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
Responsibility for Child Protection

- General Contact
- Specific Contact
- Intensive Contact

Specificity → General Contact → Specific Contact → Intensive Contact → Sensitivity
Responsibility for Child Protection

- General Contact
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Sensitivity
Responsibility for Child Protection

Specific Contact

- Disability (incl. physical impairments and learning disabilities)
- Ethnic group (incl. where English is not the first language)
- Parental mental health problems
- Childhood trauma
- Complex needs (incl. additional support needs)

Apply key theories underpinning their work with children and young people to support children and young people's development.

Make appropriate onward referrals, including using specialist agencies.

Identify healthy child and adolescent development, including the effects of adverse factors and different types of abuse/neglect on development and behaviour.
Autistic Hierarchy of Needs
(Evans-Williams & Williams, in preparation)

- Physiological Needs
- Safety Needs
- Relationship Needs
- Self-Esteem Needs
- Self-Identity Needs
- Self-Giving Needs
“Longstanding educational difficulties”
Case example A: School Refusal
“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
Indicator of risk

“The unseen child or young person”
Case example D: Social Withdrawal
Demands = Anxiety = Avoidance
“Disguised compliance and failure to improve outcomes for the child or young person”
Case example E: Non-uptake of therapies
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”.
Thank you for your time

Questions and discussion