

Policy: Safeguarding Adults at Risk  
of Abuse Policy and Procedure  
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Solutions for families with  
neuro-physical disabilities

# THE CRANN CENTRE

Safeguarding Adults at Risk of Abuse

Policy and Procedure

Policy and Procedure Name	<b>Safeguarding Adults at Risk of Abuse</b>		
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## Contents

1. Glossary of Terms .....	4
2. Introduction.....	6
3. Declaration of Guiding Principles. ....	7
4. Purpose.....	7
5. Scope. ....	8
6. Legislation/standards/guidance. ....	9
7. Roles and Responsibilities. ....	11
7.1 Crann Centre Workers and Management.....	11
7.2 The Crann Centre Safeguarding Coordinator.....	12
7.3 Chief Executive Officer and Board of Directors. ....	12
8. Adult Safeguarding Principles.....	13
9. Key Definitions.....	14
9.1 Types of Abuse and how they may be Recognised.....	15
9.1.1 Physical.....	15
9.1.2 Sexual. ....	15
9.1.3 Emotional/Psychological (including Bullying and Harassment).....	15
9.1.4 Financial or material abuse.....	16
9.1.5 Organisational.....	16
9.1.6 Neglect. ....	16
9.1.7 Discriminatory.....	17
9.1.8 Online or Digital Abuse. ....	17
9.1.9 Human trafficking/Modern Slavery. ....	17
10. Safeguarding and Risk Management.....	18
11. Procedures for Responding to Concerns of Abuse to an Adult at Risk. ....	19
12. Sharing Information with Statutory Agencies.....	23

13. Decision Making Capacity and Consent .....	24
14. Complaints.....	25
15. Anonymous and Historical Complaints .....	25
16. Record Management .....	26
17. Implementation and Review. ....	26
18. Appendix.....	27

## 1. Glossary of Terms

**Abuse** A single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. For the purposes of this policy, abuse is understood to mean abuse by a third party.

### **Adult at Risk of Abuse**

A person over 18 years of age who is:

- At risk of experiencing abuse, neglect, or exploitation by a third party and
- Lacks mental or physical capacity to protect themselves from harm at this time in their lives.

### **Decision Making Capacity**

Is a person's ability to understand, at the time that a decision is to be made, the nature and consequences of the decision to be made by him or her, in the context of the available choices at that time. A person is presumed to have capacity unless proven otherwise.

**Exploitation** The deliberate maltreatment, manipulation or abuse of power and control over another person in order to take advantage of another person or situation.

**Harm** The impact of abuse, exploitation or neglect on the person. Harm arises from any action, whether by a deliberate act or an omission, that may cause impairment of physical, intellectual, emotional, or mental health and well-being.

**Neglect** Withholding, or failure to provide, appropriate and adequate care and support which is required to another person. This may occur through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

**Organisation** Refers to the Crann Centre.

**Person Allegedly Causing Concern**

The person against whom a safeguarding concern has been raised.

**Safeguarding** Putting measures in place to promote people’s human rights and their health and wellbeing and empowering them to protect themselves. The express focus of this policy is on the process of recognising, responding, reporting and assessing of abuse concerns.

**Safeguarding Concern**

An issue raised in relation to the possibility of any of the specified types of abuse.

**Safeguarding Initial Assessment**

The assessment process carried out after a safeguarding concern has been raised.

**Safeguarding Assessment**

The collection and consideration of information in relation to a possible safeguarding concern by an appropriate professional.

**Safeguarding Coordinator**

A health and social care professional with the necessary authority and competence to manage the safeguarding and protection process for individual concerns.

**Safeguarding Protection Plan**

A clear concise and easy to read plan that identifies safeguarding risks. This plan clarifies how real and potential risks will be addressed, by whom, within what timeframe and by what date the plan will be reviewed.

## **Safeguarding and Protection Team**

HSE social work led team that has a central role in the co-ordinated response to concerns of abuse regarding adults at risk.

**Self-neglect** A spectrum of behaviours defined as the failure to, (a) engage in self-care acts that adequately regulate independent living or (b) take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others.

**Will and preference** A person's wishes, views, beliefs and values.

**Workers** Refers to all staff/employees, volunteers, students, those on clinical/training/work placements, agency workers, contractors, (that have access to children), board of management and management committees.

**Zero Tolerance** The requirement that there should no acceptance of abuse or neglect of any kind.

## **2. Introduction**

At the Crann Centre we work with children and adults, and their families living with a neuro physical disability. Our services are focussed on, but not limited to, people who have Spina Bifida, Hydrocephalus, Muscular Dystrophy, Cerebral Palsy, Childhood stroke and Spinal Cord Injury. Our model of care recognises that people with a disability live in a family unit and that people within that family unit experience life differently. Our model of care is based on the Aspen Institute 2 Generation Model which delivers a holistic suite of services for the individual and their family, supporting and empowering them to live their best lives.

Our services recognise that as people move through their life course, their needs and the needs of their family members change and evolve. Our services are organised into six key

themes which means that supports can be delivered for one aspect of a person's life or holistically to support a broad range of needs.

Our six service themes are: Clinical Care, Psychological Wellbeing, Independent Living, Community and Networks, Mobility and Education and Career Pathways.

### **3. Declaration of Guiding Principles**

The Crann Centre recognises that people who avail of their services need to feel safe, cared for and valued, in order to develop, learn and reach their full potential. The safety, security and wellbeing of the people who avail of the Centre's services (on-line or in person) is a key priority for the organisation.

We accept and recognise our responsibilities to inform ourselves of the issues that cause harm to adults and to establish and maintain a safe, person-centred environment. We are committed to promoting an atmosphere of inclusion, openness and transparency. We will strive to safeguard those who use our services and will report concerns of abuse in line with best practice and national policy requirements.

A key to successful safeguarding of adults at risk of abuse is an open culture with a genuinely person-centred approach to care/support, underpinned by a zero-tolerance policy towards abuse and neglect. It is important that we create and nurture an open culture where people can feel safe to raise concerns. The importance of good leadership and modelling of good practice is essential in determining the culture of services.

### **4. Purpose**

The aim and purpose of this document is to set out the organisation's policy and procedures for safeguarding adults at risk of abuse.



This policy document will clearly explain what constitutes a safeguarding concern of abuse, the requirements for all to appropriately share information about the concern, the responsibilities of the organisation to respond appropriately to the concern of abuse and outline necessary reporting processes to statutory bodies (which may include the HSE, An Garda Síochána and others) depending on the nature of the concern.

The Crann Centre has a range of policies, procedure and operational guidance relating to safeguarding, which should be read in conjunction with this document and include (but are not limited to):

- Child Protection and Welfare
- Consent
- Code of Conduct
- Human Resource Management - recruitment  
retention  
lone working  
supervision  
training  
disciplinary and grievance
- Accident/Incident Management
- Complaints
- Data Management and Retention
- Risk assessment and management
- Anti-bullying

## **5. Scope**

This policy applies to all workers of the organisation;

- Workers
- Contractors
- Volunteers

- Those on student placements
- Clinicians
- Managers
- Board members
- Trustees

And all those who avail of services from the Crann Centre.

## **6. Legislation/standards/guidance**

This Policy and Procedure has been developed in line with the Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) National Standards for Adult Safeguarding 2019, the HSE Final Draft Adult Safeguarding Policy 2019 (yet to be implemented), the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014, as well as legislation relevant to adult safeguarding.

### **Criminal Justice Legislation**

An Garda Síochána must be informed if it is suspected that the concern or complaint of abuse may be criminal in nature; this may become apparent at the time of disclosure or following the outcome of the preliminary assessment.

### **The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012**

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 came into force on 1st August 2012. It is an offence to withhold information on certain offences against children and vulnerable persons from An Garda Síochána.

### **The Domestic Violence Act 2018**

The Domestic Violence Act 2018 replaces the Domestic Violence Act 1996 and the Domestic Violence (Amendment) Act 2002 and brings in positive and significant changes. Existing

provisions on domestic violence are brought together in one piece of legislation to make the legislation easier to use.

### **National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016.**

Under these Acts it is compulsory for employers to obtain vetting disclosures in relation to anyone who is carrying out relevant work with children or vulnerable adults. The Acts create penalties for persons who fail to comply with their provisions. Statutory obligations on employers in relation to Garda vetting requirements for person working with children and vulnerable adults are set out in the Acts.

### **Protected Disclosure Act 2014**

Under the Act, you make a protected disclosure if you are a worker and you disclose relevant information in a particular way. Information is relevant if it came to your attention in connection with your work and you reasonably believe that it tends to show wrongdoing.

### **Assisted Decision Making (Capacity) Act 2015**

This Act has yet to be fully commenced. This Act will have significant implications for the provision of safe person-centred approaches, based on respecting the individual rights of each person. The Act will support decision making and maximising a person's capacity to make decisions, whilst the legislation also seeks to safeguard an individual's right to participate in decisions that affect their life, where they may lack or do lack capacity to make decisions unaided.

### **The Health Act (2007)**

This Act gave the legislative basis for the formation of HIQA and provides direction in regard to related matters.

## 7. Roles and Responsibilities

### 7.1 Crann Centre Workers and Management

Role of ALL Workers:

- Promote the welfare of adults in all interactions.
- Be aware of the Crann Centre policy and procedures, protocols and guidance documents.
- Comply with the policy and procedure to ensure the safeguarding of adults at risk from all forms of abuse.
- Support an environment in which adults are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.
- Avail of any relevant training and educational programmes.
- Be aware of the signs and indicators of abuse.
- Support adults at risk of abuse to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with this policy.

Role of Managers:

- Ensure that this policy for the safeguarding of adults at risk of abuse is in place and all workers are compliant with this policy.
- Ensure that procedures are adhered to when a concern of abuse is raised.
- Promote a culture of zero tolerance for any type of abuse or abusive practice.
- Ensure that the policy and procedures is made available to all workers and safeguarding information is available to all persons accessing services.
- Maintain a record of “sign off” on policies, procedures, guidelines pertaining to the adult safeguarding.

- Ensure that all workers receive the appropriate information/training with regard to the implementation of this policy.
- Ensure safeguarding is part of the Induction Programme for everyone involved in the service.
- Ensure that any concerns or allegations of abuse are managed in accordance with the policy.

## **7.2 The Crann Centre Safeguarding Coordinator**

The role of the Safeguarding Coordinator is to:

- Receive concerns or allegations of abuse regarding adults
- Collate basic relevant information
- Ensure the appropriate others are informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensure all reporting obligations are met (internally to the service and externally to the statutory authorities) - this includes sharing of information with the HSE and/or An Garda Siochana and/or TUSLA and/or any other relevant agency.
- Contribute, if appropriate, to Safeguarding Initial Assessments undertaken by health and care professionals.
- Support the line manager and other personnel in addressing the issues arising.
- Maintain appropriate records.

## **7.3 Chief Executive Officer and Board of Directors**

The Board of Directors and CEO have responsibility for promoting an organisational culture of zero tolerance to all forms of abuse and neglect. They are responsible for oversight and governance of the service to ensure that clients receive a safe and effective service.

The Board of Directors and CEO have overall responsibility for the implementation of this policy and procedure; ensuring the organisation has a responsive workforce, with workers who have the required competences to deliver services.

## 8. Adult Safeguarding Principles

Adults at risk have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. They have a right to be treated with respect and to feel safe.

The following underlying concepts are critical to the safeguarding of adults at risk from abuse:

- Human Rights
- Person Centeredness
- Advocacy
- Confidentiality
- Empowerment
- Collaboration

The 11 fundamental safeguarding principles, as set out by the HSE and adopted by Crann Centre, are that:

1. Safeguarding is everyone's responsibility.
2. Everyone must have a 'zero tolerance' approach to any form of abuse.
3. The duty to report safeguarding concerns rests with the person who has the concern.
4. There should be no delay in reporting a safeguarding concern.
5. It is necessary to ensure the immediate safety of the adult at risk of abuse.
6. There should be no delay in implementing a Safeguarding Protection Plan.
7. Good collaborative working is central to safeguarding. All parties should share relevant information that is known to them, within the rules of data protection and client confidentiality.
8. Any information about an adult at risk of abuse must be managed appropriately and shared/processed on the basis of "necessity" with the HSE and relevant statutory authorities.
9. Safeguarding should be founded on an approach where the adult is at the heart of all decisions and actions.

10. A health or social care professional already known to the adult at risk of abuse, or assigned to them, should be involved in the management of the concern, where possible and appropriate.
11. Considerations of capacity and consent are central to adult safeguarding. The right of a person to make decisions and remain in control of their life must be respected.

While the arrangements that a service puts in place will vary depending on the size and complexity of the service, these principles apply regardless of the setting.

## **9. Key Definitions**

The majority of adults can protect themselves and may simply need advice or guidance. Others may require support to protect themselves and require plans to reflect actions which reduce the risk of potential abuse. A minority of people cannot protect themselves adequately from abuse and will require an additional protection. Safeguarding should also be viewed as responding to concerns to prevent abuse across a continuum.

The Crann Centre recognises that there are a number of adults who may be described as being "at risk of abuse".

**For the purpose of this policy the definition of an adult "at risk of abuse" is aged 18 years or over, who is:**

- **At risk of experiencing abuse, neglect, or exploitation by a third party and**
- **Lacks mental or physical capacity to protect themselves from harm at this time in their lives.**

**Abuse is a single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. For the purposes of this policy, abuse is understood to mean abuse by a third party.**

**Harm: The impact of abuse, exploitation or neglect on the person. Harm arises from any action, whether by a deliberate act or an omission, that may cause impairment of physical, intellectual, emotional, or mental health and wellbeing.**

These definitions are aligned with the Final Draft HSE Adult Safeguarding Policy (2019) which is due to be implemented in 2021.

## **9.1 Types of Abuse and how they may be Recognised**

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time. The following information provides definitions, examples and indicators of abuse, (not exhaustive) with which all must be familiar.

### **9.1.1 Physical**

**Definition:** The use of physical force, the threat of physical force or mistreatment of one person by another which may or may not result in actual physical harm or injury.

### **9.1.2 Sexual**

**Definition:** Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted towards another person.

### **9.1.3 Emotional/Psychological (including Bullying and Harassment)**

**Definition:** Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation or other verbal/non- verbal conduct.



#### **9.1.4 Financial or material abuse**

**Definition:** The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits. Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.

#### **9.1.5 Organisational**

**Definition:** The mistreatment of people brought about by the poor or inadequate care or support or systemic poor practices that affect the whole care setting. This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place. Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole care setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

#### **9.1.6 Neglect**

**Definition:** The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

### **9.1.7 Discriminatory**

**Definition:** Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status or membership of the travelling community.

### **9.1.8 Online or Digital Abuse**

**Definition:** An abusive or exploitative interaction occurring online or in a social media context.

### **9.1.9 Human trafficking/Modern Slavery**

**Definition:** Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

## **9.2 Contexts and Settings of Abuse**

Abuse can happen in many different contexts or settings (Appendix 1) including the following:

- Familial Abuse - Abuse by a family member.
- Professional Abuse - Misuse of power and trust by all Crann workers, health and social care professionals and a failure to act on suspected abuse, poor care practice or neglect.
- Stranger Abuse - Abuse by someone unfamiliar to the adult
- Abuse between Peers (service user to service user) - Harm perpetrated upon one adult learner by another adult. In relation to the response to such a context, it is important to consider contextual factors such as impact, intent, decision making capacity, behaviour support and any other relevant arrangements.

The Crann Centre recognises that abuse can happen at any time, in any setting and therefore has provided a procedural process for all workers to respond and report their concerns of abuse or the risk of abuse to adults at risk. These procedures are outlined in Section 11 of this policy.

## **10. Safeguarding and Risk Management**

The Crann Centre has effective procedures for assessing and managing risks with regard to safeguarding. (Refer to The Crann Centre's Risk Assessment and Management Policy and Procedure). In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting an ambition that the individual is entitled to live a normalised life to the fullest extent possible. In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively if it does occur.

No endeavour, activity or interaction is entirely risk-free and, even with good planning, it may not be possible to completely eliminate risks. Risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. As well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered.

Key risk management considerations are:

- The assessment and management of risk should promote independence, real choices and social inclusion of adults.
- Risks change as circumstances change.
- Risk can be minimised but not eliminated.
- Identification of risk carries a duty to manage the identified risk.
- Involvement with adults, their families (where appropriate), advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making.
- Defensible decisions are those based on clear reasoning.

- Risk-taking can involve everybody working together to achieve desired outcomes.
- The standards expected of all must be made clear by their organisation.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.

## **11. Procedures for Responding to Concerns of Abuse to an Adult at Risk**

This procedure applies to all workers in the Crann Centre. It is the duty of all workers to be familiar with this policy and procedures.

All workers have a responsibility to recognise indicators of abuse, raise a concern and respond appropriately. It is essential that adults should be facilitated to communicate in their preferred communication method, to ensure that their will and preferences are heard.

Concerns or allegations of abuse may come to light in one of a number of ways:

- Direct observation of an incident of abuse
- Disclosure by the adult themselves
- Disclosure by a relative/friend
- Observation of signs or symptoms of abuse
- Anonymous reporting
- Concerns raised through a complaint process
- During the course of engagement with the adult

Alleged abuse can take place anywhere. If unsure that an incident may constitute abuse or warrants actions, the HSE Safeguarding and Protection Team is available for consultation.

## **Remember:**

- **Safeguarding is everyone's responsibility.**
- **Everyone must have a zero-tolerance approach to any form of abuse.**
- **The duty to report safeguarding concerns rests with the person who has the concern.**
- **There should be no delay in reporting a safeguarding concern.**
- **It is necessary to ensure the immediate safety of the adult at risk of abuse.**

Steps to be taken on the **same day** when concerns come to light:

The following are key responsibilities and actions for any worker who has a concern in relation to the abuse or neglect of an adult at risk of abuse.

### **I. Take Immediate Action to Protect**

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, emergency medical assistance or the assistance of An Garda Síochána, as appropriate.

### **II. Listen, Reassure and Support**

If the adult at risk of abuse has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed. It is important to engage with the adult in their preferred communication method. Advise the adult of the concern as you understand it and always seek to ascertain their will and preference.

It is important not to:

- Appear shocked or display negative emotions
- Press the individual for details

- Make judgments
- Promise to keep secrets
- Give sweeping reassurances

### **III. Report and Inform**

For all workers in the Crann Cente, the safeguarding coordinator and the line manager must be notified of the concern on the same day, with a clear written record to be completed without delay. If the adult at risk of abuse is in a HSE or HSE funded service then the Crann Centre must inform the Designated Officer/the Safeguarding Coordinator for that service.

### **IV. Response to Possible Crime**

Where there is a concern that a criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately.

### **V. Record and Preserve Evidence**

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate).

### **VI. Reporting to TUSLA, Child and Family Agency**

TUSLA must be notified if there is concern over the safety or welfare of a child in accordance with the Children First National Guidance for the Protection and Welfare of Children.

### **Follow Up Actions**

As soon as possible on the same day, make a detailed written record of what you have seen, been told, or have concerns about, and who you reported it to. Where possible try to make sure anyone, else who saw or heard anything relating to the concern of abuse also makes a written report.

The written record should include details of:

- When the disclosure was made, or when you were told about/witnessed this incident/s;
- Who was involved and any other witnesses, including service users and other workers;
- Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told;
- Any other relevant information, for example previous incidents that have caused you concern.

Remember to:

- Include as much detail as possible
- Make sure the written account is legible and of a photocopiable quality
- Make sure you have printed your name on the report and that it is signed and dated
- Keep all records confidential, storing them in a safe and secure place until needed.

The Safeguarding Coordinator must ensure the care, safety and protection of the adult at risk of abuse and any other adults potentially at risk, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and initiate any other appropriate measures.

The Safeguarding Coordinator will refer any concern of abuse to the HSE Safeguarding and Protection Team, who will take referrals directly from the public, within one working day. The Safeguarding and Protection Team will conduct the Safeguarding Initial Assessment (SIA) and safeguarding planning, where a person has no assigned health or social care professional.

If a complaint or allegation of abuse concerns an employee, the Crann Centre will invoke the relevant HR policies and procedures which apply without delay to ensure that the employee is afforded due process. The application of the appropriate HR policy /procedure in respect

of an employee against whom an allegation or complaint has been made is a separate process from the taking of any timely safeguarding measures that may be necessary for the safety and welfare of the adult. In addition, matters can be considered in line with other HR policies, including the Crann Centre Code of conduct, as required.

## **12. Sharing Information with Statutory Agencies**

Data protection legislation including the General Data Protection Regulation (the GDPR) and the Data Protection Act 1988 to 2018 (together the “Legislation”) provide rules which apply to the collection, use and processing of personal information concerning individuals (“data subjects”).

In adult safeguarding, situations arise where the sharing of information does not always require consent to process the personal data of the adult. In these situations, certain conditions are met and there is a legal basis for processing such personal data.

A person raising a safeguarding concern should, as appropriate, be informed that disclosures of information to others, including An Garda Síochána and the HSE, can occur where certain considerations pertain including situations where:

- An adult at risk is the subject of repeated abuse
- The risk of further abuse exists
- There is reason to believe that a crime may have been committed
- There is a risk of abuse to another person(s) in a vulnerable situation
- There is reason to believe that the person alleged to be causing concern is a risk to themselves/others
- There is an existing legal obligation to report such as Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.

While respecting an adult’s right to self-determination, situations can arise where information is suggestive of abuse and/or a crime, although the adult with decision-making capacity has



indicated that they do not wish for a safeguarding intervention or wish to make a statement of complaint. In the event that the threat or the risk of abuse is of a serious nature to the adult or another person, the Safeguarding Lead can consult with the HSE Safeguarding and Protection team for advice and guidance.

When sharing information regarding a concern of abuse, it is essential to be clear whether the adult is at immediate and serious risk of abuse. If this is the case, it is essential to outline the protective actions to be taken and already in place. The will and preference of the adult at risk, where these have been, or can be ascertained, have to be included. (Refer to the Crann Centre Information Management Practice Guidance).

### **13. Decision Making Capacity and Consent**

The Crann Centre is committed to the principles and requirements of the Assisted Decision Making (Capacity) Act 2015 and once it commences in law this section of the policy will be updated accordingly.

All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the adult when they occur) should decisions and actions be taken that conflict with a person's wishes, for example to meet a legal responsibility to report or to prevent immediate and significant harm. As far as possible, people should be supported to communicate their concerns to relevant agencies.

A key challenge arises when working with an adult at risk regarding capacity and consent. It is necessary to consider if an adult gave meaningful consent to an act, relationship or situation which is being considered as possibly representing abuse. No assumptions must be made regarding lack of capacity. (Refer to the Crann Centre Consent (Safeguarding) Policy).

## **14. Complaints**

There is a difference between a complaint and a concern of abuse. Some complaints might raise concerns of abuse and such situations are required to be addressed by this Adult Safeguarding Policy and Procedure.

The appropriate handling of complaints is an integral part of good governance and risk management. The first step for any organisation is to ensure that proper and effective complaint handling procedures are in place. Please refer to the Crann Centre Customer Service Charter and the Crann Centre Complaints (Safeguarding) Policy.

## **15. Anonymous and Historical Complaints**

All concerns or allegations of abuse must be reported to the Safeguarding Coordinator in the Crann Centre, regardless of the source or date of occurrence.

Critical issues for consideration include:

- The significance/seriousness of the concern/complaint.
- The potential to obtain independent information.
- Potential for ongoing risk.

In relation to historical complaints the welfare and wishes of the person and the potential for ongoing risk will guide the intervention. Any person who is identified in any complaint, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received. The HSE Safeguarding and Protection Teams and TUSLA Child and Family Agency can advise and guide on the most effective course of action, depending on the level of current risk to adults and children.

## **16. Record Management**

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. The Crann Centre requires workers to record their concerns by completing an internal alert form. A failure to adequately record such information and to appropriately share that information in accordance with this policy is a failure to adequately discharge a duty of care.

Personal data relating to an adult at risk will be retained by in line with the requirements of GDPR and the Data Protection Acts 1988-2018.

It is the responsibility of Crann Centre Ltd Management and Board to ensure that policies and procedures are in place and operating effectively. This policy and procedure will be reviewed every two years or sooner if there has been a material change in any issues to which it refers.

## **17. Implementation and Review.**

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## 18. Appendix One - DEFINITIONS AND CATEGORIES OF ABUSE

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time. The following information provides definitions, examples and indicators of abuse, (not exhaustive) with which all must be familiar.

### **Type of Abuse: Physical**

**Definition** The use of physical force, the threat of physical force or mistreatment of one person by another which may or may not result in actual physical harm or injury.

**Examples** Physical abuse includes hitting, slapping, pushing, shaking, burning, scalding, pulling hair, kicking, exposure to heat or cold, force-feeding, misuse of medication, inappropriate restraint or sanctions. Physical abuse includes all forms of physical force contact which results in harm to another person including excessive force in the delivery of personal care, forced feeding, rough handling, unwarranted physical pressure (gripping, squeezing) shaking, misuse of incontinence wear, hitting with a weapon or implement, misuse of medication, failing to give medication, poisoning, restricting activities or forcing activities. Includes inappropriate deprivation of liberty (e.g. being locked in/forced confinement in an area), denied treatment or experiencing threat of physical violence.

**Indicators** Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a person, demonstrates new atypical behaviour; asks not to be hurt.

## **Type of Abuse: Sexual**

**Definition** Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted towards another person.

**Examples** Abusive acts of a sexual nature include but are not limited to rape and sexual assault, indecent exposure, intentional touching, fondling, molesting, sexual harassment or sexual acts to which the adult has not consented, or could not consent, or to which he or she was compelled to consent. Sexual violence and abuse can take many forms and may include non- contact sexual activities, such as indecent exposure, stalking, grooming. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping), exposure of the sexual organs and any sexual act intentionally performed in the presence of another without their consent. Examples of behaviours include inappropriate touch anywhere, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus or mouth, with or by a penis, fingers or other objects. Exposure to pornography or other sexually explicit and inappropriate material enforced witnessing of sexual acts, sexual media harassment. Inappropriate and sexually explicit conversations, remarks, threats, intimidation, inappropriate looking/ touching, sexual teasing/innuendo, grooming, taking sexual photographs/video footage, making someone watch sexual acts/pornography, making someone participate in sexual acts. Includes digital/social media and online sexual abuse/ production of sexual images. Female genital mutilation (FGM) is considered a form of both physical and sexual abuse.

**Indicators** Trauma to the genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STIs and human bite marks. An adult demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes in eating patterns, inappropriate or unusual sexual behaviour and anxiety attacks. Indicators of sexual exploitation would include poor concentration, withdrawal, sleep disturbance. Other indicators include excessive fear/apprehension of, or withdrawal from, relationships. Fear of

receiving help with personal care and reluctance to be alone with a particular person could also be indicators.

### **Type of Abuse: Emotional/Psychological (including Bullying and Harassment)**

**Definition** Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation or other verbal/non- verbal conduct.

**Examples** Emotional or psychological abuse includes failing to value the individual, abuse of power in which the perpetrator places their opinion/view/judgement as superior to the individual, harsh value judgements, conveying to the individual that they are worthless, unloved, inadequate, or a nuisance. Abusive acts of a psychological nature include, but are not limited to threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, patronising approaches to care and support for example 'elder speak' or spoken to like a child, intolerance of religious beliefs, intolerance of cultural beliefs, and in the case of married/cohabiting couples denying the right to shared and appropriate accommodation. Failure to show interest in or provide opportunities for a person's emotional development or need for social interaction. Outpacing – where information /choices are provided too fast for the adult to understand, putting them in a position to do things or make choices more rapidly than they can tolerate. Denying the individual the opportunity to express their views in a manner which is comfortable to them, deliberately silencing them or ignoring them or their communications written or spoken, making a subjective comment about the way an individual chooses to express themselves, imposing unrealistic expectations on the individual. Behaviours include deprivation of liberty, persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing or invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Includes risk of abuse via technology.

**Indicators** Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness/hopelessness, extreme low self-esteem, tearfulness, self-abuse or

self-destructive behaviour. Challenging or extreme behaviours; anxious, aggressive, passive or withdrawn. The carer-person in need of care relationship may be vulnerable to abuse in both directions, neither deliberate but can be very harmful. Co-dependent relationships need to be considered as a new phenomenon with adults at risk of abuse and a potential risk from relatives with mental health or addiction issues.

### **Type of Abuse: Financial or material abuse**

**Definition** The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits. Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.

**Examples** This may include theft, coercion, fraud, undue pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It may also involve the misuse of power of attorney, and not contributing to household costs where this was previously agreed. Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain or putting pressure on the service user in relation to wills property, inheritance and financial transactions. Examples include theft, fraud, exploitation, the misuse of property, possessions, bank accounts, grants, cash or benefits; internet scamming, phone scamming, putting someone under pressure in relation to their financial arrangements or property, including wills; denial of access to money or property, not contributing to household costs, use of bank and credit cards without permission, running up debts, forged signatures, deliberately overcharging for services activities/required treatments/therapies.

**Indicators** No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service user's internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

## **Type of Abuse: Organisational**

**Definition** The mistreatment of people brought about by the poor or inadequate care or support or systemic poor practices that affect the whole care setting. This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place. Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole care setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

**Examples** It can be a one-off incident or repeated incidents; it can be neglect or poor standards of professional practice, which might be because of culture, structure, policies, processes or practices within the organisation. Systematic and repeated failures culturally inherent within the organisation or service may be considered as organisational abuse. It can result in a failure to afford people the opportunity to engage socially and be involved in hobbies/activities that are meaningful to them, which in turn results in a failure for their psycho-social needs to be met. It can occur when service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.

**Indicators** Inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Lack of, or poor-quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc. Weak governance of staff and breaches of professional codes of practices can be indicatives of institutional abuse. The absence of visitors, family and friends discouraged from visiting, lack of flexibility and choice for service users.



### **Type of Abuse: Neglect**

**Definition** The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

**Examples** Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, social activities, leisure/ educational opportunities or adequate nutrition and heating. Neglect includes ignoring need, either physical or medical, knowing that a need exists, but choosing to not address that need, thereby leaving the person at risk of deterioration in health and wellbeing. Neglect includes withdrawing or not giving help that an adult needs causing them to suffer for example malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance. Neglect also includes not meeting the social, psychological or spiritual needs and not addressing required environmental factors/adaptations to adequately meet the needs of the adult.

**Indicators** Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing. Non-attendance at routine health appointments for example dental, optical, chiropody, social isolation. Whilst there is a positive duty to provide care when in receipt of state carer's allowance there is no legal obligation on carers to continue in the caring role. Assessment of indicators needs to be mindful of identifying carer stress where the carer cannot cope or manage with the responsibilities.

### **Type of Abuse: Discriminatory**

**Definition** Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status or membership of the travelling community.

**Examples** Being treated differently by individuals, family, organisations or society because of any of the above. Assumptions about a person's abilities or inabilities.  
Not speaking directly to the person but addressing an accompanying person.

**Indicators** Isolation from family or social networks. Indicators of psychological abuse may also be present.

### **Type of Abuse: Online or Digital Abuse**

**Definition** An abusive or exploitative interaction occurring online or in a social media context.

**Examples** Includes risk of abuse via technology including exposure and uploading of inappropriate abusive material without consent. Includes digital/social media and online sexual abuse/ production of sexual images, online financial abuse, theft of personal information and persuasion towards self-harm.

**Indicators** Becoming withdrawn, suddenly behaves differently, anxious, clingy, depressed, aggressive, problems sleeping, eating disorders. The exploitation on an online or digital platform can have a serious impact on the victim. This impact can result in the victim soiling their clothes, taking unnecessary risks, missing education/ training, changing eating habits, developing obsessive behaviours, having nightmares, increasing drug/alcohol usage.

### **Type of Abuse: Human trafficking/Modern Slavery**

**Definition** Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

**Examples** Victims of human trafficking/ modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities. Any concerns that an adult at risk may be a victim of human trafficking/modern slavery must be reported to An Garda Síochána.

**Indicators** People who have been trafficked may believe that they must work against their will. Victims may be unable to leave their work environment and show signs that their movements are being controlled. Victims may show fear or anxiety. They may be subjected to violence or threats of violence against themselves or against their family members. They may suffer injuries that appear to be the result of an assault.

The Crann Centre recognises that abuse can happen at any time, in any setting and therefore has provided a procedural process for all workers to respond and report their concerns of abuse or the risk of abuse to adults at risk.