal changes in puberty. Therefore, frontline practitioners should also consider any behaviour demonstrated by parents or carers that would be considered to be emotionally abusive:

- a pervasive negative view of the child's abilities; conversely, focusing on a child's lack

of ability

- use of shouting, coercion, sarcasm, ignoring, humiliation, threatening language and behaviour as a behaviour management technique
- use of seclusion
- a child being exposed to inappropriate conversations and media (eg adult films, sexual and violent content)
- a child being spoken about in negative terms or a non-inclusive manner when they are present
- a lack of stimulatory provision, lack of toys, age-inappropriate toys or games
- preferential treatment and the favouring of siblings

- treating a child as younger than they are either in age or developmental ability (sometimes referred to as infantilisation)
- an approach to the child that is high in criticism and low in warmth
- lack of close physical contact (though note that a child with autism may not welcome physical contact), lack of positive reinforcement
- not providing choices to children, or conversely being overly permissive
- exposing children to drug and/or alcohol use
- exposing children to domestic violence
- living in a household where a parent or significant carer has long-term medical or mental health problems and the child is expected to provide ongoing care for the parent(s).

NOTE: any combination of the last three points should always be considered as a higher risk.

Sexual abuse

This involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

Examples which may indicate sexual abuse include (note that this is not designed to be used as a checklist):

- sexually explicit play or behaviour or age-inappropriate knowledge
- anal or vaginal discharge, soreness or scratching
- reluctance to go home
- inability to concentrate, tiredness
- refusal to communicate
- thrush, sexually transmitted infections, pregnancy
- persistent complaints of stomach disorders or pains
- eating disorders, for example anorexia nervosa and bulimia
- attention-seeking behaviour, self-mutilation, substance abuse
- aggressive behaviour including sexual harassment or molestation
- unusually compliant behaviour
- regressive behaviour
- enuresis, soiling
- frequent or open masturbation, touching others inappropriately
- depression, withdrawal, isolation from peer group
- reluctance to undress for PE or swimming
- bruises or scratches in the genital area
- lack of trust for a familiar or particular adult.

Neglect

This is the persistent failure to meet a child's basic physical and/or psychological needs,

likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment). It may also include a failure to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate care-givers) or to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Examples which may indicate neglect (note that this is not designed to be used as a checklist):

- hunger
- tiredness or listlessness
- child dirty or unkempt
- poorly or inappropriately clad for the weather
- poor school attendance or often late for school
- poor concentration
- affection or attention-seeking behaviour
- untreated illnesses or injuries
- pallid complexion
- stealing or scavenging compulsively
- failure to achieve developmental milestones, for example growth or weight
- failure to develop intellectually or socially.

Appendix B:

Resources to use with children

BodySense. Desmond and Daisy – 3D anatomically correct dolls.
www.bodysense.org.uk/Welcome.shtml

Books Beyond Words. Stories in pictures to help people with learning and communication difficulties understand their own experiences. *Supporting Victims* is about the court process and *Jenny Speaks Out* is about recovering from abuse (Books Beyond Words).
www.booksbeyondwords.co.uk

Children's Society. I'll go first toolkit.
www.childrenssociety.org.uk/what-we-do/training-and-consultancy/products-available/ill-go-first-toolkit (Accessed: 18 February 2014)

In My Shoes. A computer package to help disabled children and adults communicate about difficult or distressing topics.
www.inmyshoes.org.uk/In_My_Shoes/Introduction.html

NSPCC and Triangle (2002). *How it is* An image vocabulary for children about: feelings, rights and safety, personal care and sexuality.
www.nspcc.org.uk (Accessed:18 February 2014)

Safeguarding Children and Young People: A Toolkit for General Practice.
Royal College of General Practitioners (2011)
www.rcgp.org.uk/clinical-and-research/clinical-resources/child-and-adolescent-health/safeguarding-children-toolkit/safeguarding-children-and-young-people-training-modules

Safety Net (2012). Friend or Fake? ARC UK: Chesterfield.
arcuk.org.uk/safetynet/friend-or-fake-easy-read-booklet/ (Accessed:18 February 2014)

STAR Toolkit
Practical advice and teaching activities to help educators explore e-safety with young people with autism in KS3 and KS4.
www.childnet.com/resources/star-toolkit

Surrey Police (2013). Telling a good secret from a bad secret (easyread format), Mate crime – staying safe from people who pretend to be your friend (easyread format).

www.surrey.police.uk/accessibility (Accessed: 18 February 2014)

Talking Mats. The mats provide a structure to help people to arrive at a decision and express their views.
www.talkingmats.com

The Friendly Information Company. Abuse is Bad DVD and Say No to Abuse DVD - visual resources for use when working with teenagers or young people, or with parents who have learning difficulties and/or autism.
www.friendlyinformation.org.uk/Friendly%20Resources%20Catalogue.pdf

Appendix C:

A checklist for professionals

The child or young person

- Are they safe now? Do I need to take steps to protect them?
- What is their age, developmental stage and vulnerability (and what should I be expecting)? What is their diagnosis and its impact?
- What are their wishes and feelings? Have I explored these?
- How do they communicate? Do they have access to systems in order to communicate? Do they need someone with specialist skills to support their communication?
- Who or what is the child dependent upon?
- What does the child mean to their family?
- How does this compare with siblings?

Parents and carers

- How can I engage with them?
- What are their wishes and feelings? What is their attitude to concerns?
- Are they willing to engage and is there evidence of cooperation? Is there evidence of their understanding of their child and prioritising their child's needs?
- What is their capacity to protect (including evidence)?
- What are the parents' or carers' needs and how are these managed?
- If the parent is suspected of abuse, speak to your manager about how best to approach the parent. Plans should also be made for the child if abuse is confirmed. Remember, not all parents will be abusing or neglecting their child intentionally.

With other professionals

- Make sure you are all using the same language. Different professions use different terms to describe the same thing so check whether specific terms mean the same thing to everyone. Explain technical terms and acronyms.
- Try not to view the involvement of other professionals as a threat – everyone has different skills and expertise to offer. The focus of your work must be the child at risk.

- Make sure that all those involved with the child at risk are invited to offer their views regarding safeguarding concerns: communication is key.
- Arrange meetings in good time and share information with everyone, especially the child and the parents/carers (if appropriate).
- Don't be afraid to say that you don't know – no one is an expert. However, a willingness to learn will be appreciated by everyone. If other professionals have found effective solutions to problems you have encountered, ask how they achieved this. Sharing good practice is crucial in developing services.

- Disagreement is healthy – it hopefully means that everyone is working together in a collaborative manner. Discussing different viewpoints is crucial in reaching a consensus that is right.
- Be clear about everyone's objectives and what everyone hopes to achieve. A common, overarching outcome will provide something to work towards and avoid delay. Everyone (especially the child at risk) will need to know what things will look like when the objectives have been achieved. This needs to be agreed at the outset.
- Use supervision. Working with children with autism can be challenging and may raise questions about your and others' practice. The need to be a reflective practitioner is crucial in personal and professional development. Supervision is also a good place to discuss gaps in knowledge and training needs.

Remember: the individual child at risk of abuse should be the focus of decision-making and actions at all times.

Other helpful organisations

AbilityNet
Tel: ***0800 269545***
Website: ***www.abilitynet.org.uk***

Action for Children
3 The Boulevard, Ascot Road, Watford, WD18 8AG
Tel: ***01923 361 500***
Email: ***ask.us@actionforchildren.org.uk***
Website: ***www.actionforchildren.org.uk***

Ambitious about Autism
The Pears National Centre for Autism Education, Woodside Avenue,
London, N10 3JA
Tel: ***020 8815 5444***
Email: ***info@ambitiousaboutautism.org.uk***
Website: ***www.ambitiousaboutautism.org.uk***

Autism Education Trust
Tel: ***0207 903 3650***
Website: ***www.autismeducationtrust.org.uk***

BILD
(British Institute of Learning Disabilities)
Birmingham Research Park, 97 Vincent Drive, Edgbaston,
Birmingham, B15 2SQ
Tel: ***0121 415 6960***
Email: ***enquiries@bild.org.uk***
Website: ***www.bild.org.uk***

Marie Collins Foundation
PO Box 160, Ripon, North Yorkshire, HG4 4PW, United Kingdom
Tel: ***01677 460168***
Email: ***admin@mariecollinsfoundation.org.uk***
Website: ***www.mariecollinsfoundation.org.uk***

NSPCC
Weston House, 42 Curtain Road, London, EC2A 3NH
Switchboard: ***020 7825 2500***
Email: ***help@nspcc.org.uk***

Website: ***www.nspcc.org.uk***

If you have concerns about a child contact
the NSPCC on: ***0808 800 5000*** or submit an online
form at: ***www.nspcc.org.uk/what-you-can-do/report-abuse***

The Ann Craft Trust
Centre for Social Work, University of Nottingham, University Park
Nottingham, NG7 2RD
Tel: ***0115 9515400***
Fax: ***0115 9515232***
Email: ***ann-craft-trust@nottingham.ac.uk***
Website: ***www.anncrafttrust.org***

The Challenging Behaviour Foundation
c/o The Old Courthouse, New Road Avenue, Chatham, Kent, ME4 6BE
General Enquiries: ***01634 838739***
Family Support Line: ***0845 602 7885***
Email: ***support@thecbf.org.uk***
Website: ***www.challengingbehaviour.org.uk***

The National Autistic Society
393 City Road, London, EC1V 1NG
Tel: ***0808 800 4104***
Website: ***www.autism.org.uk***
Lines are open 10am-4pm, Monday to Friday
(free from landlines and most mobiles)

The Safe Network
NSPCC National Training Centre, 3 Gilmour Close, Beaumont Leys
Leicester LE4 1EZ
Tel: ***0845 608 5404***
Email: ***enquiries@safenetwork.org.uk***
Website: ***www.safenetwork.org.uk***

Triangle
7 Hunns Mere Way, Brighton, East Sussex, BN2 6AH
Tel: ***01273 305888***
Fax: ***01273 305887***
E-mail: ***info@triangle.org.uk***
Website: ***www.triangle.org.uk***

Children with autism have the same right to protection as all children, and professionals have a duty to understand and respond to their needs. Written for professionals with limited experience of child protection, or of working with children with autism, this essential guide identifies the key principles of safeguarding and clearly outlines the steps that need to be taken when there are concerns.

About The National Autistic Society

We are the leading UK charity for people with autism (including Asperger syndrome) and their families. With the help of our members, supporters and volunteers we provide information, support and pioneering services, and campaign for a better world for people with autism.

Around 700,000 people in the UK have autism. Together with their families they make up over 2.8 million people whose lives are touched by autism every single day. From good times to challenging times, The National Autistic Society is there at every stage, to help transform the lives of everyone living with autism.

We are proud of the difference we make.

The National Autistic Society
393 City Road
London EC1V 1NG

Switchboard: ***020 7833 2299***
Autism Helpline: ***0808 800 4104***
Minicom: ***0845 070 4003***
Fax: ***020 7833 9666***
Email: ***nas@nas.org.uk***
Website: ***www.autism.org.uk***
www.autism.org.uk/safeguarding