

NATIONAL PROCEDURES

No NP1(09)

THE WELFARE AND PROTECTION OF VULNERABLE ADULTS

March 2009

NATIONAL PROCEDURES
THE WELFARE AND PROTECTION OF VULNERABLE
ADULTS

Signed:



Winifred O'Hanrahan
National Chief Executive

These National Procedures are to be adopted by all Companies of the Brothers of Charity Services and are to be read in conjunction with the following documents:

- (1) Governance Statement on the Welfare and Protection of Vulnerable Adults G1(09)
- (2) National Procedures – The Investigation of Allegations Against Staff Member of Incidents of Abuse NP2(09)

Implementation date: 16th March 2009

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National Procedures on the Welfare & Protection of Vulnerable Adults

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National Procedures for the Protection and Welfare of Vulnerable Adults

Introduction

The Brothers of Charity Services will make all staff and volunteers aware, at their induction and training, *“of their role in promoting a culture of vigilance and be clearly informed that the safety and well being of (vulnerable adults) must take priority over all other considerations, including loyalty to work colleagues”*. (Trust in Care)

Family /carers and persons using the services are informed of the procedural guidelines pertaining to safe practice and are made aware of the Governance Statement: The Welfare and Protection of Vulnerable Adults G1(09) and advised where they can access the document.

What should be referred to the Designated Person

All staff are obliged to report:

- Suspicions
- Allegations
- Witnessing
- Disclosure of abuse, past or present

The categories of abuse are: physical, sexual, emotional, financial institutional, and neglect. They are described in greater detail in the **Governance Statement on the Welfare and Protection of Vulnerable Adults** which accompanies these procedural guidelines.

Supporting policies to assist on determining whether a concern should be processed as an “abuse referral” are:

- Governance Statement on the Welfare and Protection of Vulnerable Adults
- National Guidelines – Responding to Behaviour that Challenges
- National Guidelines– Complaints and Appeals Procedures For People Who Use Our Service
- Governance Statement – Personal Development, Relationships and Sexuality

Immediate Response

Where a staff member has reasonable suspicion that a person is being abused, he/she will report her/his concern to the Line Manager and/or Designated Person.

It is the responsibility of the staff on duty to ensure the immediate safety of the person using the services and arrange for medical examination if appropriate.

After ensuring the person's safety, the initial report will be made to the Line Manager and/or the Designated Person on **Report Form CP1 "Report Form for Registering Client Protection Concerns for Adults"** and forwarded to the Designated Person before going off duty that day.

The Designated Person or his/her deputy will ensure that appropriate measures have been put in place to ensure the safety of the person using the services.

Initial Screening

Screening Process

The Designated Person will co-ordinate a Screening Process by: -
Considering the nature and degree of abuse concerns indicated in the report (**CP1 Form – "Report Form for Registering Client Protection Concerns for Adults"** – Appendix 1)

- Meeting with the person making the report
- Reviewing the need to take immediate protective action
- Conferring with other professionals who may be involved
- Interviewing the alleged victim
- Consulting with relevant staff if appropriate
- Consulting family if appropriate
- Reviewing appropriate reports
- Consulting with the Management and Monitoring Group

The Designated Person will re-direct the referral to the appropriate service area if it does not come within the remit of the Governance Statement on Welfare and Protection of Vulnerable Adults

The Designated Person will arrange to meet with the Management and Monitoring Group as soon as possible if the referral does come within the remit of the Governance Statement on the Welfare and Protection of Vulnerable Adults

If the Screening Process has indicated that the concern could be an abuse situation and that the alleged perpetrator is a member of staff, the Designated Person will inform the Human Resource Manager and the Chief Executive, and the National Procedures for the Investigation of Allegations against Staff members of Incidents of Abuse will then be followed.

Form CP2 – "Initial Screening/Consultation by Designated Person"
Appendix 1 must be completed

At this stage there may be sufficient grounds to make a written formal notification to the Gardai (**Form CP4 – "Notifying Case of Alleged Abuse to an Garda Síochána Appendix 1"**) and the local Health Manager within the H.S.E. (**Form CP5 – "Notifying cases of Alleged Abuse to Health Service Executive" – Appendix 1**).

The Management and Monitoring Group meeting

Using the written reports and findings from the Screening, decisions will be made on the following:

- Who will carry out the assessment interviews and prepare written reports on their findings
- A plan to address the protection needs of the alleged victim and the person alleged to have caused harm, if that person is a user of the services, and other vulnerable people who may be in any way affected.
- Identifying when, and if, families of the alleged victim are to be informed. An exception will be made if an adult alleged victim makes a clear and informed decision that he/she does not wish for their family to be informed.
- Identifying the support needs of relevant parties and implement a plan. This can include support for alleged victim, the person alleged to have caused harm if that person is a user of the services, and their family and staff.
- Identifying who will provide feedback to the relevant service manager regarding the outcome of the meeting.
- Set a date for Case Meeting following completion of assessment procedures.

At this later stage, if the Gardai have not already been notified, there may be sufficient grounds to make a formal written notification to the Gardai (**Form CP4**) and to the local Health Manager within the HSE (**Form CP5**).

The Group Members who formally assess the allegation:

- Will have the necessary expertise to conduct an assessment impartially and expeditiously;
- Will request appropriately qualified persons to carry out clinical assessments, validation exercises etc;
- Arrange if appropriate that the alleged victim has an option of a support person in order to facilitate the process;
- Report back to the Management and Monitoring Group within an agreed timeframe.

Designated Case Meeting

The Designated Person or Deputy will chair the Case Meeting.

The Designated Person will decide who should attend the meeting on the basis of the particular agenda which is the focus of the meeting.

The meeting will:-

- Collate all relevant information, including the findings from the investigative interviews;

- Identify a client protection plan that addresses the protection needs of the alleged victim, the person alleged to have caused the harm, if that person is a user of services, and other vulnerable people who may be affected;
- Identify the support needs of relevant parties and implement a plan;
- Ensure that an alleged victim of abuse will be offered appropriate counselling with professionals, either internal or external to the organisation or via external agencies in the local community;
- Ensure that if the person alleged to have caused harm is a user of the services, he/she will be offered appropriate professional support;
- Ensure the relevant manager is informed of the outcome of the case conference;
- Ensure the minutes of the case meeting are recorded and form CP3 is completed;
- Set a date for the review of the Protection Plan.

Review Meeting

The Management and Monitoring group will meet to:

- Review all recommendations of the Protection Plan;
- Declare the outcome e.g. confirmed abuse; confirmed non abuse, assessment ongoing or inconclusive;
- Confirm case status e.g. open or closed;
- Ensure that signed and dated progress notes which are critical to the process are documented and recorded on the designated file.

Appendix 1

Brothers of Charity Services Ireland - Client Protection Forms in relation to Adults

Each designated file must contain,

- (a) **FORM CP1**, *Report Form for Registering Client Protection Concerns for Adults*
- (b) **FORM CP2**, *Brothers of Charity Clare Services: Initial Screening/Consultation by Designated Person*
- (c) **FORM CP3**, *Brothers of Charity Clare Services: Designated Case Meeting Outcome*
- (d) **FORM CP4**, *Standard Notification Form for use by Brothers of Charity Clare Services Notifying cases of Alleged Abuse to An Garda Siochana*
- (e) **FORM CP5**, *Standard Notification Form for use by Brothers of Charity Clare Services Notifying Cases of Alleged Abuse to the Health Service Executive*
- (f) **FORM CP6**, *Brothers of Charity Clare Services , Client Protection Monitoring Form*

FORM CPI

**Brothers of Charity Clare Services
Report Form for Registering Client Protection concerns for Adults
Return to the Designated Person**

| | | | |
|---------------------------------|--|----------------|--|
| Name of Service User(s): | | D.O.B | |
| Service Area: | | | |
| Address: | | | |
| Date of Incident: | | Date of Report | |
| Date line manager was informed: | | | |

Type of Alleged Abuse

| | | | | |
|----------|--------|-----------------------------|-----------|---------------|
| Physical | Sexual | Emotional/ Psychological | Financial | Institutional |
| Neglect | | | | |

**Description of Concern/Observation/Suspicion/Disclosure of alleged abuse
Please write overleaf**

What steps have been taken to protect the alleged victim?

| | | | |
|-------------------|--|-------|-------|
| Actions Taken: | | | |
| | | | |
| Doctor Contacted: | | Date: | Time: |
| Name of Doctor: | | | |
| Gardai Informed: | | Date | Time: |

**Description of concern/observation/suspicion/disclosure or allegation
Please give facts only including the following:**

Nature of alleged abuse:

What happened?

Where did it happen?

What was said?

Who was present?

When did the alleged incident occur/date/time:

Please note any changes in the physical/mental or
Emotional well-being of the service user(s):

Are you aware of any previous concerns?
Please describe

If you have any other comments or observations please note

Signed: _____ Print Name: _____

Position/Title: _____ Date: _____ Tel: No: _____

Received by Designated Person: Signed _____ Date _____

FORM CP2

Brothers of Charity Clare Services: Initial screening /consultation by
 Designated Person
 Action Taken

| | | |
|--|----------------------|-------------|
| Service User Name(s): Date: | Service Area: | |
| Consulted: | Title/Role | |
| Outline of Concerns | | |
| Actions taken | By Whom | Date |
| Outcome Please tick <input type="checkbox"/> Appropriate referral <input type="checkbox"/> Inappropriate referral <input type="checkbox"/> Redirected <input type="checkbox"/> Referred for Assessment <input type="checkbox"/> Referred to Management & Monitoring Group <input type="checkbox"/> Case Meeting <input type="checkbox"/> Date of Proposed Meeting with Management and Monitoring Group <input type="checkbox"/> | | |

Signed: _____ **Print Name:** _____
Position/Title: _____ **Date:** _____

FORM CP3**Brothers of Charity Clare Services: Designated Case Meeting**

| | | |
|---|----------------------|-------------|
| Service User's Name: | Service Area: | |
| Date: | | |
| Attendance: | Title | |
| Outline of Concerns and Findings of Assessment Process to date | | |
| Protection Plan - Actions | By Whom | Date |
| | | |
| Notification to HSE | By Whom | Date |
| | | |
| Notification to Gardai | By Whom | Date |
| | | |
| Date of Review Meeting: | | |
| Any Other Information necessary: | | |
| | | |

Signed: _____ **Print Name:** _____

Position/Title: _____ **Date:** _____

Chairperson is Designated Person

FORM CP4

CONFIDENTIAL

**Brothers of Charity Clare Services,
Banner House,
Clare Road,
Ennis,
Co. Clare**

Phone Number 065-6869750

STANDARD NOTIFICATION FORM FOR USE BY BROTHERS OF CHARITY CLARE SERVICES NOTIFYING CASE OF ALLEGED ABUSE TO AN *GARDA SIOCHANA*

TO:

Superintendent: _____

Address: _____

NOTIFICATION OF SUSPECTED ABUSE

| | |
|-----------------------|--|
| Client's Name: | |
| Sex: | |
| Date of Birth: | |
| Address: | |

1. The above named person has come to notice as a possible victim of abuse

2. Form(s) of abuse suspected

Neglect Physical Sexual Emotional Financial
Institutional

Additional Information:

| | |
|--|--|
| The Social Worker dealing with the matter is: | |
| Name: | |
| Address: | |
| Telephone No: | |

Signed: _____ **Date:** _____
(Name), Designated Person / Chief Executive

Acknowledgement of Receipt of Report Form CP4

Name of Garda
Assigned _____

Station
Address: _____

Ref No: _____ Person's

Name: _____

I acknowledge receipt of your notification

Name: _____ Tel No: _____

Address: _____

FORM CP5

CONFIDENTIAL

**Brothers of Charity Clare Services,
Banner House,
Clare Road,
Ennis,
Co. Clare**

Phone Number 065-6869750

STANDARD NOTIFICATION FORM FOR USE BY BROTHERS OF CHARITY CLARE SERVICES, NOTIFYING CASES OF ALLEGED ABUSE TO HEALTH SERVICE EXECUTIVE

**TO: Local Health Office Manager
HSE
Tobartaoscain,
Ennis,
Co. Clare**

NOTIFICATION OF SUSPECTED ABUSE

| | |
|-----------------------|--|
| Client's Name | |
| Sex: | |
| Date of Birth: | |
| Address: | |

- 1. The above named person has come to notice as a possible victim of abuse**
- 2. Form(s) of abuse suspected**

Neglect Physical Sexual Emotional Other

- 3. Additional Information**

| | |
|--|--|
| The Social Worker dealing with the matter is: | |
| Name: | |
| Address: | |
| Telephone No: | |

Signed: _____ **Date:** _____
(Name) Designated Person, / Chief Executive

| | | | |
|---|--|----------------------|--|
| HSE: | | HSE Ref. No | |
| Address: | | Person's Name | |
| I acknowledged receipt of your notification: | | | |
| Name: | | Phone No: | |
| Address | | | |

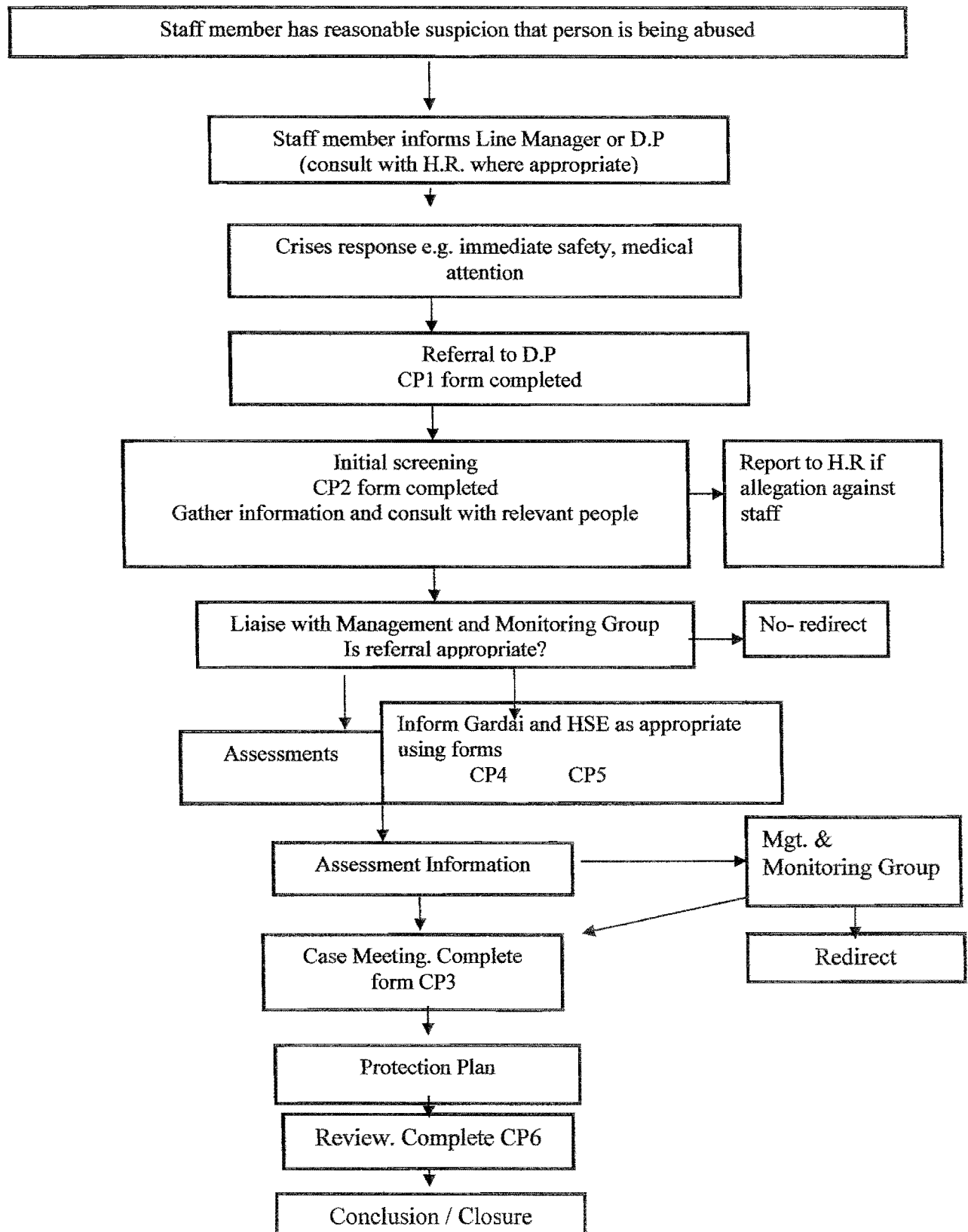
FORM CP6

| Brothers of Charity Clare Services Client Protection Monitoring Form | |
|--|--|
| <ul style="list-style-type: none"> This document is to enable the BOCS to be aware of allegations of abuse reported and to be able to follow up Action taken If there are a series of incidents concerning the same person, please ensure a separate form is completed for each alleged incident All parts should be completed | Designated Person Social Worker _____ Address: _____ _____ Contact No: _____ |
| Details of the vulnerable adult | Abuse Type/Category |
| Male <input type="checkbox"/> Female <input type="checkbox"/> Name: _____ Address: _____ _____ Date of Birth: _____ | Observation <input type="checkbox"/> Suspicion <input type="checkbox"/> Disclosure <input type="checkbox"/> A. Category of alleged abuse Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Institutional <input type="checkbox"/> |
| Details of Alleged Perpetrator if known | |
| | Male <input type="checkbox"/> Female <input type="checkbox"/> Age group _____ |
| Present Living Arrangements | Alleged Perpetrator's Relationship to Alleged Victim |
| Living Alone <input type="checkbox"/> Living with Carer <input type="checkbox"/> Sharing with Family <input type="checkbox"/> Sharing with Others <input type="checkbox"/> Supported/Sheltered <input type="checkbox"/> Residential Care <input type="checkbox"/> Other (please state) <input type="checkbox"/> | Parent /Carer <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff Member <input type="checkbox"/> Other service user <input type="checkbox"/> Other (please state) <input type="checkbox"/> |

| Action Taken, Investigation and Outcomes | | | | | | | | | | | |
|---|---|--|--------|--|---|------|--|--------|--|--------|--|
| <p>What action has or is being taken</p> <p>Monitoring <input type="checkbox"/></p> <p>More Information Required <input type="checkbox"/></p> <p>Single Agency Investigation <input type="checkbox"/></p> <p>Joint Investigation <input type="checkbox"/></p> <p>No Further Action <input type="checkbox"/></p> <p>Give Reasons _____</p> <p>_____</p> | <p>Outcome</p> <p>Confirmed abuse <input type="checkbox"/></p> <p>Confirmed non abuse <input type="checkbox"/></p> <p>Assessment ongoing <input type="checkbox"/></p> <p>Inconclusive <input type="checkbox"/></p> | | | | | | | | | | |
| Case Meeting YES | Redirected | | | | | | | | | | |
| <p>Meeting Date: _____</p> <p>Those Involved:</p> <ul style="list-style-type: none"> ▪ Social Worker ▪ Psychologist ▪ Psychiatrist ▪ Garda ▪ Manager ▪ Key worker ▪ Social Care Leader ▪ Other | <p>Reasons why e.g. Inappropriate Challenging behaviour, Other</p> | | | | | | | | | | |
| Case Meeting | | | | | | | | | | | |
| <p>Chaired by: _____</p> <p>Convened on: _____</p> <p>Recommendations: _____</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | |
| <p>Review Meeting date: _____</p> | | | | | | | | | | | |
| Monitoring Form Completed by | | | | | | | | | | | |
| <p>Name: _____ Contact No: _____</p> <p>Position: _____ Signature: _____</p> | | | | | | | | | | | |
| <i>Please return to Designated File of Service User</i> | | | | | | | | | | | |
| Case Status | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Open</td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Closed</td> <td style="width: 20px; height: 15px;"></td> </tr> </table> | Open | | Closed | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Date</td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Closed</td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Signed</td> <td style="width: 20px; height: 15px;"></td> </tr> </table> | Date | | Closed | | Signed | |
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| Date | | | | | | | | | | | |
| Closed | | | | | | | | | | | |
| Signed | | | | | | | | | | | |

Appendix 2

Pathway – Responding to Allegations of Abuse Concerns



Appendix 3

Designated Person: Name: Jo Rynne

Tel. No: 087-7991005

Deputy Designated Person: Name: Ger McLoughlin

Tel. No: 087- 4181918

Local Health Officer: Name: Ferghal Flynn

Tel. No. 065- 6863480

Local Garda Station: Name: Ennis

Tel. No. 065- 6848100