



CENTRE FOR AUTISM  
MIDDLETOWN

# Safeguarding Protocol

February 2020

Produced by the Middletown Centre for Autism.

The Middletown Centre for Autism Safeguarding Protocol is drawn up in the context of the aims of Middletown Centre for Autism to support the promotion of excellence in the development and co-ordination of education services to children and young people with autism.

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**February 2020**

**Middletown Centre for Autism**

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## **CHILD AND VULNERABLE ADULT PROTECTION POLICY AND PROCEDURES**

This Safeguarding Protocol is a working document to incorporate the policy and procedures as set out in the Child and Vulnerable Adult Protection Policy and Procedures (revised February 2020). All members of staff should refer to this document and be familiar with the content.

### **CONTEXT**

Child and Vulnerable Adult Protection Policy and Procedures (revised February 2020). is set within the context of:

- The Middletown Centre for Autism Advice and Guidance Policy
- The Children (NI) Order 1995
- The Education and Libraries (Northern Ireland) Order 2003
- Department of Education (Northern Ireland) Safeguarding and Child Protection in Schools 2019
- Department of Education Child Protection Procedures for Primary and Post-Primary Schools 2017 (Republic of Ireland)
- Children First Bill 2011/2014

## ROLES AND RESPONSIBILITIES

Middletown Centre for Autism's Child and Vulnerable Adult Protection Team is:

- Designated Liaison Person (DLP) for Child Protection in ROI – Claire Smyton ([claire.smyton@middletownautism.com](mailto:claire.smyton@middletownautism.com) ph: 0044 28 37515750) and Tara Vernon ([tara.vernon@middletownautism.com](mailto:tara.vernon@middletownautism.com) ph: 0044 28 37515750)
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- Designated Teachers for Child Protection in NI – Jill McCanney ([Jill.McCanney@middletownautism.com](mailto:Jill.McCanney@middletownautism.com) ph: 0044 28 37515750), Helen Forde ([helen.forde@middletownautism.com](mailto:helen.forde@middletownautism.com) ph: 0044 28 37515750)

## Suicide Intervention Risk Assessment Tool

1. *Have they taken a fatal overdose/fatal injury and losing consciousness?*

YES – this needs to be reported immediately to the Designated Teacher

2. *Do they wish the organisation to seek medical help or contact Lifeline?*

YES – this will be done immediately by the MCA employee

- Record on Disclosure Form and report to Designated Teacher immediately, who will report appropriately.
- If the answer is NO to these but you feel there is still some risk – Record Risk Below and talk to the Designated Teacher for advice as soon as is reasonably practical.

What is the Risk?

Who is at Risk?

What Safeguards are in Place?

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Designated Teacher \_\_\_\_\_ Date \_\_\_\_\_

## Child Protection and Vulnerable Adult Risk Assessment Tool

1. *Is there a child and/or vulnerable adult at risk of harm currently at serious risk?*

YES – this needs to be reported immediately by Designated Teacher

2. *Do they or their parent/guardian wish the organisation to report the risk?*

YES – this will be done immediately by Designated Teacher

3. *Does perpetrator potentially have access to other children /vulnerable adults at risk of harm and pose a risk to them?*

YES – this needs to be reported immediately by Designated Teacher.

- Record on “Child Protection and Vulnerable Adult Disclosure form” and report to Designated Teacher immediately, who will report appropriately.
- If the answer is NO to these but you feel there is still some risk – Record Risk Below and talk to the Designated Teacher for advice as soon as is reasonably practical.

What is the Risk?

Who is at Risk?

What Safeguards are in Place?

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Designated Teacher \_\_\_\_\_ Date \_\_\_\_\_

## Child Protection and Vulnerable Adult Disclosure Form

Call Number or Referral Number:		Time:		Date:	
Name of Staff Member					
Name of Caller/Email Contact/ Referral/Parent/Teacher Disclosing					
Consent given		<b>YES</b> <b>NO – Staff Member to Explain reporting to proceed</b>			
Child's Name Age/DOB Address					
Adult at Risk of harm Name DOB Address					
Nature of any injury and is/was medical attention required?					
Brief description of actual / alleged abuse /potential risk					
Immediate Action Taken					
Staff Member Signature _____					
Follow up Actions by Designated Teacher					
Gateway / TUSLA Contacted	Yes	No	Social Worker Name	Contact Number	
PSNI / Garda Síochána Contacted	Yes	No	Officer Name	Contact number	

Designated Teacher /DLP or  
Deputy Designated Teacher/ Deputy DLP Signature \_\_\_\_\_ Date \_\_\_\_\_



## Risk Assessment

Risk assessment is an on-going process. If you feel that the caller or a third party may be at risk, it is important that you follow the **Safeguarding Flowchart**:

Initially remind the caller of our confidentiality policy and the limitations of confidentiality using the following statement:

**“Everything you tell me is confidential unless you tell me that you or someone else is at serious risk of harm. In this case we are legally and professionally required to pass this information to the appropriate outside agency.”**

It is important to check the callers understanding of the above statement. The statement should be made in a conversational way so as not to alarm the caller.

Make a full assessment of the ‘at risk’ situation. If you believe the person to be suicidal, check out if they have planned how, when and where. If you believe a third party to be at risk of harm from the client make a similar assessment. Do not be afraid to be direct in your questioning.

Check out support systems. When they are experiencing suicidal thoughts, who could they contact for support? Give caller the Lifeline number (in Northern Ireland) **0044 808 808 8000** or offer to make the call to Lifeline for them. The Samaritans number for both Northern Ireland and the South of Ireland is **116 123** again 24/7. If you feel that the person is at significantly ‘high risk’ and they have stated they intend to take their own life, or there is risk of abuse of a child or adult in need of protection, or they intend to commit a serious crime, the helpline worker should ask the person’s permission to contact their GP, PSNI, Gardaí, Tusla, Social Services etc. If the person refuses permission, the helpline worker must remind the person of the confidentiality agreement, and the circumstances in which they agreed confidentiality could be broken. The helpline worker should then inform the person of the steps that will be taken:

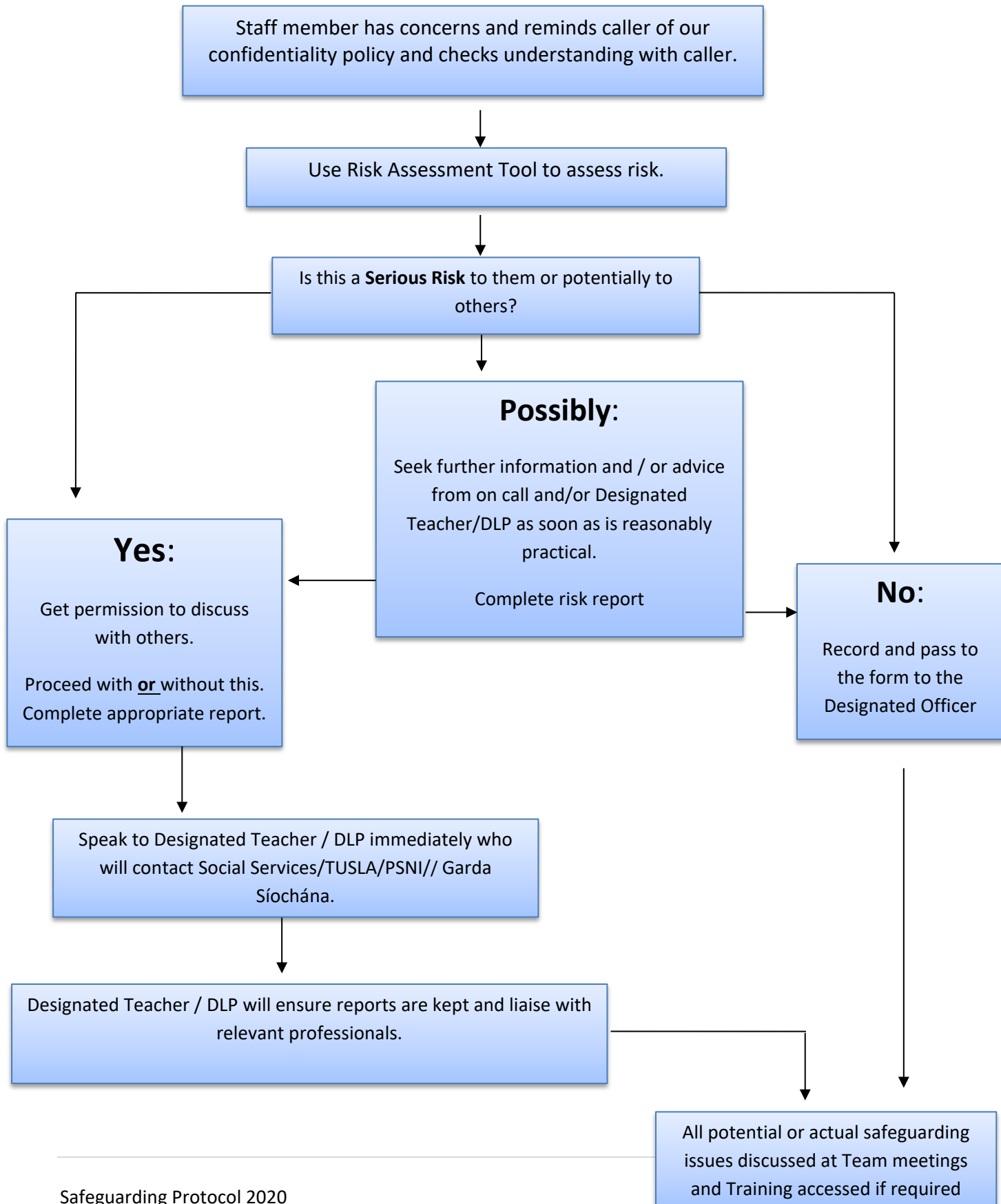
- Contact Designated Teacher / DLP
- If helpline worker has details of person ‘at risk’ – pass these to Designated Teacher / DLP who will phone the relevant external agency.
- Complete the appropriate Risk Assessment Tool Form and/or Disclosure Form

It is imperative that each contact with Manager, GP, PSNI, Gardaí, Social Services etc. is recorded – date, time, contact person, contact number, content of discussion, decisions made. All this information should be recorded Disclosure Form.

# Safeguarding Reporting Procedure

Designated Liaison Person  
(DLP) ROI: Claire Smyton  
and Tara Vernon

Designated Teachers NI:  
Lorraine Scott and Helen  
Forde



## Risk Assessment Guidelines

Risk assessment is a **continuous process**. It starts with the first contact with the caller and continues throughout subsequent contact. Below are some considerations when assessing risk:

- Risk is dynamic, changing and responsive to changes in circumstances.
- It can be minimised but not eliminated.
- Risk management should, where possible, be an active collaboration between the caller and helpline worker.
- Identification of risk carries with it the responsibility to do something about it.
- Assessment information and clinical decision making can be enhanced by multi-professional multi-agency collaboration.
- Defensible decisions are based on clear reasoning and are measured and appropriately documented.
- Risk taking can engage positive collaboration with good outcomes.
- Confidentiality may be breached when there is significant risk of serious harm to self or others.

### WHY RISK ASSESS?

- To aid the reduction of caller distress and promote wellbeing of caller.
- To promote the safety of the caller, their family/carer and the public.
- To fulfil our aim to be an organisation that is proactive in its approach to caller and community safety.
- To maintain public confidence in the service.
- To maintain organisational and professional accountability.
- To fulfil organisational responsibilities.
- To follow policy and guidelines.

**The questions below can be used as a guideline and you are not expected to ask them all. They can be helpful to bear in mind when assessing risk:**

### **RISK OF SUICIDE**

Level of hopelessness?

Any thoughts of ending life?

How strong are these thoughts?

Any plans made to end life?

Method of suicide?

Assess circumstances that are likely to make things worse – e.g. alcohol/drug taking.

Assess willingness to turn to help if crisis occurs.

What supports are in place now?

Would he/she tell you if things changed?

What would they do if it did?

Assess risk to others.

### **EMOTIONAL STATE**

*Internal questions –*

What are you noticing about the way the person is presenting emotionally?

How does that help you as part of the assessment?

Is the person very quiet/talkative?

Does he/she seem to be emotionally connected/disengaged?

How does listening to the caller affect you emotionally?

How do you show this emotion?

If you have any concerns about working with him/her – why? – and how does this contribute to the assessment?

## **CHILD PROTECTION ISSUES**

Is there a child currently at risk?

What is the risk?

Does he/she wish to report the risk themselves and/or take other action?

What time period will be agreed upon doing this and who will the organisation contact to check reporting/action has been done?

Does he/she need help in reporting the risk?

Does the client wish the organisation to report the risk?

## **MENTAL HEALTH ISSUES**

Have you any history of mental health issues? e.g. depression, anxiety

Have you ever had any contact with mental health services? e.g. CPN, psychiatrist

Are you on any medication?

Is this a long-standing problem?

Do you have a social worker and/or are you identified as a vulnerable adult?

## **CHECKLIST QUESTIONS**

Have I got enough information to make a decision? If not, what else do I need to know or do?

If not, why not? If yes, why yes? Give rationale for decision.

Do I need to consult with other professionals or a manager about any issues raised?

Have I got permission to talk to outside agencies?

## **CHILD AND VULNERABLE ADULT PROTECTION**

### **SIGNS AND SYMPTOMS OF POSSIBLE ABUSE**

**This is not a definitive list any signs or symptoms raising concern should be reported.**

**SEXUAL – involves forcing a child or young person to take part in sexual activities.**

Young people may:

- Be chronically depressed
- Be suicidal
- Use drugs or drink to excess
- Self-harm
- Become anorexic or bulimic
- Run away frequently
- Be inappropriately seductive towards adults and/or peers
- Be fearful about certain people like relatives or friends
- Not be allowed to go out socially or have friends around
- Find excuses not to go home or to a particular place
- Be unable to concentrate or seem to be in a world of their own
- Have a "friend who has a problem" and tell about friend's abuse
- Have chronic ailments such as stomach pains and headaches
- Exhibit sudden changes in schoolwork habits or truant
- Be withdrawn, isolated or excessively worried
- Have outbursts of anger or irritability
- Be reluctant to participate in PE or Games
- Repeat obscene words or phrases
- Talk or write about sexual matters

## **CHILD SEXUAL EXPLOITATION (CSE)**

SBNI defines Child Sexual Exploitation (CSE) as “a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse”.

Possible indicators of child sexual exploitation include being seen with older men; truancy; addiction to cigarettes, drugs and alcohol; alienation from friends; teenage pregnancy.

**PHYSICAL - involves the deliberate physical injury to a child or young person or the neglectful failure to prevent physical injury or suffering.**

Young people may:

- Have unexplained or recurrent injuries, burns or bald patches
- Give improbable excuses to explain injuries
- Refuse to discuss injuries
- Have untreated injuries
- Keep arms and legs covered in hot weather
- Be reluctant to receive medical help
- Be frightened of physical contact
- Be reluctant to participate in PE or Games
- Admit to punishment which appears excessive
- Be frightened of parents being contacted
- Be frightened to go home
- Self-harm
- Be aggressive towards others
- Run away from home
- Play truant from school

**EMOTIONAL – involves the persistent emotional ill treatment or rejection of a child or young person such as causes severe and persistent adverse effects on the child’s emotional development.**

Young people may:

- Over-react to mistakes
- Develop sudden speech disorders
- Become aggressive
- Become passive
- Be attention seeking
- Be extremely frightened of parents being contacted
- Steal compulsively
- Be extremely frightened of new situations
- Be excessively dependent
- Be involved in drug or solvent abuse

**NEGLECT – involves the persistent failure to meet a child or young person’s physical, emotional, or psychological needs, likely to result in significant harm.**

Young people may:

- Be noticeably hungry
- Be noticeably tired
- Wear dirty clothes
- Have poor personal hygiene
- Have no social relationships
- Have untreated medical problems
- Be frequently absent
- Be frequently late

**RISK OF SIGNIFICANT HARM – involves a child or young person whose own behaviour, such as consumption of alcohol or illegal drugs places the child at risk of significant harm.**



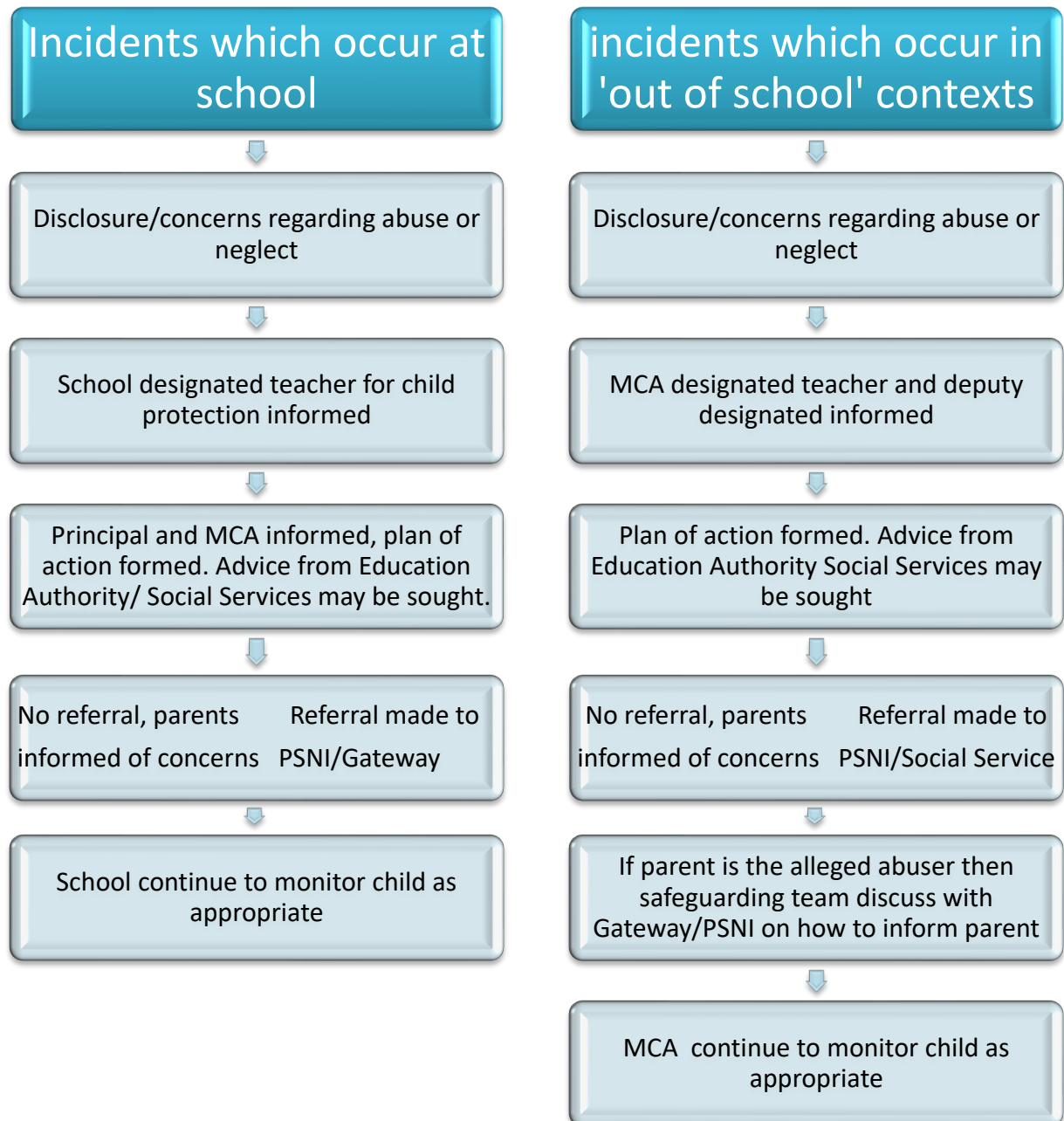
## Procedures for Middletown Centre for Autism Staff

If there is a concern about Child and Vulnerable Adult Protection, there are two routes for procedures:

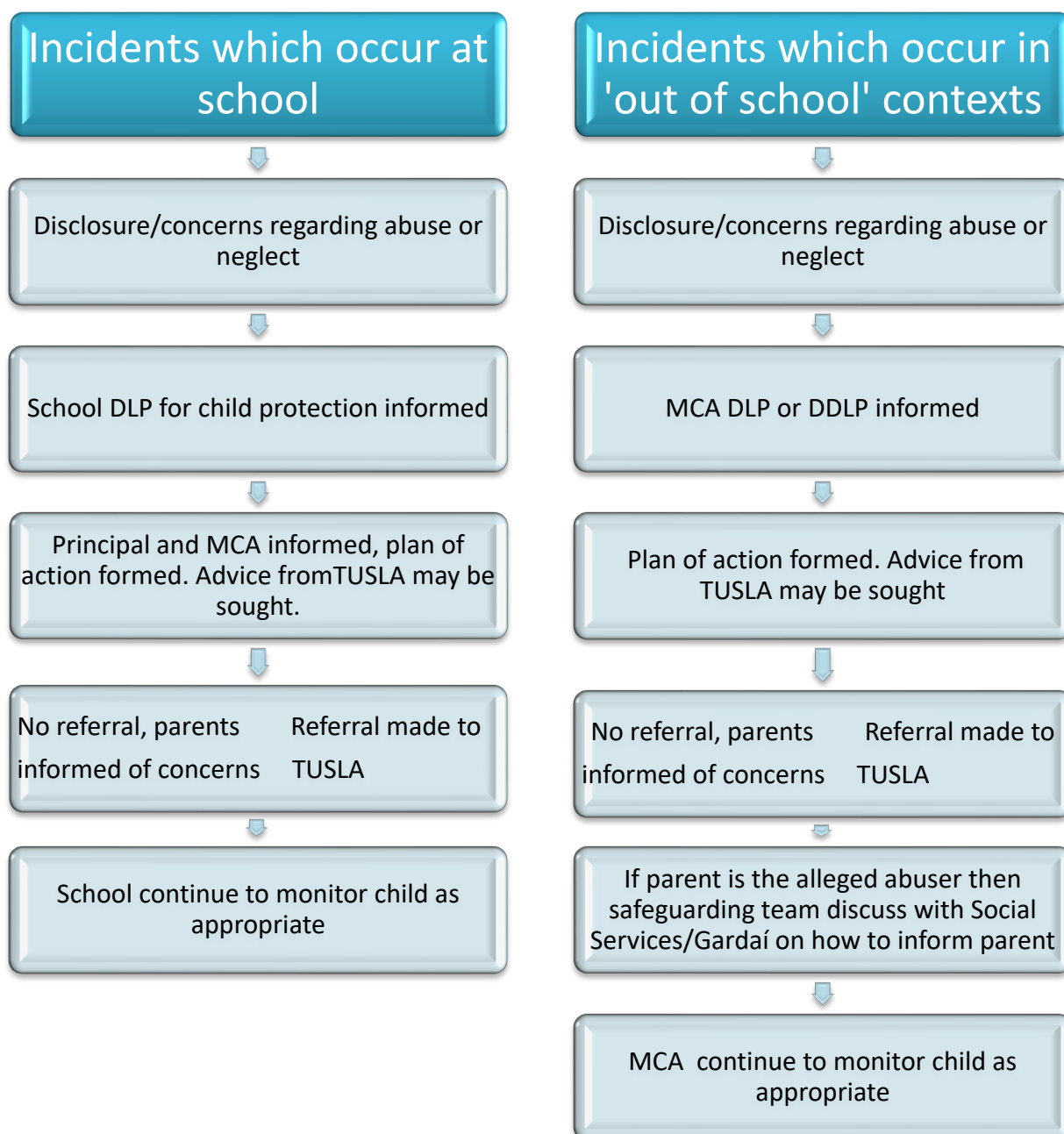
- 1.** When working in schools MCA staff must seek out the DT of the school and report any incidents or disclosures to them.
- 2.** When working 'out of school' contexts MCA staff must inform Middletown Centre for Autism's DT or in their absence the deputy DT.

The flow charts on the pages 11 and 12 depict the routes in Northern Ireland and Republic of Ireland.

## MCA Process of Child Protection in Northern Ireland



## MCA Process of Child Protection in Republic of Ireland



## GUIDELINES

Children and young people with Autistic Spectrum Disorders may be especially vulnerable to abuse because the abuser may expect it to be difficult for these children to report what has happened. Extra care should be taken to interpret correctly apparent signs of abuse.

- Ensure that the child or young person is safe from risk
- React calmly without displaying shock or disbelief
- Reassure the child or young person and tell him/her that s/he is not to blame
- Try to control feelings about the alleged perpetrator
- Listen and accept what is said
- Do not comment on it
- Avoid investigation or interrogation of pupil
- Ask questions for clarification only
- Do not promise confidentiality to child or young person – tell them that only those persons who need to know will be told
- Keep written notes of the incident including time/date/location/non-verbal behaviour/ physical signs/ to whom referral was made – as close to incident occurring as possible
- Use the words the child or young person uses
- Check out understanding of what has happened with the child or young person
- Get support – inform the Designated Teacher / DLP (or Deputy) as soon as possible

It should be noted that it is **NOT** the responsibility of Middletown staff to make extensive enquiries about a suspected case of child abuse. This is the responsibility of PSNI and DHSPS in Northern Ireland and Gardaí and TUSLA in Republic of Ireland.