

A series of unfortunate events:
Safeguarding the rights of autistic children and
their autistic parents during state-led child
protection proceedings

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Three key questions:

1. Are Scotland's health and social care workforce currently equipped to support Autistic children and families?



Three key questions:

2. Are Scotland's health and social care services flexible enough to accommodate the autistic needs, and uphold the human rights of autistic children and families?

Three key questions:

3. Is our legislation fit for purpose where autistic children and families are concerned?



A critical reflection on...

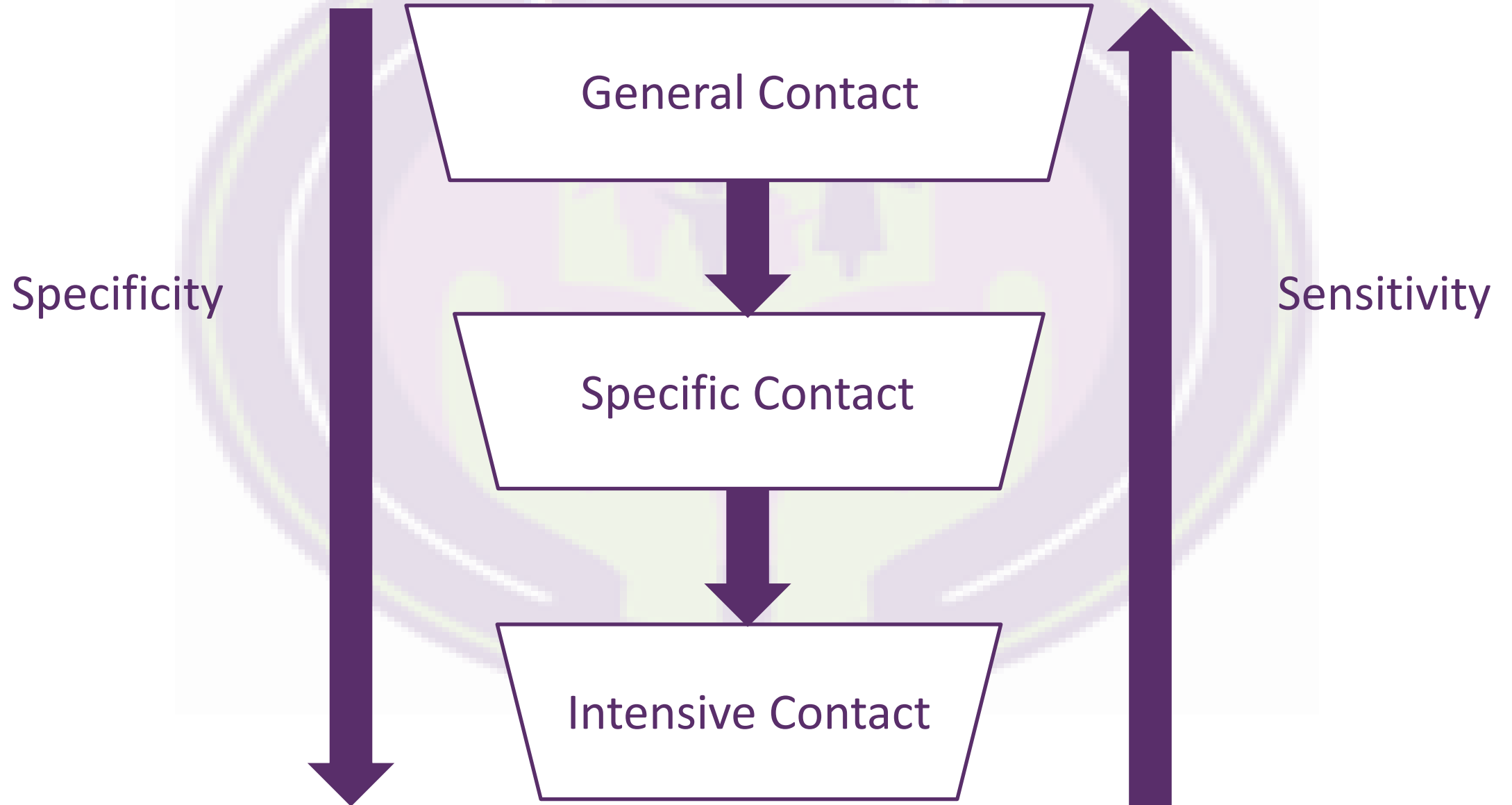
Safeguarding legislation

- The Children and Young People (Scotland) Act 2014
- Children's Hearing (Scotland) Act 2011

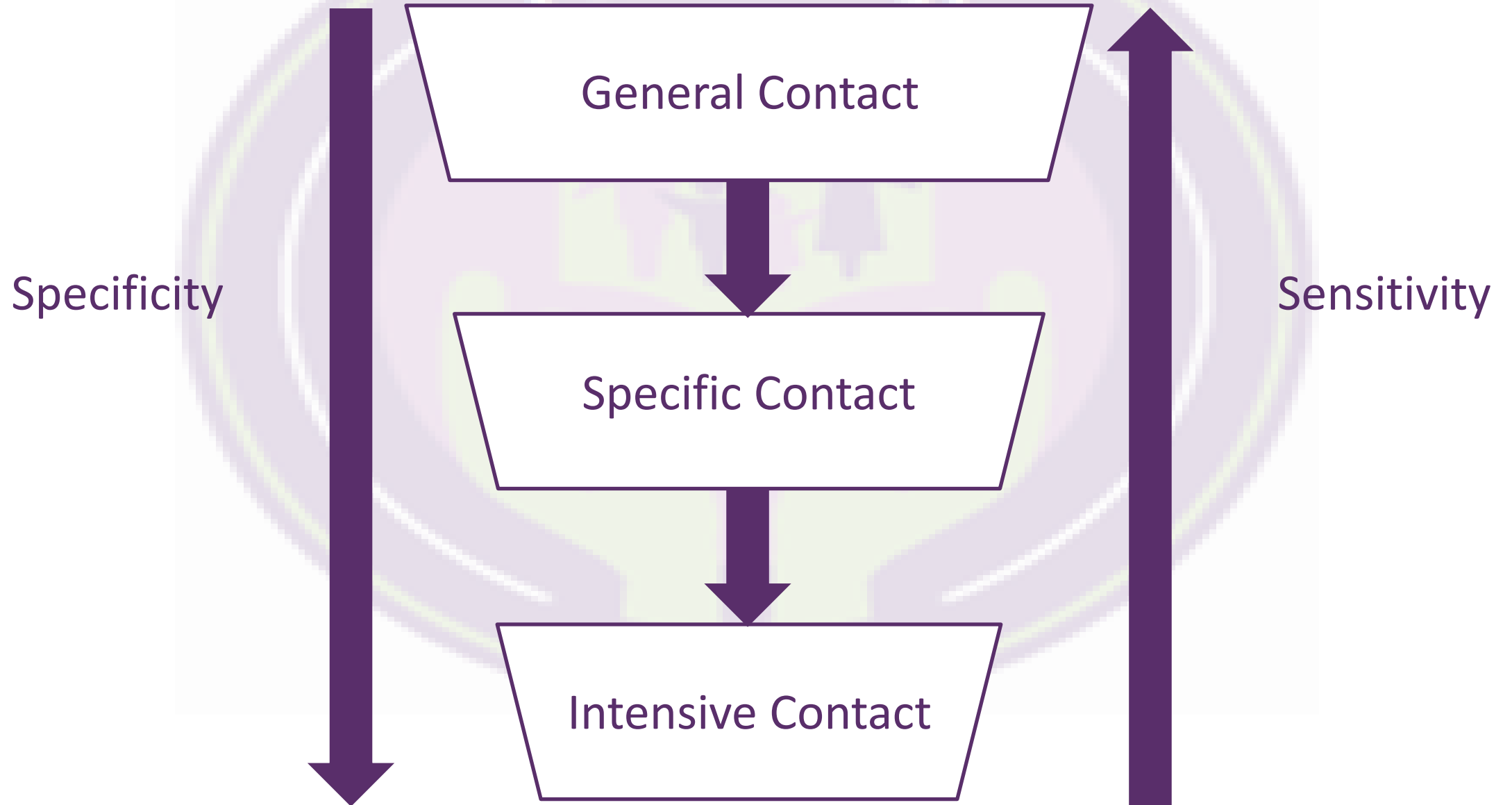
Safeguarding guidance

- National Guidance for Child Protection in Scotland (Scottish Government, 2014)
- National Guidance for Child Protection in Scotland: Guidance for Health Care Professionals in Scotland (Scottish Government, 2013)
- National Framework for Child Protection learning and development in Scotland (Scottish Government, 2013)

Responsibility for Child Protection



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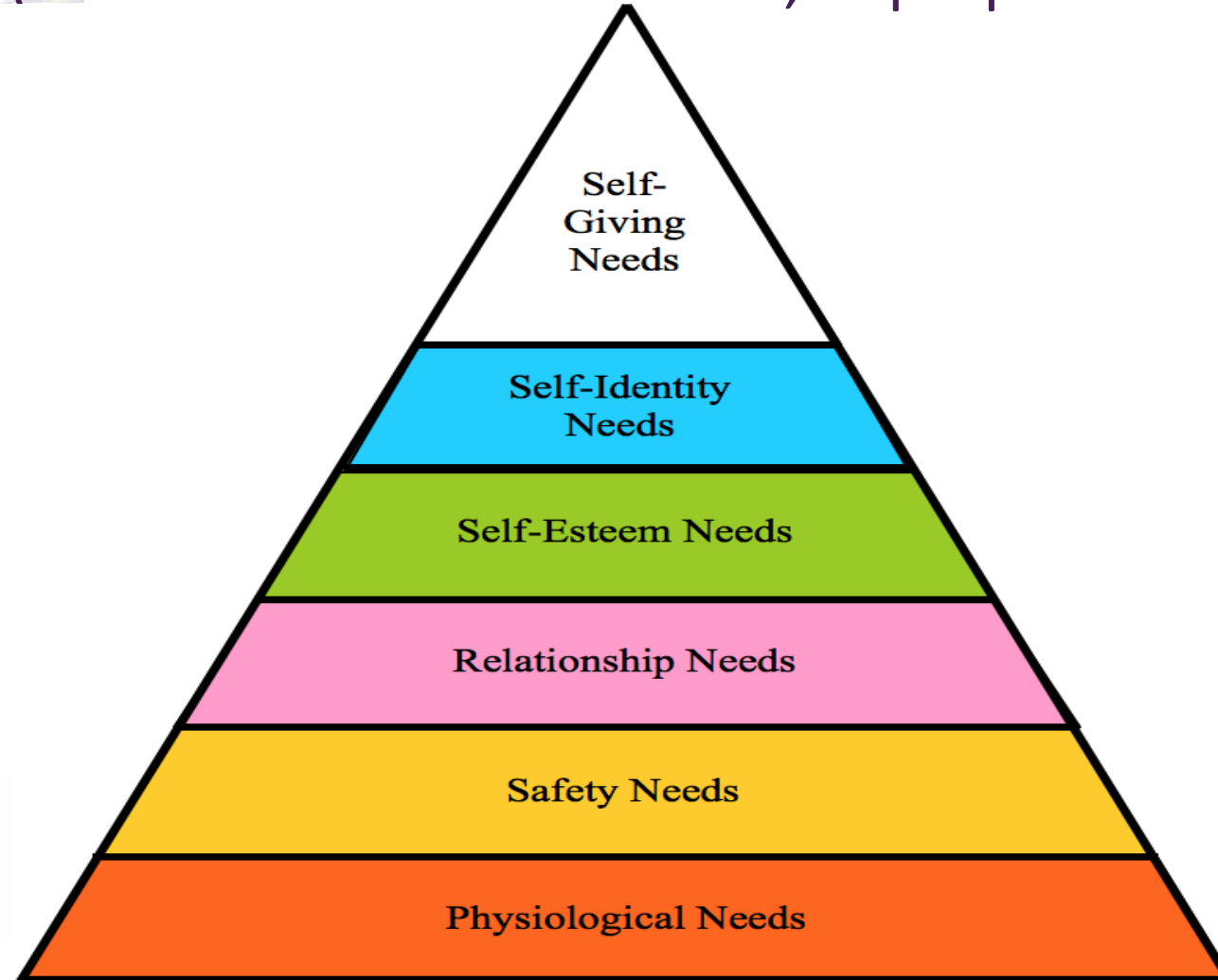
Specific Contact

Intensive Contact

Identify healthy child and adolescent development, including the effects of adverse factors and different types of abuse/neglect on young people to support agencies and young people's development and behaviour.

Autistic Hierarchy of Needs

(Evans-Williams & Williams, in preparation)



Indicator of risk

“Longstanding educational difficulties”





Case example A: School Refusal





Indicator of risk

“Refusal of treatment where a child or young person experiences or is likely to experience significant harm or neglect can never be considered in the child’s best interest”



Case example B: refusal to “engage”





Indicator of risk

“Overuse/frequent attendees of health services”

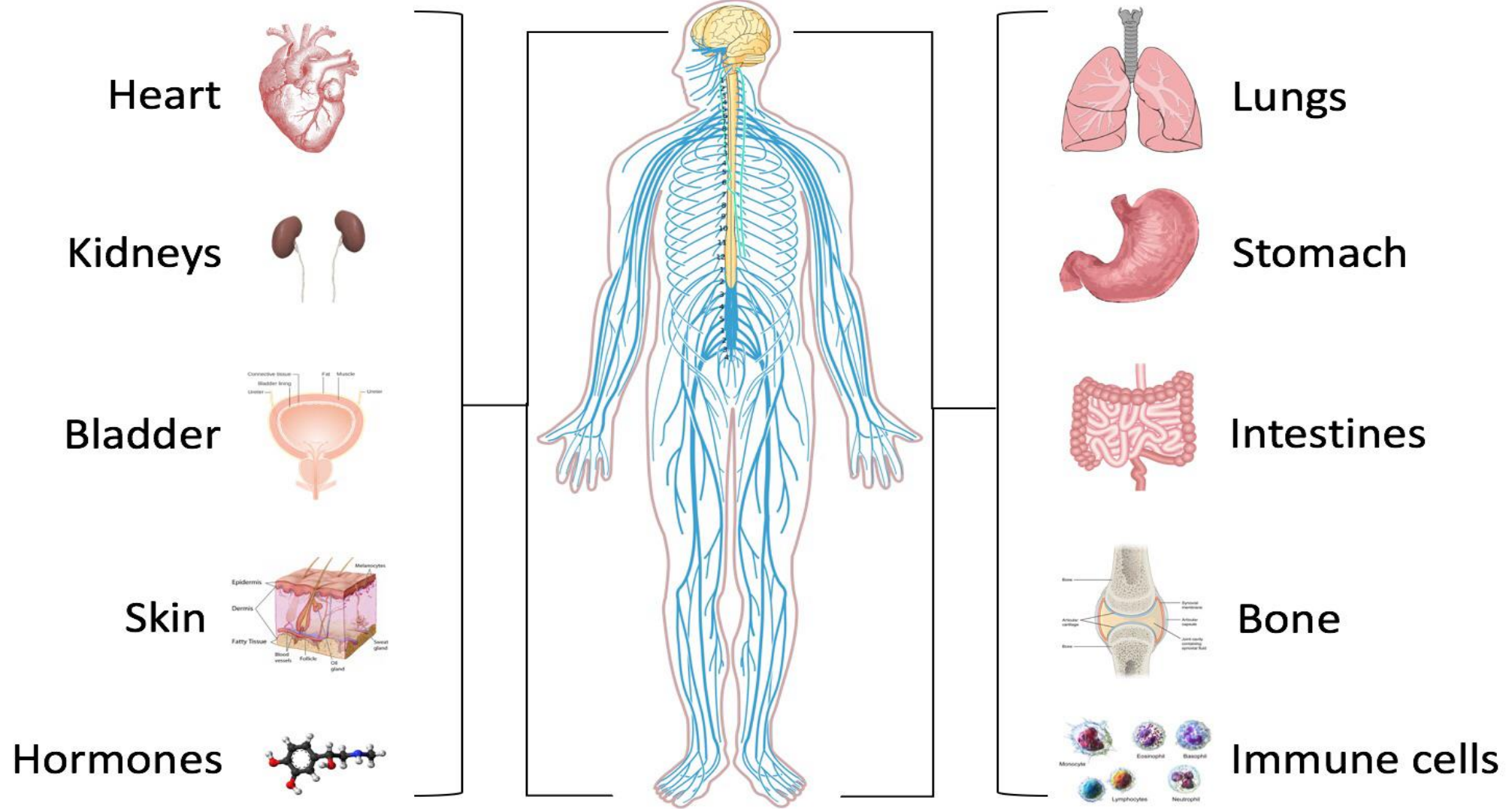


Case example C: Fabricated or induced illness

Home vs. School



Interoception



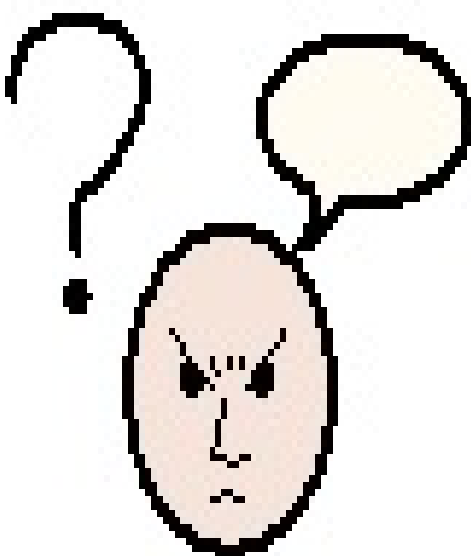
Indicator of risk

“The unseen child or young person”



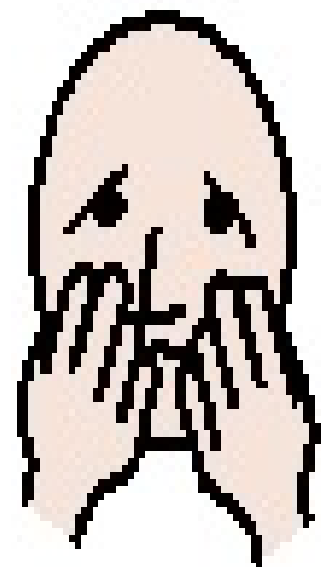


Case example D: Social Withdrawal



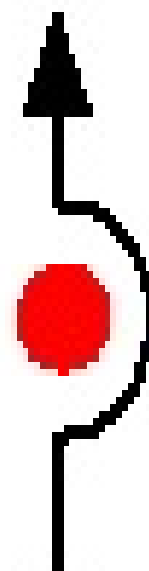
Demands

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Anxiety

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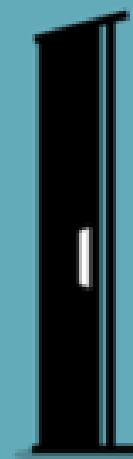
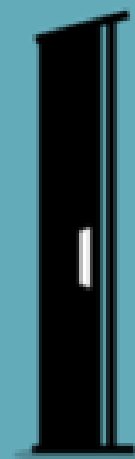
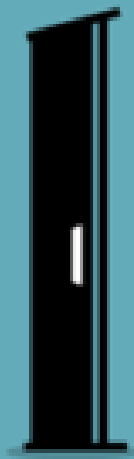
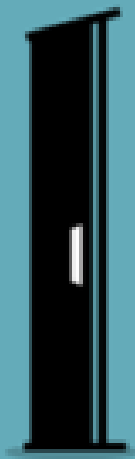
Avoidance





Indicator of risk

“Disguised compliance and failure to improve outcomes for the child or young person”



Case example E: Non-uptake of therapies

A person with reddish-brown hair, wearing a blue sleeveless top, is holding a white, torn-edged rectangular sign in front of their face. The sign has the word "Help!" written on it in a black, cursive-style font. The person's hands are visible, holding the corners of the sign. The background is a blurred green, suggesting an outdoor setting.

Help!

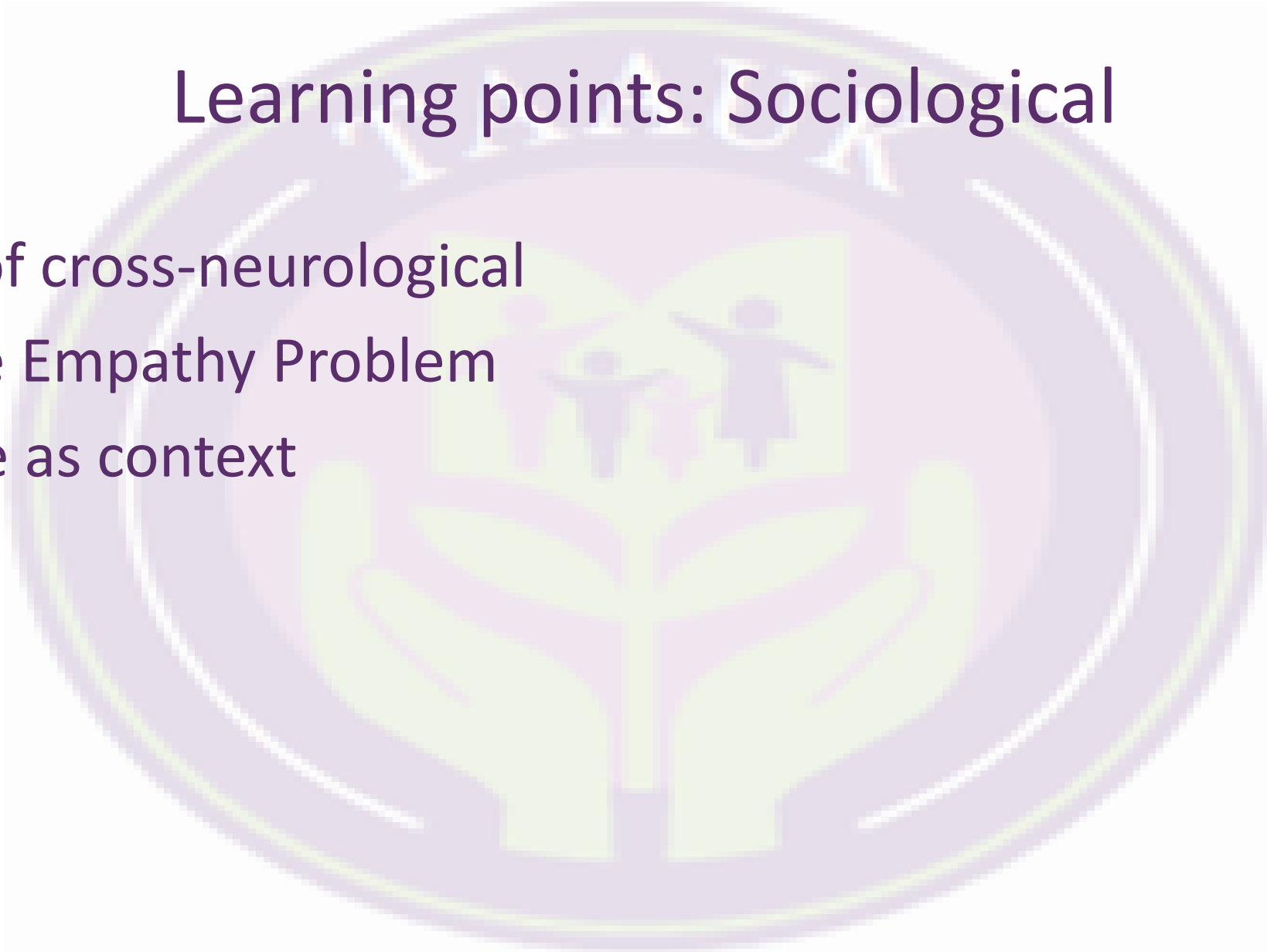
Learning points: Diagnostic

- Environmental (sensory/social) trauma
- PTSD
- Pathological Demand Avoidance
- Selective Mutism
- Catatonic type breakdown/deterioration
- Mood disorders



Learning points: Sociological

- Facet of cross-neurological
- Double Empathy Problem
- Culture as context



Learning points: Institutional

- Competences, knowledge and skills
- Roles and responsibilities
- Outcomes and evaluation
- Discriminatory legislation?



Child Protection Committees

“the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland”.



Chief Officer

“ ensuring that their agencies, individually and collectively work to protect children and young people as effectively as possible. They also have responsibility for maximising the involvement of those agencies not under their direct control, including the Scottish Children’s Reporter Administration, the Crown Office and Procurator Fiscal Service and the third sector”.

TAUUK

Thank you for your time



Questions and discussion



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