

Safeguarding Young People on the Autism Spectrum



This guide is an updated version of our 2014 guide *Safeguarding Children with Autism*.

The 2014 guide was written by **Wade Tidbury**. Wade has a 25 year career in social care and safeguarding.

With contributions from:

Carolyn Eyre (Safeguarding Consultant)
Steven Sykes (Principle Research Assistant)
Caroline Hattersley (National Autistic Society/Providence Row)
Kiranpreet Rehal (National Autistic Society)
Dr Mitzi Waltz (Independent Autism Consultant)
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:

Moira Murray (Independent Safeguarding Consultant)
Chris Osborne (Independent Safeguarding Consultant)
Deborah Kitson (Ann Craft Trust)
Sarah Goff (Ann Craft Trust)
Clare Gent (Action for Children)
Susan Dowling (NSPCC)
David Miller (NSPCC)
Jane Herson (The University of East Anglia)
Sarah Jane Critchley (Autism Education Trust)
Victoria Edwards (Ambitious about Autism)
Steven Monnery (National Autistic Society)
Tracey Sellers (National Autistic Society)

Safeguarding Young People on the Autism Spectrum



Contents

| | |
|--|----|
| Introduction | 3 |
| Abuse and autism | 6 |
| Identifying safeguarding issues for autistic young people | 7 |
| What to do if you have concerns about a young person | 10 |
| Bullying and online safety | 13 |
| Radicalisation | 16 |
| Child sexual exploitation | 21 |
| When an autistic young person may cause harm to others | 23 |
| Communication | 24 |
| Behaviour and restraint | 26 |
| Parent carers, families and siblings | 28 |
| Appendices | 30 |

Introduction

This guide explores safeguarding and child protection with specific reference to autistic young people.

It outlines what all professionals should consider when they have concerns about a young person's welfare or safety. The material draws on the following national statutory guidance:

- *Working Together to Safeguard Children 2018*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- *What to do if you are worried a child is being abused 2015*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- *Keeping children safe in education 2019*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf

The third resource must be available to staff in education settings.

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, regardless of age. However, other organisations providing support or services to young people on the autism spectrum aged 16 and over, and/or looked after young adults up to the age of 25, should make sure that appropriate arrangements for adult protection and safeguarding are also in place.

Autism is recognised as a disability, and some disabled children and adults may be more vulnerable to abuse than non-disabled people.

This may be because some autistic people can

experience differences with communication, social interaction, or have difficulty understanding other people's motives. Some may also be less able to recognise or report abuse. This requires professionals 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 on the autism spectrum.

Identifying safeguarding issues and understanding what to investigate can be complex. Some features of autism, and the individual ways these may be expressed or experienced, could be misinterpreted as signs of abuse and neglect. Perpetrators of abuse may include immediate or wider family, or friends, professionals and volunteers. Professionals should be aware of all those who are involved in a young person's life and care.

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:

- 1 Frontline practitioners who are in day-to-day contact with children and young people. This group includes teachers, teaching assistants, youth workers, support workers in schools and other settings, and therapists.
- 2 Designated safeguarding practitioners within organisations or services that work with young people.
- 3 Safeguarding professionals, working for a local authority and responsible for investigating child protection concerns.

Professionals who work with children and young



people in education settings have a legal duty to ensure safeguarding remains a priority at all times.

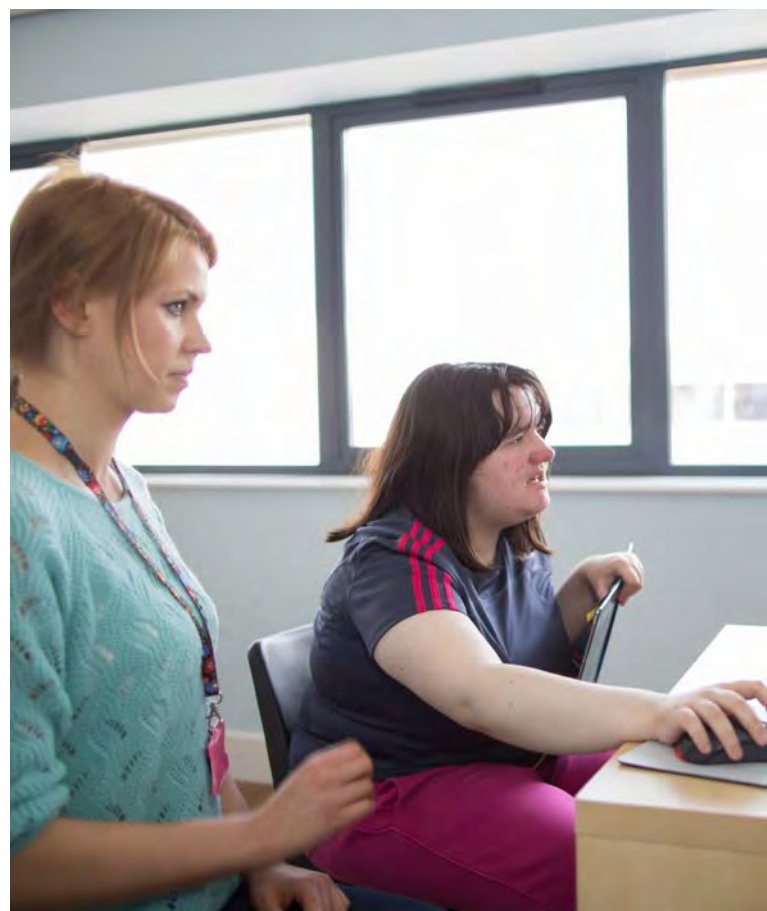
Frontline practitioners who have safeguarding concerns about a young person should do the following:

- 1 They should act on them immediately.
- 2 They should follow their own organisation's child protection policy and speak to the designated safeguarding lead (or deputy).

Options will then include:

- managing any support for the child internally via the school's or college's own pastoral support processes
- an early help assessment
- a referral for statutory services.

- 3 The designated safeguarding lead or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or taking advice from local children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.
- 4 Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.



Autism

Autism is a lifelong developmental disability that affects how people perceive the world and interact with others.

Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.

Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.

The characteristics of autism vary from one person to another, but there are some main areas of difference (the following information is taken from the National Autistic Society website www.autism.org.uk).

Social communication

Autistic people have differences with verbal and non-verbal language (www.autism.org.uk/communicating). Many have a very literal understanding of language, and some autistic people may struggle with more abstract concepts. Some autistic people have good language skills, but they may still find it hard to understand the expectations of others within conversations, perhaps repeating what the other person has just said (this is called echolalia) or talking at length about their own interests. Some autistic people benefit from using, or prefer to use, alternative means of communication, such as sign language or visual symbols. Some are able to communicate very effectively without speech.

Social interaction

Autistic people may have difficulty 'reading' other people - recognising or understanding others' feelings and intentions - and expressing their own emotions (www.autism.org.uk/socskills-children).

This can make it very hard to navigate the social world. People may find it difficult to understand and interpret other people's thoughts and feelings, predict what will happen next, understand the concept of danger, or prepare and cope with change. Some autistic people may find it hard to form friendships; they may have a desire to interact with others, but be unsure how to go about this.

Repetitive behaviour and routines

The world may seem a very unpredictable and confusing place to some autistic people. They may prefer to have daily routines in place, (www.autism.org.uk/routines), so that they know what is going to happen every day. For example; wanting to always travel the same way to and from school or college or eating exactly the same food for breakfast each day. The use of rules can also be important. It may be difficult for an autistic person to take a different approach to something once they have been taught the 'right' way to do it. People on the autism spectrum may not be comfortable with the idea of change, but may be able to cope better if they can prepare for changes in advance.

Highly-focused interests

Many autistic people have intense and highly-focused interests, (www.autism.org.uk/routines), often from a fairly young age. These can change over time or be lifelong, and can be anything from art or music, to trains or computers. An interest may sometimes be unusual. One autistic person loved collecting rubbish, for example. With encouragement, the person developed an interest in recycling and the environment. Many channel their interests into studying, paid work, volunteering, or other meaningful occupations. Autistic people often report that the pursuit of such interests is fundamental to their wellbeing and happiness.

Sensory sensitivity

Autistic people may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain (www.autism.org.uk/sensory). For example, they may find certain background sounds, which other people ignore or block out, unbearably loud or distracting. This can cause anxiety or even physical pain. Or they may be fascinated by lights or spinning objects.



Abuse and autism

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:

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

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

The updated guidance of *Working Together to Safeguard Children* explains that for all children:

“As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school, from within peer groups, or more widely from within the local community. These threats can take a variety of different forms including online safety, exploitation, sexual, criminal gangs, organised crime groups, and influences of extremism leading to radicalisation or trafficking.

Assessments of children in such cases should consider whether wider environmental factors are present in a child’s life and are a threat to their safety and/or welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and/or welfare of a number of different children and young people who may or may not be known to local authority children’s social care or subject to child protection plans.”

Children with disabilities are more likely to experience abuse than non-disabled children, yet the abuse is less likely to be reported (Miller and Brown, 2014).

There are a number of other factors that may prevent us from recognising the signs and reporting our concerns.

These are:

- optimism – professionals may feel that a family or carer is doing their best and wait for the situation to improve
- diagnostic overlay – signs and indicators of possible abuse are attributed to a disability/ medical condition and remain unexplored
- reluctance to challenge – professionals may lack confidence in their own understanding of a child’s needs and view primary carers as expert, or they may be concerned that there are no appropriate care services, residential placement and/or education alternatives for the child to go to
- over-reliance on the parent or carer as the child’s advocate – professionals may lose sight of the child’s own needs and wishes
- assumptions – thinking that an autistic young person cannot be a credible witness, or that action cannot be taken without a verbal disclosure of abuse
- 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 a misguided attempt to keep them safe) or underfeeding in an attempt to make lifting and handling easier.

Identifying safeguarding issues for autistic young people

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

When considering the protection of autistic young people, there are some key points to consider:

- Autistic young people may find it difficult to tell someone that they are experiencing abuse, particularly if they have communication difficulties. Young people with an advanced vocabulary may also find it difficult.
www.autism.org.uk/communicating
- Some possible indicators of abuse, such as self-injury or withdrawal from social situations, may be a consequence of a young person being on the autism spectrum.
- Indicators of actual abuse may be falsely explained as a consequence of a young person being on the autism spectrum.
- Where a young person experiences physical and/or psychological injury as a consequence of distress, it may be considered neglectful not to pursue reasonable interventions to support them to manage these.
- Autistic young people sometimes express behaviour that challenges others and are consequently vulnerable to imposed interventions that are inappropriate, disproportionate or abusive.
- Autistic young people may share environments with other autistic young people who may express behaviour that is challenging towards them.
- Even subtle changes in behaviour may be a young person communicating that something is wrong and/or that they are being abused. It is important to be aware of changing patterns of behaviour, and to identify the cause.

It is essential to avoid making the assumption that all possible signs and indicators are attributable to abuse, or that all are attributable to a young person being autistic. The best outcomes should be achieved when designated persons and safeguarding professionals consider both possibilities and explore these carefully and thoroughly.

Remember: careful consideration must be given to what the young person is communicating, especially non-verbally, about an injury, sign or indicator of possible abuse. However, even the most verbal young person may not know if, when or how to report abuse or ask for help. Asking regular straightforward questions can help navigate this. An example of a specific non-leading question is "tell me the best and the worst thing that happened to you today."

Specific considerations

Physical abuse

Physical injury may result from a lack of appropriate support, such as self-injury or accidental injury. Safeguarding professionals should explore whether supervision and support of the young person is appropriate for their needs and is not neglectful.

Physical injury may also result from forms of restraint. Support and training for carers may be required to ensure the young person's ongoing safety. It is important to be aware of the possibility of restraint being used to hide purposeful abuse (see Behaviour and restraint section for more information).



Feeding and eating differences are more common for autistic young people, and the risk of force-feeding or deliberate starvation/malnutrition may be missed by safeguarding professionals. Carers may also inadvertently cause harm through deliberate provision or withholding of food, whilst believing to be acting in the child's best interests.

Some autistic young people may be prescribed medication to support mental health needs (such as high anxiety or stress). There are also misconceptions that the use of some medications helps a child to sleep. Some parents or carers may be tempted to overmedicate their child to further modify their behaviour. Overmedicating and the use of other medicines for behaviour management has significant health risks.

While many alternative therapies are unproven in their efficacy, the majority are harmless. However, designated persons and safeguarding professionals should be alert to the potential that some cause physical and emotional harm. It may be important to look out for the language used by parent carers and whether there is a desire to 'fix', 'cure' or 'correct' the autistic young person.

Emotional abuse

Parents, carers and other professionals often explore a difficult balance between promoting an autistic child's development so that they are able to engage with the wider neurotypical world and supporting and accepting them as individuals. Where the needs of an autistic young person are denied, and their individuality is not accepted, their emotional wellbeing is compromised, and, in extreme cases, this may be abusive.

Autistic young people are often vulnerable to high levels of anxiety and may rely on routines, structure and interests to provide contexts in which they feel safe and secure (www.autism.org.uk/routines). Parents, carers and professionals may support young people with strategies and interventions to help the young person be more flexible in coping with and managing the wider social environment. When interventions are used as part of an agreed strategy of support, be aware it may take some time for the autistic young person to become comfortable and secure with them.

Ill-conceived or heavy-handed interventions that deny a young person access to his or her sources of security and that lead to high levels of long-term distress may be abusive.

In some or all areas of a young person's development, autistic young people may negotiate these stages later than neurotypical children and may continue to engage in and enjoy activities that are not considered as age-appropriate. Parents, carers and professionals may quite reasonably seek to engage a young person in experiences that are more consistent with their peers. 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 wellbeing, and whether this is being done in their best interests.

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 autistic young person, or the development of new behaviours. It is important to work closely with families and develop trust between all parties. Too much emphasis on risk and suspicion will make matters worse, not better.

Sexual abuse

Autistic young people are incredibly vulnerable to sexual abuse. This is due to differences in social understanding and communication, and for some, their sexual development may not be consistent with emotional and social development. This could be expressed through sexualised behaviour at inappropriate times and places (such as public masturbation or use of sexualised language), inappropriate touching of other people, and difficulty understanding social rules. It is also important not to assume these expressions are a result of them being autistic; there is the possibility they are also indicators of abuse.

Some autistic young people may also demonstrate echolalia and repeat what others have said. While sexualised language could be an indicator of abuse, it may also be a repetition of something they have heard in the playground, between adults, on TV or online.

Case study

Julia is a 10-year-old girl on the autism spectrum 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 statements, 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 is not a real person, but her story represents the type of issue a professional could encounter while working with a child on the autism spectrum.

- An autistic child may sleep on a mattress on the floor, due to safeguarding against falling out of bed.
- Appearance interpreted by others as unkempt or dishevelled, or where clothes are worn over many days, may be related to sensory processing differences, and/or anxiety around managing change and routine.

Sensory needs may also impact the care that autistic young people require. Many autistic children process sensory information differently. They may be under- or over-sensitive to a range of stimuli. Some specific support strategies may include:

- food to be prepared in particular ways and, perhaps, a longer timeframe to be allotted to eating a meal
- support for pica (eating inedible substances and objects for sensory stimulation) (www.autism.org.uk/pica)
- particular arrangements for washing and bathing.

Active lack of response or support for sensory needs could be seen as neglect.

Medical care

Many autistic young people find health services, including hospitals, opticians, GP and dental surgeries, anxiety-provoking and stressful. (www.autism.org.uk/about/health). Young people with learning and developmental difficulties are already vulnerable to missing out on the quality of health care that the majority of people receive, and this can create further barriers. It is important to ensure that autistic young people receive good medical and dental care. Sensory issues may make this more challenging, however active avoidance of health and medical care is neglectful and may lead to worsening medical issues that could cause pain and complications.

Some autistic children may struggle to understand and communicate when they are in pain or may display this through expressing behaviour that is seen as challenging. Again, it is important to be aware of when a child's behaviour changes, as well as ensuring they attend regular check-ups, so that there is less reliance on immediate communication of needs.

Neglect

Neglect is the most common form of abuse suffered by children with disabilities, but it is important to be aware that some indicators of neglect, in respect of a child on the autism spectrum, may have another explanation. Some examples include:

- A sparsely furnished bedroom may help an autistic child settle to sleep if they are overstimulated by sensory information (you would however expect to see some toys and stimulation opportunities in other areas of the home).
- Doors and windows may be locked to minimise the risk of an accident. An occupational therapist should have assessed and identified ways of keeping the child safe within the home (and it is important to note that the locking of doors is a form of restraint).



What to do if you have concerns about a young person

Care provision and organisations providing services to young people and their families must have procedures that reflect the arrangements of their local authority and three Safeguarding Partners (previously known as Local Safeguarding Children Boards).

All frontline practitioners working with young people 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 young person or the concerning behaviour of a colleague or professional.

It is usually the responsibility of the designated person to make a referral to social care services. Many local authorities and/or the three Safeguarding Partners (previously known as Local Safeguarding Children Boards) provide training to designated staff on how to make a referral, when and how to raise concerns with parents and carers, and local assessment processes.

For more information visit:
www.gov.uk/government/publications/keeping-children-safe-in-education--2

Working with parent carers and families

Working Together to Safeguard Children (2018) 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.'

The three Safeguarding Partners (previously known as Local Safeguarding Children Boards) are required to publish a threshold document which sets out the criteria for action in a way that is transparent, accessible and easily understood.

All professionals working with young people have a responsibility to identify young people and/or families' emerging problems and potential unmet needs, particularly where the young person is disabled or has special educational needs. In many cases, parent carers know their young person better than anyone, so a change in behaviour, health issues, or early indicators of possible abuse or neglect should always be discussed with them at the earliest opportunity. Where the concern or observation warrants assessment, professionals involved with the young person should work in partnership with the family to identify what help the autistic young person needs. The agreement and involvement of the young person and of parent carers is central to the effectiveness of an early help assessment. Where there are serious concerns or witnessed abuse, a direct referral should be made immediately to social care services by the designated person, as per local safeguarding procedures.

It is vital for all professionals to make and retain adequate records as the process goes forward. Parent carers of young autistic people often experience high levels of stress, and it is important to be aware that some may also be autistic themselves, both diagnosed and undiagnosed. Consideration to the use of jargon, sarcasm and awareness of a very literal understanding should be in mind, and should a parent carer disclose they are autistic, this should never be used against them. Some parent carers who are on the autism spectrum or who have another disability may be reluctant to engage with professionals because of past experiences, or they may have suffered abuse themselves.

Discussions should be carefully organised by the designated person, with a clear agenda and any communication support in place. These need to be handled sensitively. It is important that parent carers do not feel that they have already been judged, that they are listened to, and that a response to any identified needs is followed through.

It may be helpful for the meeting to be in a familiar and comfortable place, and for clearly written notes to be shared with the family, as well as any agreed care plan. Missed medical and carer appointments are a known marker for neglect but may also be as a result of confusion or difficulty understanding events. When arranging dates and times of meetings it is helpful to write these down. For example, if you say “see you next Wednesday” on a Monday, an autistic parent may arrive in 48 hours, as opposed to the Wednesday the following week. When giving times of appointments, be explicit on AM or PM or use a 24-hour clock.

Making a referral to children’s social care

The designated person should ensure that all frontline practitioners they work with know when and how they can be contacted, as well as organisational arrangements for recording and reporting concerns. The three Safeguarding Partners’ (previously known as Local Safeguarding Children Boards) threshold document should be used to provide information and guidance about agreed levels of need, what constitutes ‘risk of significant harm’, and what steps are to be taken if the emerging concern does not meet the threshold for multi-agency assessment.

When making a referral for an autistic child, it is essential that the designated person makes reference to their disability. This should include information about any issues that may impact the young person’s ability to keep themselves safe, the extent to which autism may increase their vulnerability and any communication issues that may impact an assessment. Include detail on sensory and communication needs, and any known triggers and de-escalation strategies.

If the designated person disagrees with a decision made about a referral (for example, if it is determined that the threshold for significant harm has not been met), they should follow the protocol for professional challenge published on the three Safeguarding Partners’ (previously known as Local Safeguarding Children Boards) website.

Remember: when there are concerns about a young person’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

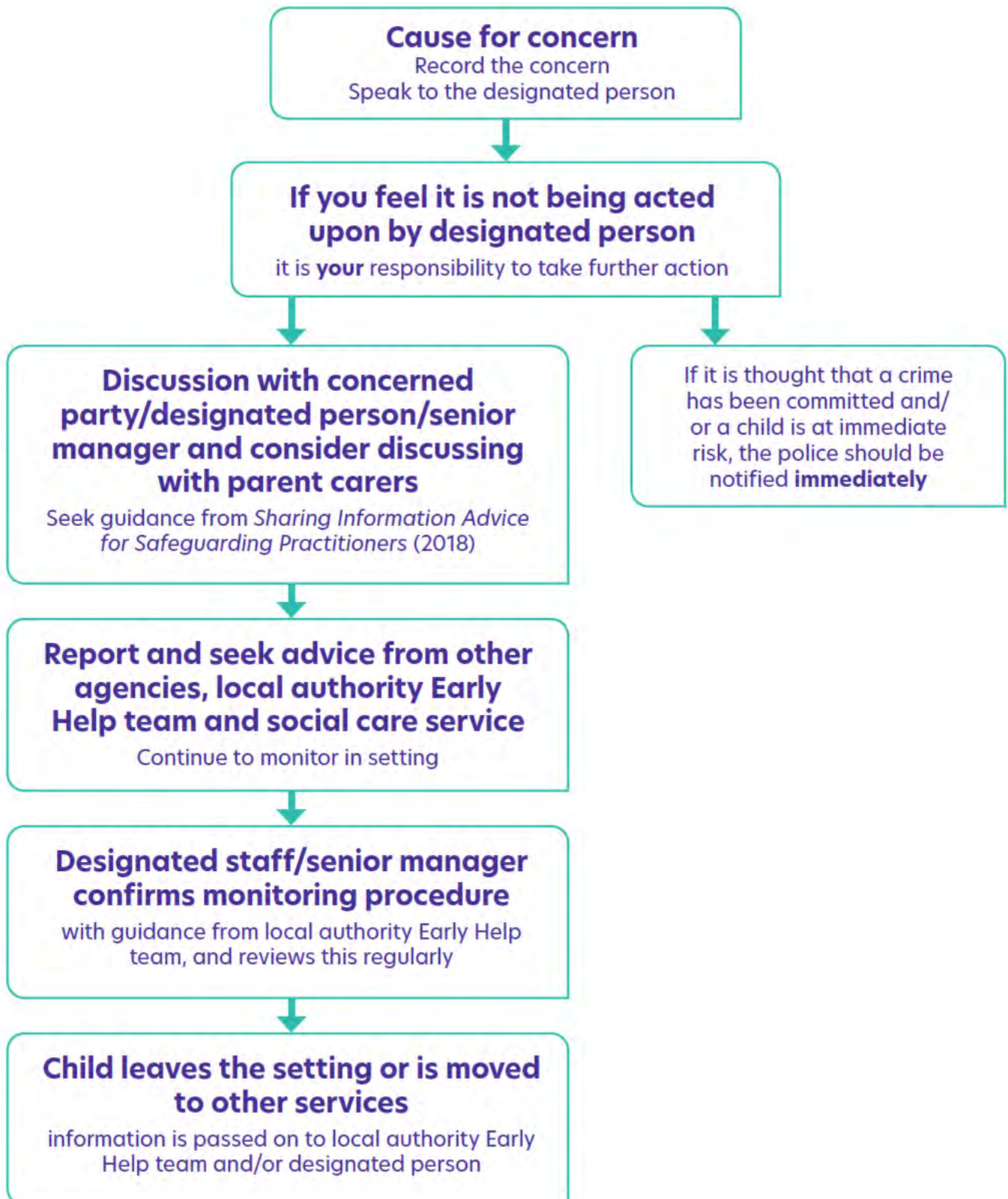
‘Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and children’s social care has a duty to ascertain the child’s wishes and feelings’ (*Working Together to Safeguard Children, 2018*).

The views and needs of a young person enable successful safeguarding processes. These must be considered in balance with the needs and wishes of adults. A child-centred approach should ensure that safeguarding professionals see and speak to the young person; to give space for the ‘voice of the child’, listen to what they say, take their views seriously and involve them in identifying the support they may need.

Safeguarding professionals undertaking an assessment of an autistic young person may feel anxious about how to effectively communicate, particularly if, for example, a young person has limited or no verbal communication or uses communication aids. In some cases, it may be best practice for assessors to seek additional advice and guidance from more experienced professionals – ideally someone who knows the young person and their preferred communication method or style. In some circumstances, the use of an intermediary may be relevant. It is important to address how a young person can be involved in proceedings, and whether it is appropriate for them to attend multi-agency meetings.



Example of in-house procedures to follow where there are concerns about a child.

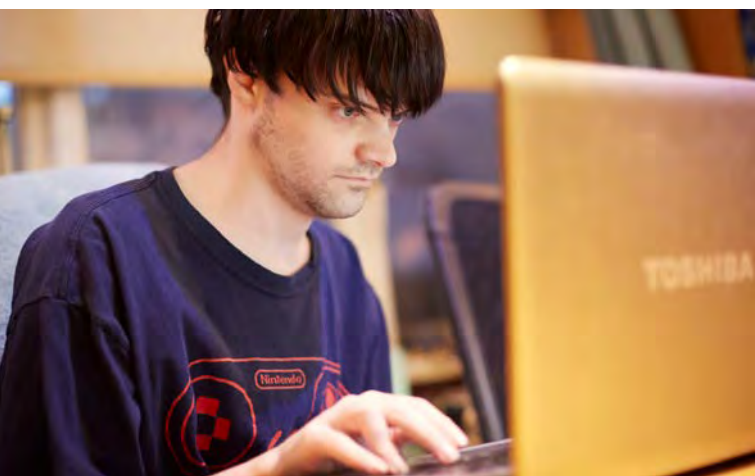


Bullying and online safety

Bullying (www.autism.org.uk/bullying) occurs in specialist provision as well as mainstream schools, and may take the form of physical, verbal or sexual abuse.

Some children on the autism spectrum find it difficult to interpret facial expressions and body language, or read 'between the lines'. They may struggle to identify if someone is being genuinely friendly or pretending in order to take advantage (mate crime). Autistic children may also find it hard to put themselves in someone else's shoes and understand another child's intentions. While the internet can be a very positive place to make online relationships, online grooming and cyberbullying are very common.

Professionals working with autistic young people should be alert to the possibility of face-to-face or online bullying, and take action if they suspect a young person is experiencing any type of harassment. Some forms of bullying, including hate or mate crime, may require a multi-agency response including possible referral to the police and/or social services. Education settings should have preventive strategies to help identify safe places and people who can offer support, as well as up-to-date, comprehensive measures to protect the young person online.



All schools have a legal duty to have measures in place to support pupils who are being bullied and to apply disciplinary sanctions to the pupil doing the bullying. It is best practice to ensure that these policies include cyberbullying.

Online safety

Some autistic young people may need extra support and guidance to stay safe online. Education settings have a duty and responsibility to protect children in their care, including:

- doing all that they reasonably can to limit children's exposure to the above risks from the school's or college's IT system. As part of this process, governing bodies and Heads of school/college should ensure their school or college has appropriate filters and monitoring systems in place, protecting pupils from being exposed to material that compromises their safety or makes them anxious
- staff to undergo regularly updated safeguarding training
- to ensure children are taught about safeguarding, including online safety and that online safety training for staff is integrated, aligned and considered as part of the overarching safeguarding approach. (*Keeping Children Safe in Education, 2019*).

More information, including a range of online and other resources, is available at: www.gov.uk/government/publications/keeping-children-safe-in-education

Online messenger, social media and emails are often a more accessible form of communication for many autistic people. This may be due to very clear turn taking in conversations, the flexibility and comfort to type rather than talk, and the lack of eye contact/body language interpretation required to converse for sustained periods.

Autistic people may be very honest and open and can automatically assume that other people they connect with online behave likewise. Sometimes this isn't the case, and the internet can pose several risk areas that are particularly relevant to people on the autism spectrum.



Misunderstandings

It may be difficult for some young autistic people to understand other people's intentions and motivations. Misunderstandings and online arguments may result from the challenges in discerning fact from fiction, or interpreting meaning behind someone's actions or communication. This may cause upset and confusion.

Young people need to know that not everything online is true, and that it may be important to use multiple sources of information from reliable websites for verification. If a young person has a tendency to take things literally, this may make online communication more challenging. It may be helpful to support engagement in specific forums for autistic young people where there are specially trained moderators to support users in this area.

Interests

Following an interest may be a very positive, relaxing and calming activity for someone on the autism spectrum, and there are many safe spaces for them to do this online.

However, it is important to be aware that some interests may lead autistic young people to engage in behaviour that they are not aware is risky or even criminal. For example, if they are interested in military weaponry, they may decide to research how different artillery is made, or seek to buy items online. They may need specific guidance about what is appropriate internet use and the potential consequences if they do not do this. It may also be that they engage with others with similar interests, but who have different motivations. This may make potential sources of information and support more risky, and will therefore require closer monitoring.

Illegal activity online includes:

- downloading child sexual abuse images
- passing on to others images or video containing child sexual abuse images
- downloading, possessing or distributing material classed as illegal under terrorism legislation
- inciting racial or religious hatred
- extreme cases of cyberbullying
- promoting illegal acts.

Vulnerable to bullying or abuse

Autistic young people are at higher risk of bullying, and online abuse presents specific concern. While rare, there are instances of children on the autism spectrum being contacted online inappropriately. Some autistic young adults may also be at risk of developing exploitative 'friendships' with those they've met on or offline.

Generally, a lot of risks can be mitigated by having support in place from an appropriate person (family member, teacher, mentor, support worker etc.). This is very important for online safety, and especially when internet usage involves interacting with friends or strangers (such as social media and games).

If the cyberbullying is serious and a potential criminal offence has been committed, it may be necessary to contact the police. Relevant criminal offences here include harassment and stalking, threats of harm or violence to a person or property, any evidence of sexual exploitation, for example grooming, distribution of sexual images or inappropriate sexual contact or behaviour.

Misuse of money

The proliferation of mobiles, apps, and tablets mean that it is very easy to shop, game and find ways to spend money online. Some gaming apps require you to buy extras in order for you to progress through the game. It may be difficult for an autistic young person to consider the consequences of frequent spending, or to identify that they are being manipulated.

Most devices can now be set up to require parental permission to purchase anything and Android tablets now offer the option to run separate user profiles which can be used to restrict access. Secure software can be helpful to store passwords and security details - but it is only as secure as the password used to access them.

Protecting privacy

Some autistic young people may find it difficult to judge how much information is appropriate (and safe) for them to share about themselves. Protecting young people's privacy online can reduce the risk of them receiving inappropriate images, requests and content from people they connect with.

Case study - Lisa

Karen and Bill discovered that their 12-year-old autistic daughter Lisa was being messaged on Instagram by a 22-year old man. After Karen and Bill spoke to Lisa, they closed her Instagram account. They have since found out she set up a new Instagram account and has been communicating with the man again. Due to the privacy settings on Instagram, the police have been unable to gain the details of the man contacting their daughter.





Radicalisation

Autistic young people who are diagnosed or undiagnosed have been identified as a potentially vulnerable group when exposed to radical or extremist beliefs, ideologies and activities.

It is important to note that there is no empirical or conclusive evidence to show a direct link between autism and terrorism ie that people on the autism spectrum are at an increased risk of engaging in terrorist offences or that autism is over-represented in terrorist offenders.

However, as a result of recent high profile cases of young autistic adults having been radicalised by both far-right and Islamist extremist groups attracting significant media and public attention [see Harry Thomas (2014); Michael Piggitt (2014); Mark Alexander Harding (2014); and Nicky Reilly (2008)], this has led to a creation of a 'geography of suspicion' around young people and adults on the autism spectrum and the risk of stigmatising them as potential terrorist threats [Heath-Kelly: 2018].

What is evident from these cases is the need to safeguard and protect more vulnerable individuals from being targeted and recruited by extremist groups of all persuasions. Moreover, the questions that these cases raise is that if young autistic people are at increased risk of becoming radicalised, what are the potential risks factors and how can these be mitigated?

Radicalisation and the vulnerability of autistic people

Risk factors

Loneliness or a lack of social interaction for someone who feels alienated or without friends, together with 'the need to matter and belong' may increase the risks of becoming radicalised, particularly for young people.

Autistic people, specifically those who are socially isolated, can adopt special and/or obsessive interests, but more importantly, when keen to be valued and recognised as part of a friendship group, can be particularly vulnerable.

Some people on the autism spectrum are also adept at 'masking' to fit in with others, adopting behaviours and ideologies to build relationships without considering the implications. They may find it difficult to recognise whether these are appropriate, and how they may be interpreted by others.

In addition, differences in social communication and social understanding may mean that autistic people find it more difficult to recognise someone's ill-intent or negative agenda, or risk being used for someone else's gain. As such, the reduced ability to critically analyse the philosophy and beliefs of extremist groups may place autistic young people particularly at risk of being radicalised.

All young people/adults need safe spaces in which to explore their natural curiosity, ideas and concerns about national and global issues linked to extremism. People on the autism spectrum may have a tendency to 'hyper-focus' on certain issues at the expense of other life interests or attachments. It is not uncommon for people to become hyper-focused on particular interests such as certain terrorist attacks, weapons, bomb-making, extremist propaganda and/or conspiracy theories linked to extremist ideology and this may be another factor that places people at risk.

The tendency to hyper-focus creates significant challenges for educational establishments and those supporting autistic people. On the one hand, it's important that autistic individuals are offered a safe space to talk openly, honestly and sensitively about national and global issues linked to terrorism and extremism. But frontline practitioners may be equally concerned about the risk of 'exposing' young people and adults to issues related to extremism that they may not have previously been exposed to. There may be a fear that this could further reinforce existing hyper-focused interests in terrorist incidents, extremism and extremist groups.

Exposure to online extremist propaganda and ideology

There is evidence to suggest that some autistic people engage with digital technologies and social media to significant degree as a response to differences around communication and interaction in social situations. This may increase a person's likelihood of coming into contact with online extremist propaganda and other conspiracy theories that extremist groups seek to exploit and increase opportunities for young people to become radicalised. Equally, the Internet can act as an 'echo chamber' for both extremist beliefs and conspiracy theories and may serve to reinforce existing beliefs [RAND: 2013, Radicalisation in Digital Era].

It is therefore possible that extremists may recognise some autistic people's intense interests or expertise in computing and digital technologies, and exploit targeted individuals for terrorism recruitment and training.

Characteristics of autism such as literality, rule based and fixed thinking, and challenges around understanding people's motives and intentions coupled with difficulties being able to critically assess 'the bigger picture' make it essential that professionals teach digital resilience in an autism-specific way. It should be recognised that, when clustered together, these risk factors can make autistic people particularly vulnerable to online extremist propaganda and ideology.

The Prevent Duty

The Counter Terrorism and Security Act 2015 (www.legislation.gov.uk/ukpga/2015/6/contents/enacted) places a statutory duty on Early Years settings, schools, further education providers, higher education institutions, local authorities and other specified authorities and institutions (including young offenders institutions and prisons) to prevent children, young people and adults being drawn into terrorism and extremism.

What is Prevent?

Prevent is about keeping people and communities safe from the threat of terrorism. It is one of the four strands of the Government's "CONTEST" strategy; the other strands are Pursue, Protect and Prepare.

Full details of the CONTEST strategy and Prevent Duty can be found on the gov.uk website www.gov.uk/government/publications/counter-terrorism-strategy-contest-2018 www.gov.uk/government/publications/prevent-duty-guidance.

The main aim of Prevent is to stop people being drawn into radicalisation. Operating in a pre-criminal space, it safeguards young people and adults, spotting the signs of radicalisation and providing early intervention to protect and divert people from being drawn into terrorist ideologies or activity.

What is Channel?

Channel is simply a safeguarding process which aims to prevent children, young people and adults from being drawn into extremism or becoming involved in terrorist related activity. It works with the consent of the vulnerable person or, if appropriate, their parent carers.

Referrals to Channel are assessed by a multi-agency panel consisting of the local authority, police, health and education professionals and other key stakeholders.

The Channel process aims to:

- identify individuals at risk of being drawn into terrorism
- assess the nature and extent of that risk
- develop the most appropriate support plan for the individual concerned.

Engagement with families

Parents and carers of young autistic people also play a crucial role in safeguarding their children from online radicalisation and extremism.

Discussions about safeguarding against potential radicalisation should be included in existing parenting programmes where available.

However, where concerns do exist about a child or young person, parents and carers may require additional one-to-one support as a way of offering guidance, advice and information to raise their awareness of radicalisation and discussions about how to safeguard their child/young person.

Parental Engagement Workshops can be useful to both inform and provide practical advice, guidance and reassurance to parents and carers on a range of safeguarding and key Prevent issues.

These might include:

- exploring how children/young people can be influenced by others and are vulnerable to being radicalised or involved in risky behaviour
- recognising the importance of building relationships with their children and setting age-appropriate boundaries
- guidance and tips on safer internet and social media
- how to respond if they have concerns regarding the safety and wellbeing of their children
- how to promote resilience and critical thinking skills in their children so that they are less likely to be influenced by extremist narratives.

Note: Where there are concerns about a child or young person, these should always be raised with the family directly unless this would jeopardise the safety of the child or young person, for example where a parent might be complicit in the identified risk.

It is important to recognise the global, national and local contexts in which the Prevent strategy is delivered.

These include:

- increasing concerns about the growing number of hate crimes, often in response to a terrorist incident
- growing threat of 'far right' extremist groups
- the ongoing threat of terrorist attacks within the UK
- the need to be able to respond quickly and sensitively to young people's concerns when a terrorist event occurs
- the need to discuss these issues with young people through the Spiritual, moral, social and cultural development (SMSC) and Fundamental British Values (FBV) curriculum
- ongoing terrorist attacks carried out by extremist groups globally.

Prevent auditing

The following questions might be a useful starting point when benchmarking your current Prevent aims and objectives.

- Do colleagues have a basic understanding of the Prevent strategy's aims?
- Are colleagues confident to discuss how vulnerabilities can occur?
- Do colleagues understand how vulnerabilities can sometimes reveal themselves in certain behaviours?
- Do colleagues understand how advice can be sought and referrals can be made within the settings policy?
- Do colleagues have a basic understanding of the term British values?
- Do colleagues understand how these values are promoted across your setting?
- Has your setting asked colleagues where they may need personal development or more information about extremist issues?
- Do colleagues feel they have the knowledge and skills to appropriately challenge any extremist narrative they may come across?

Referral pathways for safeguarding concerns related to radicalisation and extremism

Concerns about an individual child or group of children who may be at risk of becoming radicalised, being drawn into violent extremism, or being vulnerable to this in future, should be treated initially using the same safeguarding procedures used for all vulnerable children.

Prevent best practice requires that:

If you notice a concern about an individual possibly being drawn into or supporting terrorism:

- you should check your concern in confidence with a trusted colleague/designated safeguarding lead (DSL) to better understand the situation
- if you agree that this concern should be shared with the local authority, then your designated safeguarding lead will do so on your behalf, like any other safeguarding referral.

A more nuanced approach is advised where low level concerns can be managed by a setting:

- talk with the family and other professionals working with the child/young person about your concerns and get their views
- seek consent from parents for a formal Early Intervention Assessment to be completed as this will give a holistic perspective on the situation and determine if there are additional needs and, if so, how these could be met
- engage other relevant agencies to support the child and their family
- if concerns persist, despite ongoing support, then refer to your local Multi-Agency Safeguarding Hub (MASH) using the local Prevent referral form.

Accessing support

The following questions might be a useful starting point when benchmarking your current Prevent aims and objectives.

Settings should be able to offer a range of interventions to individuals deemed to be at risk. Once a referral is made, the Local Authority and Designated Safeguarding Lead will gather the information to assess the level or risk and whether a referral to Channel is required or support can be provided internally.

However, findings from the recent inquiry following the Manchester terrorist incident found:

- a distinct lack of 'safe spaces' for young people/adults to have difficult conversations around sensitive issues
- a distinct lack of support for young people who do not meet intervention thresholds
- a distinct lack of mentors and positive role models to support and inspire vulnerable young people.

Sometimes the Channel support provided for young people and adults may be similar to that provided for other vulnerable individuals and sometimes more specifically focused interventions may be appropriate. Although not exhaustive, the following examples of support programmes and interventions may be considered:

- mentoring programmes: work with a suitable adult as a role model or providing personal guidance, including guidance that addresses extremist ideologies
- focused education programmes: activities that focus on addressing extremist ideologies and online resilience
- targeted youth support: addressing the needs of vulnerable young people at the earliest possible stage
- life skills: work on life skills or social skills generally, such as dealing with peer pressure
- behaviour/anger management programmes: formal or informal work dealing with behaviour and anger

- cognitive/behavioural contact: cognitive behavioural therapies and general work on attitudes and behaviours
- constructive pursuits: supervised or managed constructive leisure activities
- careers contact: activities focused on training and employment
- parenting programmes: activities aimed at supporting family and personal relationships that contain a Prevent element
- health awareness contact: work aimed at assessing or addressing any physical or mental health issues.

Individuals receiving support should be reviewed on a regular basis. If support is received through Channel, the Channel Panel will be monitoring progress on the implementation of any support plan before it is determined that it is safe for the person to exit the process. Similarly, when providing internal support and staff are satisfied that risks have been successfully reduced or managed, they should recommend that the case be closed and complete a closing report.

There are still relatively few early interventions programmes specifically designed to support young people on the autism spectrum at risk of being drawn towards extremist narratives. It is therefore essential that settings and practitioners build an evidence base of what works, to learn from previous cases and share learning about appropriate interventions.



Note: It is important to ensure that at both a strategic and frontline level there is a shared understanding of key definitions and terminology [DfE: 2017].

What is radicalisation?

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

What is extremism?

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces (in this country or overseas) as extremist.

What is terrorism?

Terrorism is defined as action designed to influence the Government, intimidate the public, and done for the purpose of advancing a political, religious or ideological cause, that endangers or causes serious violence or harm to people, property, or seriously disrupts or interferes with an electronic system.

What are Fundamental British Values?

Fundamental British Values include: democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. These values are not exhaustive and settings might also want to focus on values that promote wellbeing, safety, fairness and belonging.

Child sexual exploitation

All young people are vulnerable to child sexual exploitation (CSE). Autistic young people may have significant hurdles recognising the abuse and reporting it, due to some specific vulnerabilities mentioned earlier.

CSE is a type of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (All Wales Child Protection Procedures Review Group 2013; Department for Education, 2017; Northern Ireland Direct, 2018; Scottish Government, 2018).

Children and young people in sexually exploitative situations and relationships are persuaded or forced to perform sexual activities or have sexual activities performed on them in return for gifts, drugs, money or affection. CSE can take place in person, online, or using a combination of both.

It is important to be aware that CSE is not always visible at first. Autistic young people may have been groomed for weeks or months, and they may view the groomer as a friend, girlfriend or boyfriend, NOT as an abuser. They may rely on their abuser for access to care, help or interest-based activities and may be concerned if they report their abuser, they will be isolated or lose support.

Some young people on the autism spectrum may be scared to report the abuse but it is also possible they do not understand that the relationship is not a healthy one.

Child sexual exploitation online

When sexual exploitation happens online, young people may be persuaded or forced to:

- have sexual conversations by text or online
- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or phone.

To keep control of and perpetuate the situation, abusers may threaten to send images, videos or copies of conversations to the young person's friends and family unless they take part in further sexual activity. Images or videos may continue to be shared long after any physical sexual abuse has stopped.

Autistic young people who are being sexually exploited may express distress and confusion. It is vital to not assume any of the below behaviours are simply related to a young person being autistic. Any changes in a young person's behaviours should be considered seriously.

Behaviours may include:

- displaying rapid onset, out-of-character, inappropriate sexualised behaviour for their age or stage of development
- being fearful of certain people and/or situations that is not in line with their experiences
- displaying significant changes in emotional wellbeing that differs from their usual patterns of behaviour
- being isolated from peers/usual social networks more than usual
- being increasingly secretive, or attempting to lie where before they have been open and honest
- having money or new things (such as clothes or a mobile phone) that they can't explain
- spending time with older individuals or groups and becoming quite focused on that new apparent friendship group



- being involved with gangs and/or gang fights, or being used as an unlikely scapegoat on a regular basis by others
- having older boyfriends or girlfriends who they seem to feel the need to appease
- missing school and/or falling behind with schoolwork more than would be usual for them
- persistently returning home late although being very timely and rule driven by nature
- returning home under the influence of drugs/alcohol
- going missing from home or care
- being involved in petty crime such as shoplifting despite having an honest nature
- spending a lot of time at hotels or places of concern, such as known brothels
- not knowing where they are, because they have been trafficked around the country.

Autistic young people could be groomed by someone they know such as a family member, teacher, carer, support staff, friend (adult or young person) or professional. They could also be groomed by a stranger.

Grooming can happen anywhere, including:

- online
- in organisations
- in public spaces (also known as street grooming).

Some autistic young people may have difficulty understanding another's intentions. They may not interpret a groomer's real agenda, leaving them vulnerable to abuse.

Groomers may work to gain the trust of a whole family and carers in the hope of eventually being left unsupervised with a child. If they work with autistic young people, they may use similar tactics with colleagues to gain access to a vulnerable young person.

The online grooming process can be much quicker than offline grooming (CEOP, 2013 www.norfolkscsb.org/wp-content/uploads/2015/03/CEOP_Threat-Assessment_CSE_JUN2013.pdf). Many young people on the autism spectrum engage in online chat, games and social media for social interaction, and it is important that they are aware of who they are communicating with, and what personal information is appropriate for them to share. Much of this equally applies to the grooming process to radicalise young people and adults too.

Groomers gain trust by:

- pretending to be someone they're not, for example saying they are a younger age. If they are of a similar age but the autistic young person is at a different developmental stage, this may also present an issue
- offering advice or understanding as a 'false' friendship to gain better knowledge on how to control or threaten the young person
- buying gifts and interest related items
- giving the child attention
- using their professional position or reputation to hold power or intimidate
- taking the child on trips, outings or holidays.

Reporting child sexual exploitation

Child sexual exploitation is taken very seriously by the police, and there are specially trained officers to provide support. Additional help and anonymous reporting can be made via the NSPCC (www.nspcc.org.uk/what-we-do/).



When an autistic young person may cause harm to others

Some of the behaviours that an autistic young person may display could be seen to be abusive or dangerous towards others. Exploring the reasoning behind the behaviour is vital, as behaviours may relate more to expression of needs and communication, rather than a purposeful attempt to cause harm.

If an autistic young person bullies another child, consider the possible reasons for the bullying. Some autistic young people may find it difficult to understand or control their emotions or expression, and may have little or no concept of the consequences of their actions. They may 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 even be re-enacting bullying that they have experienced themselves. The possibility that a young autistic person is being coerced by others, as may be seen in mate crime, should also be explored.

Autistic young people may, at times, be very proficient at copying others' behaviour to fit in, and may not be able to judge what behaviours are appropriate in different situations. This may create a misleading image of a young person's character.

"Unfortunately, due to the lack of nationwide safeguarding and sex education that is tweaked for autistic young people, autistic young people may find themselves accused of sexual crimes, and in the most severe cases given a criminal record. I know that understanding jargon is proving an issue for many autistic teens I see in my work. Slang terms such as "Netflix and Chill" which, in street language means "meet up for intercourse" may be taken literally leading to potentially risky situations. An autistic young person may agree to this, assuming it means watching films and relaxing, giving the person who asked the impression they are consenting to sex. Alternatively, an autistic young person may ask this of another, wanting to innocently watch

films, but it is interpreted as inappropriate sexual expression, possibly seen as abuse or a criminal offence. In the age of social media and online communication, an autistic young person is wildly vulnerable to being misunderstood and left with a lifelong mark against them."

Carly Jones, MBE, British autism advocate

Professionals should remain open to a range of explanations 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 perpetrator is on the autism spectrum.

It is also imperative to give due consideration to the possibility that any young person who has harmed another 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 young person who has enacted the abuse must be considered separately. Consideration should be given to whether either or both young people should be referred to children's social care services.

Designated persons and safeguarding professionals should enable parent carers to share what they know about the abusing young person's range of behaviour and, crucially, recent influences on them. This sharing of information should support sound decision making, as well as a thorough analysis of risks to the victim and other young people.



Communication

The need for good communication is crucial when considering safeguarding concerns. It is important to remember that communicating with young people is a two-way process - it not only relates to a young person's ability to communicate but also relies upon the professional's competency in communication.

Some autistic young people can communicate in a sophisticated manner, particularly about topics in which they have developed a significant interest. They may also have the 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 young person's preferred communication style and the way in which being autistic affects them. Local safeguarding children boards should provide further information and access to training. For older young people with more cognitive understanding, professionals may find resources for communicating with adults about abuse helpful. Professionals should also recognise the negative impact that environments that are not 'autism-friendly' friendly' (www.autism.org.uk/environment) may have upon effective communication.

A number of resources exist for professionals to support children with learning disabilities to express their thoughts, wishes and feelings and talk about abuse. Some of these are listed in Appendix D.

Augmentative and alternative communication (AAC) describes any form of language other than speech that assists a young person in social communicative interactions.

Some augmentative and alternative methods of communication include:

- Picture Exchange Communication System (PECS) uses a series of cards with pictures of objects on them

- interactive communication boards contain visual symbols organised by topic
- speech output devices are a form of AAC that give non-verbal young people a 'voice'
- Social Stories™ are brief descriptions of an everyday situation written from an individual's perspective. They can be used to consider personal safety issues and abuse (www.autism.org.uk/socialstories).
- '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 (<https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=184228018X>).

The combined use of these methods may enhance social communication interactions with all children on the autism spectrum. In times of overload, shutdown and/or distress, even the most vocal of young autistic people may struggle to communicate what is happening to them. A young person should have the communication tools to articulate their needs. Always ensure that autistic children have the tools and support to respond when asking questions about abuse.

When investigating safeguarding concerns, every effort must be made to speak to the young person alone unless doing so would place them at greater risk of suffering harm. Some autistic young people may rely on a familiar person to support their feelings of security and enable them to express themselves.

Key suggestions for safeguarding professionals to help with communicating:

- Approach communication in its broadest terms and consider speech, body language, gestures and reference to objects. Be alongside an autistic person and attempt to make sense of their experiences from their perspective.
- Provide the young person with visual information prior to the meeting with details of when and where the meeting will take place and for how long. It is also important to provide visual strategies to allow the young person to ask for a break during meetings. For example, introducing an "I need a break" card.
- Make sure that a young person has sufficient time to speak. After asking a question, allow time for the information to be processed. It may take a young autistic person days, weeks or even months to process their feelings and understand the context of events. You may need to make sure a young person has a way to make contact with professionals at a later date if they need additional time to consider their experiences. While alternative communication methods may take longer, if a young person can communicate all they want to, and in the least stressful way, they will find it a more positive experience and may not need to repeat information. Several meetings over shorter periods of time may suit some children's concentration span and stress levels and, in all meetings, it may be very helpful to have structured breaks.
- Consider if you are competent in communicating using a young person's preferred method, or whether someone else is better able to assist. 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.
- Try to make sure the young person is comfortable in their surroundings, and make efforts to strike up a rapport (particularly if you are unfamiliar to them). Autistic young people often have an interest; these favourite topics are often a way to make a connection. An autistic child may struggle with new locations and new faces, or recognising the faces of people they have met many times, particularly if out of context, or in a different setting to where they would expect to see

them, or in different clothing. This can increase anxiety and stress. Favourite objects or sensory toys may be supportive, and it may be necessary to introduce a child gradually to you and an environment if this would not hinder the safeguarding process and risk their safety.

- Think about the environment – is there good lighting, especially if visual communication tools are to be used? Is there noise disturbance from neighbouring rooms or ringing phones? Are there lots of distracting objects in the room?
- Ask if the young person has a communication passport (<https://www.communicationmatters.org.uk/page/communication-passports>). This is used by some autistic young people and may detail their preferences on a range of topics, including communication. There may also be information relating to the use of eye contact, sensory needs, and the child's likes and dislikes.

It is important that we do not assume an autistic young person with a large vocabulary is able to report abuse, and abuse could be going on for a long time before anyone notices.

Children on the autism spectrum have differences with social interaction and communication, which may influence how and when they report any experiences of abuse. Young people who are not on the autism spectrum may have observed and learned to guess at what may happen next in social situations, or consider the consequences of theirs and others' actions. This understanding can prompt and motivate asking for help. Some autistic young people may struggle to do this, and not recognise that asking for help can lead to support and assistance, and that there is an advantageous social consequence for doing so. Some autistic young people may assume that other people know what happened to them, because it is in their own awareness. They may find it hard to recognise that other people do not have the same experience or understanding of situations and events or simply presume that what feels obvious to them is obvious to others.



Behaviour and restraint

Remember: restraint is an absolute last resort that should only be implemented by people who are highly trained.

Autistic children may express behaviour that is potentially harmful to themselves and/or others. It is crucial for professionals to understand the need to balance the psychological impact of intervention with their duty of care to the young person and others around them to prevent injury or harm. Wherever possible, look to prevent behaviours arising. Consider what is challenging for the young person to manage, minimise environmental stressors, and have a low-arousal approach.

If behaviours do arise, interventions such as de-escalation techniques should be used. In any circumstance, restraint may place enormous stress on the young person, parent carers and staff.

De-escalation can include the use of communication methods appropriate to the young person to support them with alternative behaviours, the use of re-direction, and the development of self-awareness and self-care skills. Consider the young person first, apply consistent approaches to their behaviour, and avoid or manage triggers supportively. Every autistic individual should have a tiered support plan detailing what their triggers are, what de-escalation methods are effective and what should be done if the situation cannot be supported by those methods alone.

Some restraint interventions are reactive (eg blocking someone's path so they do not run into the road). Other restraint interventions may involve holding an individual, and should only be implemented by someone with full training and awareness. All forms of restraint involve limiting or restricting a person's liberty, behaviour or freedom of movement. Restraint should never be implemented without full training and awareness, and considerations of the impact of the restraint on the young person involved.

Use of restraint should always be evidenced for why it is in the young person's best interest, and its impact monitored. Best practice should be applied in all registered settings. There are a number of approaches and organisations that offer training and the Restraint Reduction Network has published training standards and a certification scheme (2019). For more information, visit <https://restraintreductionnetwork.org/wp-content/uploads/2019/03/RRN-Training-Standards-Certification-Scheme-April2019.pdf>

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

The use of physical intervention may be particularly distressing for autistic young people because of sensory differences: even the slightest physical touch (even if meant as reassurance) may be painful and distressing. In addition, they may not understand why they are being restrained, which could heighten anxiety and cause the young person to express even more distressed behaviour.

It is crucial that parent carers and young people are consulted when restraint is being considered. Parent carers have the right to discuss restraint policies with service providers and consider individual risk management plans specific to their young person. Where young people 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.

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

Case study – Nicolas

Nicolas is a 14-year-old boy who is very particular about the routines that he has. He seeks 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. Social services have known about these behaviours for a number of years. However, his behaviour has recently become more distressed 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 started attending a 52-week residential school, and 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 on the autism spectrum.

Many local authorities state that any information relating to a young person being locked in their house or bedroom requires a referral to social care services. While it may be found that there are circumstances that warrant the restraint, there should always 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 parent carers – has the young person's behaviour changed or become more challenging? Are new restraint methods being used 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?

Professionals may have understanding and empathy, but should help the family to explore the most appropriate strategies of support. Inappropriate restraint – including inappropriate use of medication – is always a safeguarding issue and may fall within the definition of physical abuse.

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

A note on restraint

The Deprivation of Liberty Safeguards are an amendment to the *Mental Capacity Act 2005* and apply in England and Wales only. The *Mental Capacity Act* allows restraint and restrictions to be used but only if they are in a person's best interests. 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. 'It is always unlawful for a school to use force as a punishment' but school employees have a right in law to use 'reasonable force' in certain circumstances (<https://www.scie.org.uk/mca/dols/at-a-glance>).



Parent carers, families and siblings

In order to safeguard autistic young people, it is important to consider the wellbeing of their primary caregivers.

Any decline in the mental health and wellbeing of parent carers is likely to impact upon the sensitivity of care giving and may increase the risk of abuse. In a world that lacks understanding of autism and may not value difference, the struggle to interpret and support an autistic young person can impact upon the mental wellbeing of everyone in the family. Consideration of family wellbeing and relationships contributes to the safeguarding of young people.

Without the right support, parent carers may feel helpless and overwhelmed and may lack the skills and understanding to support their young person. Families can become isolated, feeling that it is easier to manage life at home rather than go out into the community. Some autistic children have disturbed sleep and this, in turn, affects parent carers' sleep, which can cause stress, impact on self-esteem and lead to mental or physical health needs. If a parent carer is struggling with their health, it may affect the consistency of care they can offer, and their child may become anxious or frustrated.

Parents may be perceived negatively by the public, friends, family and professionals when in reality they may be struggling to cope with situations that they have little knowledge nor training for. The cumulative effect of living under such circumstances should not be underestimated.

Some parent carers may find life so challenging that they turn to alternative coping mechanisms, such as alcohol or drugs. They will need support to manage these behaviours to better meet their own needs, and their responsiveness to their young person's needs will also be impacted. This could range from basic care such as providing food, warmth and shelter, to meeting emotional and stimulatory needs. Input from specialist services may be required.



Siblings

Siblings of autistic young people should be considered from a safeguarding perspective. Parent carers may struggle to allocate enough time to all of their children, with increased time required for their autistic child. Alternatively, in some households, parent carers may spend more time with siblings because of the challenges involved in understanding and supporting their autistic child. The responsibility for safeguarding and protection relates to all children and must be considered in relation to their specific situation. It is also worth bearing in mind that some siblings of autistic young people may be autistic themselves. Some may be undiagnosed.

Providing support to siblings (such as accessing social activities outside of the home) may indirectly benefit an autistic young person and help parent carers to manage the competing needs of their children. Some children on the autism spectrum may struggle to establish and maintain friendships, so their sibling(s) may be their main contact with other children.

This intensity of relationship may be difficult for some siblings to manage and some siblings may also be called upon to help care for their autistic brother or sister. If this care is not age appropriate, it could be considered emotional abuse or neglect. *Working Together to Safeguard Children (2018)* offers up-to-date guidance on how to assess and safeguard young carers.

Siblings may pose a risk if they bully or perpetrate abuse. Alternatively, an autistic young person may present risk to siblings if they express distressed behaviour, or show a lack of understanding of boundaries. Siblings of a young autistic person may experience teasing from other children, lack of privacy, disruption to home life and experience complex feelings about their situation. It is important that siblings receive opportunities to spend time alone with their parent carers and are able to interact with their friends within their home environment.

Young people who share a room with their autistic sibling 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 sibling's school of any difficulties that an autistic young person 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.





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 (this is not designed to be used as a checklist and examples are not exhaustive):

- 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 (this is not designed to be used as a checklist and examples are not exhaustive):

- 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

Appendix A

- 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 including:

- 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 on the autism spectrum 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 (this is not designed to be used as a checklist and examples are not exhaustive):

- 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 caregivers) 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 (this is not designed to be used as a checklist and examples are not exhaustive):

- 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.

Benefits and risks of online communication

Mobile phones

Benefits:

- social element
- enables contact with friends and family
- greater sense of independence
- everything in one place – can be used for storing files, taking notes, capturing photos
- can use anytime and anyplace
- give access to emotional support from others, helping to reduce anxiety.

Risks:

- monitoring use is difficult
- easy to circulate inappropriate content or carry out cyberbullying
- can use anytime and anyplace!

Instant messaging

Benefits:

- social element
- enables contact with friends and family
- occurs in real time.

Risks:

- some instant messenger products can hold hundreds of buddies, and it may be attractive to increase number of buddies by accepting inappropriate friends
- monitoring use is difficult
- easy to carry out cyberbullying.

Chat rooms

Benefit:

- social element
- can meet others from around the world often with the same interest
- promotes equality and diversity
- supports autistic young people who may have less confidence
- most chat rooms record conversations
- users can report inappropriate messages and there should be systems in place to deal with this.

Risks:

- can be populated by anyone
- children can access chat rooms of an adult nature
- children may be persuaded to give personal information
- people may not be who they say they are
- easy to carry out cyberbullying - nasty or threatening messages can be sent without the target knowing who they are from.

Email

Benefits:

- social element
- an essential part of working life.

Risks:

- can be used to distribute inappropriate content
- computer viruses and spam are common email hazards
- easy to carry out cyberbullying – nasty or threatening messages can be sent anonymously because it is easy to set up email accounts.



Social networking

Benefits:

- allows people to socialise and express themselves
- can set security settings - giving control who can access their profile
- easy to stay in touch with friends and family
- autistic people may find it easier to meet and connect to others and develop successful and supportive relationships.

Risks:

- profiles may contain too much personal information which can be accessed by many if appropriate security settings aren't chosen
- potential for cyberbullying
- people can spend too much time using to the detriment of other social, leisure and learning activities
- classifies people as 'friends' which may be misleading.

Vlogging and podcasting

Benefits:

- lots of good content that can be used to extend learning or interest
- uploading is quick and easy
- viewing or listening is easy and instant
- video telephony such as FaceTime allows face-to-face electronic contact.

Risks:

- children may access inappropriate material (violent, pornographic, inappropriate language etc).

Virtual learning

Benefits:

- virtual learning environments allow schools to set assignments, tests, activities and monitor progress
- usually password protected
- can be accessible from home and school.

Risks:

- need to have an acceptable user policy in place
- data protection issues.

Gaming sites

Benefits:

- develop skills such as leadership, problem solving, decision making
- can include games that involve physical movement
- make friends with shared interests
- can assist with communication and turn taking skills
- play with others in real time.

Risks:

- many games are designed for the adult market - content may be inappropriate
- can be addictive and discourage children from taking part in other social and leisure interests
- hard to monitor both content of games and any online chat during play - children may be highly motivated to accept to play with unknown people.



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?

Parent 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.

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

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.
- Debate and discussion 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 autistic young people 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.

Appendix D

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.

www.booksbeyondwords.co.uk

Boundaries, Bodies, Abuse and Reporting it for Autistic Girls Online Safeguarding course –

Carly Jones MBE

<https://www.openlearning.com/courses/boundaries-bodies-abuse-and-reporting-it-for-autistic-girls->

Cassandra Centre London

<http://cassandracentre.org.uk/>

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.

<https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=184228018X>

Safeguarding Children and Young People: A Toolkit for General Practice

Royal College of General Practitioners (2019)

www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx

Safety Net (2012). Friend or Fake?

arcuk.org.uk/safetynet/friend-or-fake-easy-read-booklet/

Talking Mats

The mats provide a structure to help people to arrive at a decision and express their views.

www.talkingmats.com

Appendix E

Helpful websites

Working Together to Safeguard Children 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

What to do if you are worried a child is being abused 2015

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

Children Act 1989

<https://www.legislation.gov.uk/ukpga/1989/41/contents>

Keeping Children Safe in Education 2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf

Stay Safe Online

<https://staysafeonline.org/stay-safe-online/managing-your-privacy/privacy-tips-teens/>

NSPCC Preventing Abuse

www.nspcc.org.uk/preventing-abuse/keeping-children-safe/online-safety/

Restrain Reduction Network

<https://restraintreductionnetwork.org/wp-content/uploads/2019/03/RRN-Training-Standards-Certification-Scheme-April2019.pdf>

Appendix E

O2 Netaware

www.net-aware.org.uk

Educate Against Hate

<https://educateagainsthate.com>

Prevent E-Learning

www.elearning.prevent.homeoffice.gov.uk/home

The PSHE Association has guidance on the management of sensitive issues

www.pshe-association.org.uk/curriculum-and-resources/resources/handling-complex-issues-safely-pshe-education

Let's Talk About It

www.ltai.info/

Think: Protect: Connect

www.safeineastsussex.org.uk/Think:-Protect:-Connect-Toolkit.html

Trust Me

www.childnet.com/resources/trust-me

PREVENT Duty guidance

www.gov.uk/government/publications/prevent-duty-guidance

Regional Prevent Further & Higher Education Co-ordinators

<https://www.safecampuscommunities.ac.uk/prevent/regional-coordinators>

Report Terrorism

www.gov.uk/report-terrorism

CONTEST

www.gov.uk/government/publications/counter-terrorism-strategy-contest

Cross the line

www.crosstheline.co.uk

Let's Talk About It

www.ltai.info/what-is-prevent

2019 Safer Internet Day video

www.saferinternet.org.uk/safer-internet-day/safer-internet-day-2019/safer-internet-day-2019-top-tips-7-11s

Childnet Digital Leaders answer key questions on consent online for Safer Internet Day 2019

www.youtube.com/watch?v=iE-_CK8Y9ck

www.ucl.ac.uk/grand-challenges/sites/grand-challenges/files/rough_guide_to_social_media_use.pdf

Mandy, W and Hull, L. Autistic Adolescents' Use of Social Media

http://blogs.ucl.ac.uk/grand_challenges/2019/01/09/autistic-adolescents-use-of-social-media/?fbclid=IwAR3VyW11x5J8jBTBcKkybCrkcMDpoyFSQyZ9VuNIQluO8Hy3gSV6hmp7dZ4

Department of Health Combating CSE online course

<http://cse.brook.org.uk/story.html>

UK Government CSE Guidance

www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners

NSPCC Protecting Children from Sexual Exploitation

www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/

NSPCC What is Grooming ?

<https://learning.nspcc.org.uk/research-resources/briefings/grooming/>

NSPCC How to report abuse

www.nspcc.org.uk/preventing-abuse/our-services/nspcc-helpline/

Other helpful organisations

AbilityNet

Tel: 0800 269 545

www.abilitynet.org.uk

Action for Children

Tel: 01923 361 500

Email: ask.us@actionforchildren.org.uk

www.actionforchildren.org.uk

Ambitious about Autism

Tel: 020 8815 5444

Email: info@ambitiousaboutautism.org.uk

www.ambitiousaboutautism.org.uk

Autism Education Trust

Tel: 0207 903 3650

www.autismeducationtrust.org.uk

BILD (British Institute of Learning Disabilities)

Tel: 0121 415 6960

Email: enquiries@bild.org.uk

www.bild.org.uk

Marie Collins Foundation

Tel: 01677 460168

Email: admin@mariecollinsfoundation.org.uk

www.mariecollinsfoundation.org.uk

NSPCC

Switchboard: 020 7825 2500

Email: help@nspcc.org.uk

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

Tel: 0115 9515400

Email: ann-craft-trust@nottingham.ac.uk

www.anncrafttrust.org

The Challenging Behaviour Foundation

General Enquiries: 01634 838739

Family Support Line: 0845 602 7885

Email: support@theCBF.org.uk

www.challengingbehaviour.org.uk

The National Autistic Society

Tel: 0808 800 4104 Lines are open 10am-4pm, Monday to Friday (free from landlines and most mobiles)

www.autism.org.uk

Triangle

Tel: 01273 305888

Email: info@triangle.org.uk

www.triangle.org.uk

Appendix F

References and citations



Bhui K. (2018). *Radicalisation and mental health*. Nordic Journal of Psychiatry, 72(sup1), S16-S19.

King C. and Murphy G.H. (2014). *A systematic review of people with autism spectrum disorder and the criminal justice system*. Journal of Autism and Developmental Disorders 44(11), pp. 2717-2733

Maiano C. et al (2016). *Prevalence of school bullying among youth with autism spectrum disorders: A systematic review and meta-analysis*. Autism Research, 9(6), pp. 601-615.

Miller, D and Brown, J (2014). *We have the right to be safe' Protecting disabled children from abuse*; NSPCC

National Autistic Society (2017). *Communication, viewed 29 March 2019* www.autism.org.uk/communicating

National Autistic Society (2016). *Obsessions, repetitive behaviour and routines*, viewed March 2019, www.autism.org.uk/routines

National Autistic Society (2016). *Sensory differences*, viewed 29 March 2019 www.autism.org.uk/sensory

National Autistic Society (2017). *Social interaction for children*, viewed 29 March 2019 www.autism.org.uk/socskills-children

Rutten A.X. et al (2017). *Autism in adult and juvenile delinquents: a literature review*. Child and Adolescent Psychiatry Mental Health, 11(45).

Schroeder J.H. et al (2014). *Shedding light on a pervasive problem: A review of research on bullying experiences among children with autism spectrum disorders*. Journal of Autism and Developmental Disorders, 44(7), pp. 1520-1534

Sreckovic et al (2014). *Victimization of students with autism spectrum disorder: A review of prevalence and risk factors*. Research in Autism Spectrum Disorders, 8(9), pp. 1155-1172

Sevlever M. et al (2013). *Sexual abuse and offending in autism spectrum disorders*. Sex and Disability, 31, pp. 189-200

Young people on the autism spectrum 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 autistic children, this essential guide identifies the key principles of safeguarding and clearly outlines the steps that need to be taken when there are concerns.

The National Autistic Society is here to transform lives, change attitudes and create a society that works for autistic people.

We transform lives by providing support, guidance and practical advice for the 700,000 autistic adults and children in the UK, as well as their three million family members and carers. Since 1962, autistic people have turned to us at key moments or challenging times in their lives, be it getting a diagnosis, going to school or finding work.

We change attitudes by improving public understanding of autism and the difficulties many autistic people face. We also work closely with businesses, local authorities and government to help them provide more autism-friendly spaces, deliver better services and improve laws.

We have come a long way but it is not good enough. There is still so much to do to increase opportunities, reduce social isolation and build a brighter future for people on the spectrum. With your help, we can make it happen.

Find out more at:
www.autism.org.uk/safeguarding



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 Job No: 3686_200220