Last review	August 2025
Next review	August 2027
Policy Owner	Director of Care & Support
Approved by	C&C Committee & Trustees

SAFEGUARDING POLICY

This policy should be read in conjunction with the following policies.

- Mental Capacity Act – assessment procedure
- Whistleblowing Policy
- Duty of Candour Policy
- Local authorities Safeguarding Adults Threshold of Needs Matrix

Policy Statement

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect (Care Act 2014). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect
- Treated fairly and with dignity and respect
- Protected when they need to be
- Able easily to get the support, protection and services that they need.

The policy aims to set out Autism at Kingwood's commitment to the welfare and protection of vulnerable adults, ensuring quality practice and sound procedures are followed. This places necessity for protection concerns, referrals and monitoring to be handled sensitively, professionally, and in ways which support the best interests and safety of each vulnerable adult. Autism at Kingwood is committed to safeguarding and promoting the welfare of all vulnerable adults, and expects all staff, trustee's, visitors and volunteers to share this commitment.

The welfare of vulnerable adults is of paramount importance, ensuring the right to protection regardless of age, identification, gender, race, culture or disability.

Scope

This policy applies to all employees, agency workers, volunteers, and contractors involved in delivering services to individuals supported by Kingwood.

Last review	August 2025
Next review	August 2027
Policy Owner	Director of Care & Support
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Safeguarding of Vulnerable Autistic Adults

Within our service we respect all adults and provide an environment which encourages everyone to achieve and lead a fulfilling life. We provide opportunities that enable adults to take and make decisions for themselves. The challenges faced by the people we support can make it very difficult at times for them to identify situations in which they may be at risk. It is therefore essential that all staff recognise this, and when required, advocate on their behalf to exercise their right to be safe.

As people with autism have difficulty with social communication and social interaction, their ability to understand or report potential signs of abuse will be affected, to varying degrees. Despite levels of intelligence, if their social understanding is in any way impaired, how they process and understand certain situations will undoubtedly be affected.

The nature of autism itself can put people at risk. High levels of stress and anxiety are common, as are self-injurious behaviour, the desire to be alone, behaviour which can be perceived as challenging to others and finding physical contact uncomfortable.

This requires staff to maintain the difficult balance between behaviours which may be due to autism and how it presents uniquely in everyone, and what is a potential sign of abuse. It is therefore essential that staff share any concerns regarding a vulnerable adult's welfare or safety with a manager or the designated safeguarding lead.

Autism at Kingwood recognises the importance of open and honest relationships, and working in partnership with families, key professionals, advocates and other agencies.

Key Principles

Our practice acknowledges the six key principles that underpin all adult safeguarding work (Care Act 2014)

- Empowerment – Kingwood will ensure that people we support are supported and encouraged to make their own decisions and give informed consent. This includes giving people we support the freedom and confidence to make decisions about their care and support.
- Prevention – Kingwood will ensure that appropriate action is taken to prevent harm to people we support
- Proportionality – Kingwood will ensure that the least intrusive and restrictive responses are applied to the presenting risk. This involves taking each person into account, respecting them and assessing any risk.
- Protection – Kingwood will ensure that our service delivery always seeks to support and represent those in greatest need.
- Partnership – Kingwood will ensure that we work collaboratively with others to safeguard individuals. This involves communication and cooperation with other agencies and partners, including parents where appropriate.

- Accountability – Kingwood will ensure is transparent in delivering support and care and is always ready and willing to account for any acts of commission or omission during its service delivery.

Safeguarding Procedures and Staff Responsibilities

The people we support are entitled to high standards of care, to be free from harm and maltreatment, and to live within an environment which offers safety and empathy.

All staff and volunteers working with, or on behalf of, vulnerable adults have a legal and moral responsibility to protect them, and to act immediately prevent harm or further harm.

Due to the nature of autism (and learning difficulties) of the people we support, staff must be especially vigilant and aware of the categories and indicators of abuse. The main categories of harm are physical abuse; sexual abuse; psychological abuse; financial or material abuse; neglect and acts of omission; discriminatory abuse. These include modern slavery; human trafficking; forced marriage; honour-based violence, Female genital mutilation, organisational abuse; hate crime; domestic violence and self-neglect. All staff must have regard and be familiar with **Appendix 3 Safeguarding adults: Summary of Common indicators of abuse** where these categories are explored in more detail.

Abuse occurs in a range of circumstances. Vulnerable adults may suffer abuse from members of the family, friends, staff or strangers. In many cases, the abuser is someone known to (and often trusted by) the person.

Staff must report any concerns relating to the safety and welfare of a vulnerable adult, or the suitability of a staff member to the Designated Safeguarding Lead, their manager or to the On-Call service. Additionally, staff must be aware of the external reporting or referral systems, should they feel their concern is not being acted upon.

The assessment of any harm or abuse should be multi -disciplinary and no one professional should take or have the responsibility of determining whether harm has occurred or not. Therefore, it is important to discuss any concerns with a person with delegated responsibility If, for any reason, the Designated Safeguarding Lead is unavailable, the delegated person with responsibility via the on-call service, will assume responsibility.

Autism at Kingwood has an on-call service, operating 24 hours a day, 365 days a year. **Please see Appendix 1. Internal and External contact information**. The on-call officer will act as the delegated Designated Safeguarding Lead during times when the named Designated Safeguarding Lead is unavailable. The 24HR On-Call number is: 0121 510 23 49. Initially a situation may not seem serious, but it should be remembered that early help may prevent minor concerns escalating into something more serious.

Reporting Referral and Immediate Action

If a person we support makes an allegation or a disclosure, or a member of staff has a concern about the welfare of the vulnerable young adult or has cause to suspect the vulnerable adult is being subjected to

harm, neglect or maltreatment, an immediate referral must be made to the Adult Safeguarding Team within the area locality. The referral will usually be made by the Registered Manager, Designated Safeguarding Lead, or person with delegated responsibility; however, anyone can make a referral into the service. Where referrals are not made by the Designated Safeguarding Lead, they should be informed, as soon as possible, that a referral has been made.

Failing to report actual or suspected harm or neglect of a vulnerable young adult is a breach of statutory duty and would lead to disciplinary action.

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. If in doubt about recording requirements, staff should discuss with the Designated Safeguarding Lead or On Call manager.

The members of the senior On-Call service hold delegated responsibility for responding to concerns over the safety or welfare of the people we support and will ensure actions are taken to safeguard the person if a concern arises. The 24HR On-Call number is: 0121 5102349.

The Designated Safeguarding Lead / person with delegated responsibility will:

- ensure the immediate safety of the person we support and, where necessary, seek medical treatment without delay.
- gather statements and details relating to the concern.
- make a clear record and commence a chronology.
- where necessary contact and gain advice from the local Adult Safeguarding Team, Social Care and/or the Police.
- inform key stakeholders. This will be dependent on the advice of the local Adult Safeguarding Team, Social Care and/or the Police. If the local Adult Safeguarding Team, Social Care and/or the Police take the decision that any stakeholder cannot be informed or must be informed by another, then Autism at Kingwood must comply with their decision.
- take steps to offer the vulnerable adult the support of a trusted and familiar individual throughout the process and ensure in whatever way meets their specific needs.
- Consider fully the capacity of the person we support to ensure their wishes are listened and responded to. Where a person we support lacks capacity, ensure they are involved and supported to understand, as much as possible, steps taken on their behalf and any outcomes reached.
- inform, where necessary, CQC and the Placing Authority. If the incident occurs outside office hours, the placing authority's Emergency Duty Team should be informed immediately.
- if necessary, inform the chair of trustees and the trustee with safeguarding responsibility.

Autism at Kingwood is a registered charity under the Charity Commission for England and Wales. The Charity Commission states our responsibility to protect vulnerable people and to inform the Charity Commission for

England and Wales of any serious incident. The CEO, on behalf of the Trustees member will notify the commission of any incident that is deemed to be serious.

Allegations Against Staff or Volunteers

It is essential that any allegation against a staff member or volunteer is managed effectively, appropriately, and sensitively. Judgements and decisions must not be made in the absence of information or without appropriate consultation.

The designated safeguarding lead, or person with delegated responsibility will consider the nature of the allegation and whether the allegation meets threshold for a referral into our safeguarding partners, this may include but is not limited to: Local Adult Safeguarding Team, Adult Social Care and / or the Police.

If it is advised that the allegation does not meet threshold for external involvement it may be necessary to address matters in accordance with Autism at Kingwood's disciplinary procedures in liaison with the HR Manager.

Where an allegation is made against a staff member, visitor or volunteer the designated safeguarding lead should consider, in consultation with the local Adult Safeguarding, Social Care and/or the Police whether other members of staff, visitors or volunteers might be implicated and what action should be taken.

The staff member must be informed, by the HR Manager, Designated Safeguarding lead, or an identified other, that an allegation has been made against them. If the allegation requires police involvement, the notification of this allegation must be considered in accordance with police advice prior to informing the member of staff.

Autism at Kingwood will consider suspending a member of staff from their duties whilst the allegation is considered or whilst an investigation into the allegation is held. If this is the case, a named contact within the organisation will be appointed to ensure the person involved is suitably updated.

Procedures must be followed by the Designated Safeguarding Lead or person with delegated responsibility to notify the CQC and make a referral to the Disclosure and Barring Service (DBS) if a person in a regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.

If Autism at Kingwood becomes aware that a member of staff is involved in an external Adult Safeguarding investigation consideration must be made, in conjunction with advice given, to the suspend the member of staff(s) or place any required restrictions to their responsibilities until such time as the enquiry is completed.

Low Level Concerns

A low-level concern is any concern, no matter how small and even if no more than a 'nagging doubt', that an adult may have acted in a manner inconsistent with Autism at Kingwood's Code of Conduct or simply a sense of unease as to a staff members behaviour particularly towards or around a vulnerable adult.

The safety and wellbeing of the people we support is dependent on the vigilance of all our staff and their prompt communication to the DSL or on-call service of any concerns, no matter how small, about any conduct which causes you to doubt that adult's suitability to work with or have access to the people we support.

The notification and prompt and appropriate handling of all concerns about staff is fundamental. It helps to identify and prevent abuse and to protect adults against misunderstandings or misinterpretations. It also encourages openness, trust and transparency and it clarifies expected behaviours. Those raising concerns or reporting allegations in good faith will always be supported, and adults in respect of whom concerns or allegations have been raised will not suffer any detriment unless the concern or allegation is found to be substantiated.

This policy, if correctly implemented, should encourage an open and transparent culture; enable Autism at Kingwood to identify concerning, problematic or inappropriate behaviour early; minimise the risk of abuse; and ensure that adults working in Autism at Kingwood's services are clear about professional boundaries and act within these boundaries, and in accordance with the ethos and values of the organisation.

From time to time a staff member may find themselves in a situation which might appear compromising to others, or which could be misconstrued. Equally, a staff member may for whatever reason have behaved in a manner which on reflection they consider falls below the standard set out in the Code of Conduct. Self-reporting in these circumstances is encouraged as it demonstrates both awareness of the expected behavioural standards and self-awareness as to the individual's own actions or how they could be perceived. As such, Autism at Kingwood sees self-reporting of low-level concerns as an important means of maintaining a culture where everyone aspires to the highest standards of conduct and behaviour. Multiple low-level concerns relating to the same staff member or group must promote consideration to refer to the local safeguarding partners.

Peer to Peer Incidents: Abuse by Another Adult Who Has Care and Support Needs

Autistic people can find it difficult to understand what is public and private, what is legal and illegal and how their actions impact others. Due to their diagnosis of Autism, and dependant their level of capacity, it is unlikely that any act of aggression or inappropriate contact, including contact of a sexual nature, would be with the intent to cause harm or distress to another person, however the welfare of the individual experiencing the contact must be taken seriously, and responded to. We have a duty to prevent and protect the people we support from harmful and negative experiences in all instances. Staff must act immediately in

minimising the risk of further harm or distress and, and where a person we support has sustained an injury, a medical assessment must be coordinated.

Peer to peer incidents resulting in a vulnerable adult experiencing harm, or distress must be referred to the designated safeguarding lead either directly, or via the on-call service, they will assess the situation and follow guidance in the Local Authorities Safeguarding Adults Board Threshold of Needs Matrix and if appropriate share with the local Safeguarding Adults Team and any other key stakeholders.

Support a Vulnerable Adult with a Disclosure

Responding to a person we support when there is a concern of harm, maltreatment and/or abuse. If an adult says or in some way indicates that abuse has taken place:

- Listen and take seriously what the person we support communicates [either verbally or through indicators such as a change in behaviour or presentation of harm].
- Record exactly what and how the person we support communicates.
- Do not express disbelief, however incredible the account appears.
- Do not make any suggestions about what has taken place or how it came about.
- Do not ask the person we support leading questions, only clarify what he or she is saying using the open questions to establish who, what, when and where.
- Allow the person we support who is freely recalling significant events to continue but do not press for detail beyond what is minimally necessary to be clear that some form of abuse is being described.
- Be calm and reassuring: this can be achieved in several ways, depending on the person we support's capacity.
- Don't make assumptions about the person we support's feelings.
- Avoid condemning the alleged abuser but do reassure the person we support that he/she is not responsible for anything that may have happened despite what he/she may have been told.
- Do not promise to keep the information secret. Make it clear that you will have to refer the matter on and to whom.
- Communicate to the person we support that there are people who can help.
- Do not assume that carers are not involved in or party to the abuse.
- Write down what has been communicated immediately afterwards, describing the specific ways in which the information was communicated and what you said in response. Separate what has been communicated from the interpretation you place on it.
- Inform the Designated Safeguarding Lead or On Call immediately.

Working in Partnership

Families of vulnerable adults receiving support from Autism at Kingwood are often one of their main advocates. We recognise the essential need for any vulnerable adult to be involved in their own decisions, especially around their own safety and welfare. However, the ability to protect themselves and their capacity around keeping themselves safe from the risk of harm, actual harm, maltreatment and / or neglect must be considered. Decisions in their best interests may be made regarding making a referral or informing others who advocate on their behalf. We believe that working in partnership with families/carers and other key professionals is vital to the safeguarding of vulnerable adults.

Safer Recruitment

Kingwood's Recruitment Policy contains detailed information about recruitment and selection procedures for staff and volunteers.

Kingwood ensures that all staff, including voluntary staff, are vetted in accordance with Statutory Safeguarding Regulations, any offer of employment will be subject to references, enhanced DBS Check and / or overseas police check (if required), documentary proof of qualifications and satisfactory Occupational Health result. Any offer of employment (and continued employment) will be conditional on these being satisfactory to Autism at Kingwood. Any concerns relating to the suitability of a staff member must be acted on immediately.

Monitoring

To ensure reoccurrence is prevented and / or minimised, Kingwood take responsibility to monitor the progress of outcomes identified from reviews held into low-level concern, allegations and / or a safeguarding enquiry, and where possible, gain feedback from the person we support, their families and key stakeholders. Lessons learnt from reviews are considered and shared, where appropriate, with all parties involved. Monitoring of safeguarding incidents, data and lessons learnt are reviewed across levels of the management structure, including the Senior Leadership, Trustee members and external partners.

Equality Statement

Autism at Kingwood is committed to providing services which embrace diversity and that promote equality of opportunity. Everyone who accesses our services or works for us in a paid or voluntary capacity should be safe, empowered to play a part in promoting their own welfare and that of others and able to live a life free from abuse. This applies to all, regardless of age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation.

Names and Contact Chain

Below are listed current names and contact numbers for with delegated responsibility in responded to a concern about a vulnerable adult.

- Tapiwa Moyo is the Director of Care & Support and Designated Safeguarding Lead for the organisation.
- Carol Oakley and Sarah Shewchuk are the Area Managers and Registered Managers for the services.

Below are the names of others with delegated responsibility the designated senior person Group. These people appear on an On-Call Rota, ensuring that there is always someone trained and in a senior position able to respond to a safeguarding issue.

Appendix 1. Internal and External Contact information

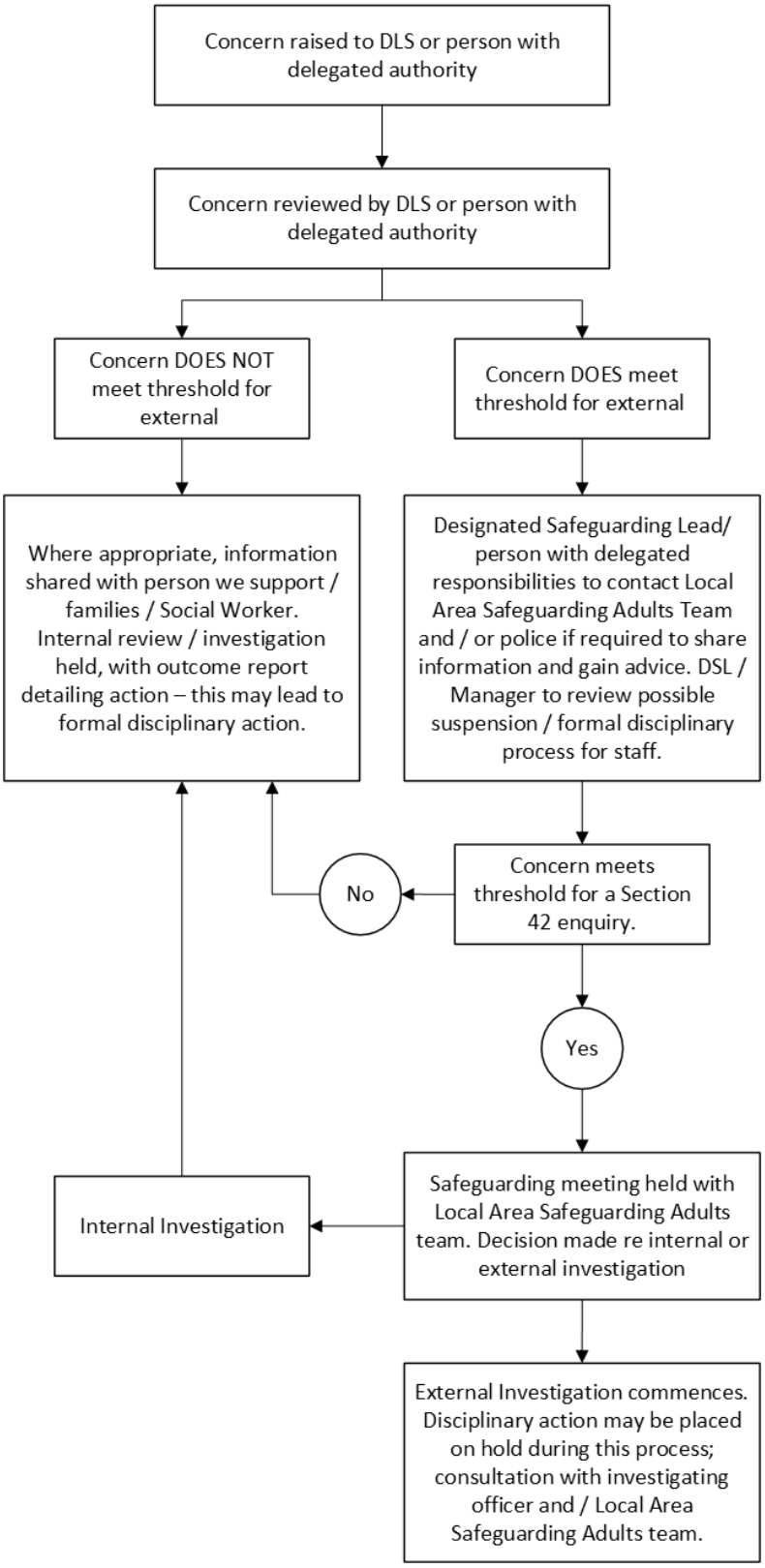
Key Internal contacts within Autism at Kingwood

	Name	Tel Number	Email Address
Chair of Trustees	David Swann	N/a	david.swann@kingwood.org.uk
Safeguarding Trustee	Lisa Basford	N/a	lisa.basford@kingwood.org.uk
CEO	Sarah Butcher	07795 335924	sarah.butcher@kingwood.org.uk
Registered Managers	Carol Oakley	07901 345072	carol.oakley@kingwood.org.uk
	Sarah Shewchuk	07766 074924	sarah.shewchuck@kingwood.org.uk
Responsible Person & Designated Safeguarding Lead	Tapiwa Moyo	07584 594741	tapiwa.moyo@kingwood.org.uk
Director of Quality & Safety	Nina Fidgeon		nina.Fidgeon@kingwood.org.uk
Head of HR	Anne Asprey	07917 120817	anne.asprey@kingwood.org.uk
Director of Operations	Lynsey Preston		lynsey.preston@kingwood.org.uk
On call group / people with delegated responsibility	Tapiwa Moyo Nina Fidgeon Anne Asprey Carol Oakley Sarah Shewchuk Lynsey Preston	0121 5102349	

Key External Contacts

	Tel Number	Email Address
Oxfordshire Safeguarding Adults Team	0345 0507666	osab@oxfordshire.gov.uk
Reading Safeguarding Adults Team	01189 376550	CSAAdvice.Signposting@reading.gov.uk
Thames Valley Police	101 or 999	
CQC	03000 616161	enquiries@cqc.org.uk

Appendix 2. Flow chart for raising a safeguarding concern



Appendix 3. Safeguarding Adults: summary of common indicators of abuse

1. Definition of Safeguarding

The Department of Health Care Act 2014 provides the following definition:

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organizations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

2. Definitions of Abuse.

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Neglect and acts of omission: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Disability Hate Crime: The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual orientation; Transgender.

Discriminatory abuse: Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Domestic abuse: The Home Office (March 2013) defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes controlling and coercive behaviour.

Female Genital Mutilation: Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether it is lawful in another country or not.

Financial or Material abuse: Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Forced marriage: Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of a third party in identifying a spouse. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The Police must always be contacted in such cases as urgent action may need to be taken. Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. In addition, Part 4A of the Family Law Act 1996 may be used to obtain a Forced Marriage Protection Order as a civil remedy. Registrars and registry staff need to be supported through relevant training to know the signs of possible forced marriage.

Honour based violence: Will usually be a criminal offence, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/or the community. Some of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

Human Trafficking: Is actively being used by Serious and Organised Crime Groups to make considerable amounts of money. This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health. The Organised Crime Groups will continue to be involved in the trafficking of people, whilst there is still a supply of victims, a demand for the services they provide and a lack of information and intelligence on the groups and their activities.

Mate crime: 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is often difficult for police to investigate, due to its ambiguous nature, but should be reported to the police who will decide about whether a criminal offence has been committed. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been several Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

Modern Slavery: Slavery, servitude and forced or compulsory labour. A person commits an offence if: The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- Forced to work - through mental or physical threat.
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse.
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015.

Note

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the Care Quality Commission, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

When an adult who has care and support needs presents personal, learning or behavioural problems, staff needs to consider systematically whether some or all these categories are present. Any assessment of harm/abuse should also take on board the adult who has care and support needs individual characteristics, social, racial or cultural background and his or her right to safeguarding.

In ordinary circumstances, an adult who has care and support needs who is being abused may reveal the situation in the following ways:

a). Disclosing the information to someone in whom they have confidence.

b). Through changes in their behaviour.

c). Actual physical signs.

There are many difficulties of identification and diagnosis of abuse in adults who have care and support needs without a disability. There are additional problems in interpreting signs and symptoms for those with autism and complex needs.

3. Additional Problems in Interpreting Signs and Symptoms for those with Autism.

Symptoms, which may signal alarm in people with disability – such as withdrawal, bed-wetting, rocking, can often be exhibited by people with autism. Physical evidence may be further disguised where adults who have care and support needs engages in self-injurious behaviour without suffering abuse. Thus, for our service users, if they are victims of sexual and physical abuse, early detection will be inhibited and disguised.

Disturbed or sexual patterns of play are often seen as indicators of abuse, but these may not be part of the repertoire of an adult who has care and support needs with autism – making for further difficulties in identifying abuse. In addition, some adults who have care and support needs with autism may act out what looks like abuse when in fact this is not the cause, as they do not always understand socially acceptable behaviour.

A further problem area concerns signs and symptoms of physical abuse e.g. bruising, lacerations, weal's, scars etc. In adults who have care and support needs that self-harm, this presents difficulties enough and in the present climate of increasing knowledge of abuse, can leave families and carers feeling very insecure. In

adults who have care and support needs where the challenging behaviour can necessitate physical restraint, well documented guidelines are required as a protection to both the individual displaying behaviour and carer. Written documentation, available to protect staff (e.g. incident reports) does not extend to protect parents who may need especially sensitive support. The line between physical restraint and physical abuse may be narrow.

An adult who has care and support needs statement that they are being sexually abused must always be taken seriously. However, people with autism do not always mean what they say or say what they mean. There are people with autism whose plausible fluency can be demonstrated to bear no relation to factual reality. The very carers who find themselves accused might most accurately make assessment of such statements from adults who have care and support needs with autism. Despite these enormous difficulties and contradictions, we must remain alert to the possibility of abuse. The same factors that make abuse difficult to identify also put the adults who have care and support needs with autism at risk of abuse.

4. Signs and Symptoms

Neglect and acts of omission:

Neglect is where carer givers fail to meet the basic and essential needs of the vulnerable people in their care (food, clothes, warmth and medical care). Leaving adults who have care and support needs alone and unsupervised is another example of neglect. Parents or carers refusing or failing to give appropriate emotional care to adults who have care and support needs in their care is a case of emotional neglect.

Specific Indicators:

a) The adult who has care and support needs is always hungry and is not being fed adequately for their needs.
b) The adult who has care and support needs is not supported adequately to toilet, wash or care for themselves.
c) The adult who has care and support needs is seriously inadequately dressed for the weather.
d) The adult who has care and support needs does not receive prescribed medication

Non-specific Indicators:

a) The adult who has care and support needs is exceedingly thin, or small for his/her age.
b) The adult who has care and support needs frequently has sores, or smells of urine.
c) The adult who has care and support needs is frequently tired and needs to sleep during the day.
d) Untreated medical conditions

Physical Abuse

This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to an adult who has care and support needs. Physical harm may also be

caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in an adult who has care and support needs.

Specific Indicators:

a) Disclosure by the adult who has care and support needs.
b) Bruises
c) Broken Limbs
d) Cigarette Burns
e) Cuts
f) Inappropriate restraint or sanctions

Non-specific Indicators:

a) Inexplicable physical fear.
b) Anxiety/jumpiness.
c) Unwillingness to go home.
d) Bullying
e) Inappropriate behaviour to others
f) Self-abuse
g) Sadistic behaviour

Sexual Abuse

This is where an adult who has care and support needs is sexually abused by adults who use them to meet their own sexual needs. This might be physical contact - sexual intercourse, fondling, masturbation, oral sex, anal intercourse - or non-contact abuse where a vulnerable person is exposed to pornographic material or made to watch sexual activity.

Specific Indicators:

a) Disclosure by the adult who has care and support needs.
b) Disclosure via a third party
c) Injuries to the genital area.
d) Awareness of sexual behaviour inappropriate to age, including in drawings, play or talk, excessive masturbation.
e) Suicide attempt.
f) Excessive sexualised behaviour, giving clear evidence of an awareness of sexual behaviour, or a sexual assault on another.

Non-specific indicators or warning signs:

a) Lack of trust in adults/fear of a particular individual.

b) Withdrawal and introversion/problems with peer relationships
c) Running away from home/sudden behavioural changes.
d) Frequent unexplained stomach pains/vomiting
e) Reluctant to participate in physical activity or to change clothes.
f) Low self esteem
g) Stealing
h) Drug, alcohol or solvent abuse.
i) Display of sexual knowledge beyond their years or usual understanding/sexual drawings
j) Prostitution.
k) Fear of medical examinations.
l) Development regression.
m) Over-sexualised behaviour.
n) Compulsive masturbation.
o) Sleeplessness, nightmares, fear of the dark.
p) Bruises, scratches, bite marks.
q) Depression, suicide attempts.
r) Anorexia Nervosa/eating disorder or change in eating habits
s) Difficulty in walking or sitting.
t) Pregnancy, particularly when reluctant to name father.
u) Recurring urinary tract problem/vaginal infections or genital damage.
v) Venereal disease.

Psychological Abuse:

Psychological abuse occurs where persistent emotional mistreatment of an adult who has care and support needs has a negative effect on their emotional well-being. Psychological abuse can also include the deprivation of contact.

Specific Indicators:

a) All cases of discrimination against an adult who has care and support needs on the grounds of race, sex, sexuality, class, physical handicap or learning difficulties, whether institutional or individual, are emotionally abusive.
b) All cases of Neglect, Physical Abuse and Sexual Abuse are also emotionally abusive.
c) Disclosures of a damaging experience, such as being locked in the cupboard.
d) Racial harassment.
e) Terrorising groups.
f) Extortion.
g) Sexual Harassment.

h) Press-ganging into delinquency.
i) Bullying (a common and under-rated form of abuse)

Non-specific indicators:

a) Often, it is the adult who has care and support needs who presents no behaviour problems, is quiet and withdrawn, who may be experiencing emotional abuse.
b) Frequent crying, hypersensitivity to criticism.
c) Acute anxiety may be accompanied by wetting or inability to concentrate.
d) Severe difficulties in relationships, including isolation, rejection by peers, excessive clinging to adults.
e) Inability to learn despite compliance and seeming understanding.
f) Severely depressed mood – including a lack of humour or enjoyment.
g) Self-abuse.
h) Excessive eating or anorexia.
i) Rejection of relationships.
j) Sadistic behaviour.

Financial or material abuse:

Financial or material abuse occurs where an adult who has care and support needs property, assets, income, funds or any resources are used without their informed consent or authorisation. Examples of this include misappropriating money, valuables or property, forcing changes to will, denying the adult who has care and support needs at risk the right to access personal funds.

Indicators:

a) Disclosure by the adult who has care and support needs.
b) Significant withdrawals from the adult who has care and support needs accounts
c) Sudden changes in the adult who has care and support needs financial condition
d) Items or cash missing from the adult who has care and support needs household
e) Suspicious changes in wills, power of attorney, titles, and policies
f) Addition of names to the adult who has care and support needs signature card
g) Unpaid bills or lack of medical care, although the adult who has care and support needs has enough money to pay for them
h) Financial activity the adult who has care and support needs couldn't have done, such as an ATM withdrawal when the account holder is elsewhere
i) Unnecessary services, goods, or subscriptions

Discriminatory abuse:

Discriminatory abuse consists of abusive or derisive attitudes or behaviour based on a person's sex, sexuality, ethnic origin, race, culture, age, disability or any other discriminatory abuse - this includes hate crime. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.

Discriminatory abuse may include racist slurs, sexist slurs, slurs or harassment on the basis of a disability, slurs or harassment on the basis of sexual preference, age discrimination is also a form of abuse.

Indicators:

a) Disclosure by the adult who has care and support needs
b) A person overly concerned about race, sexual preference and the like
c) The adult who has care and support needs tries to be more like others
d) A person reacts angrily if any attention is paid to race, sex and the like
e) A carer is overly critical/anxious about these areas
f) Disparaging remarks made
g) A person is made to dress differently