

Policy & Guidelines

Safeguarding Adults We Support Who May be Unable to Protect Themselves from Abuse

Document Control	
Authorised by:	Colette Kelleher, Chief Executive
Date:	April 2014
Review Date:	April 2017
Document Review History	
Previous Document:	Policy & Procedures on the Management of Allegations of Abuse of Clients (2007)
Amended (Y/N):	Yes

...n, Suspected, Alleged, or Observed Abuse

Staff/Volunteer

Ensures Safety of the Person we Support

Informs Line Manager

**Unit Head/
Line Manager**

Alerts Head of Division, Designated Person, Safety Officer (& HIQA, if resident) & requests written report from Staff/volunteer

Informs HR if Staff member is implicated

**Unit Head/
Line Manager/
Designated Person**

Initiates arrangements for Case Conference

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REFERENCES/BIBLIOGRAPHY

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PART 1: POLICY

1.0 Policy

...a comprehensive range of services and supports
...ability and/or autism.

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1.2 Policy Statement

- COPE Foundation acknowledges that all adults have the right to live a life free from abuse and exploitation;
- We are committed to upholding that right and have a policy of ~~zero-tolerance~~ of abuse wherever it occurs.

1.3 Policy Purposes

- The purposes of this policy are to set out the standards by which COPE Foundation endeavours to prevent abuse, safeguard the people we support (*people with intellectual disability or autism who may be unable to protect themselves from abuse*), and lay down the procedures to be adopted in any cases where there are welfare concerns, or suspected, alleged, or observed abuse. This policy should be read in conjunction with COPE Foundation's *Case Conference Guidelines*.

1.4 Policy Scope

- This policy applies to all Staff employed by COPE Foundation, including those contracted for services, sessional workers, volunteers, visitors, service users, their families/carers, and all those who come into contact with the people we support.

1.5 Core Values and Principles

- **Dignity and Respect**
Each person we support will be accorded the same respect and dignity as any other person, by recognising their uniqueness and personal needs.
- **Access to Information & Knowledge**
Each person we support will have access to information that they can understand to make an informed choice, including access to expert knowledge and advocacy, as required.
- **Choice**
Each person we support will have the opportunity to select independently from a range of options, based on clear and accurate information.
- **Confidentiality**
Each person we support will know that information about them is managed appropriately and that there is a clear understanding of confidentiality and its limits among Staff/ volunteers.
- **Consent**
Each person we support has the right to be supported to make their own decisions, and to give or withhold their consent to an activity or service; consent is a clear indication of a willingness to participate in an activity, or to accept a service. It may be signalled verbally, by gesture, by willing participation, or in writing. No one can give, or withhold consent on behalf of another adult, unless special provision for particular purposes has been made for this, usually by law.



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be treated equally, and their background and culture

Each person we support will be invited to engage in activities and offered services that enable them to live life to the full.

- **Independence**

Each person we support will be supported to live as independently as possible.

- **Privacy**

Each person we support will be free from unnecessary intrusion into their affairs, and there will be a balance between the person's own safety and the safety of others.

- **Safety**

Each person we support will feel safe and without fear of violence, neglect or abuse in any form.

- **Support**

Each person we support will be supported to report any forms of abuse, and to receive appropriate support following abuse for as long as may be required.

Definitions/Descriptions

is defined as a person over 18 years of age, who has autism and, who is or may be unable to take care of himself/herself to protect himself/herself against harm, serious exploitation or abuse.

1.6.2 Staff

- Staff are COPE Foundation's personnel, and include those contracted for services, students, volunteers and sessional workers.

1.6.3 Welfare Concern

- The term *Welfare Concern* is used when there is a problem experienced directly by a person we support, or by the family of that person, that is seen to impact negatively on the latter's health, development and welfare, and that warrants assessment and intervention, but may not require a protection response.

1.6.4 Behaviour of Concern

- A Behaviour of Concern is when a person's action/s may have a negative impact on another.

1.6.5 Abuse

- *Abuse* means mistreatment of any kind and includes physical, financial or material, psychological, sexual or discriminatory mistreatment; it may be an act, or failure to act, which results in a significant breach of the human rights of a person, their civil liberties, bodily integrity or general well being;
- *Abuse* may be perpetrated by any person (including Staff, visitors, strangers, peers or family), but it is of special concern when it takes place within a relationship of trust, characterised by abuse of positions of power, that are based on:
 1. Legal, professional or authority status;
 2. Unequal physical, economic or social power;
 3. Responsibility for the person's care.

1.6.6 Case Conference

- A *Case Conference* is a formal meeting which takes place when the safety/welfare of a person we support is deemed to be at risk; its purpose is to evaluate the information available, consider the evidence as to whether that person has suffered or is likely to suffer significant harm, and develop an appropriate *Intervention Plan* that seeks to ensure their safety/wellbeing and review its implementation and outcomes.

1.6.7 Intervention Plan

- An *Intervention Plan* is a plan formulated by the Case Conference Members. It outlines the actions that need to be taken in order to ensure the safety/welfare of a person we support.

1.6.8 Leadership Team

- COPE Foundation's *Leadership Team*, consisting of the Chief Executive and Divisional Heads and Managers is responsible for the day-to-day management of the organisation.



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PART 2: Categories of Abuse

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Infliction of physical force that results in bodily injury, is probably the most easily identified form of abuse. However, in some instances it is difficult to confirm, as injuries can be sustained through frailty or other medical conditions. *Physical abuse* involves physical injury or violence resulting in bodily harm. It can involve pushing, hitting, shaking, squeezing, forced or rushed feeding and the use of the unacceptable restraint.

Possible Indicators of *Physical Abuse*:

- Bruises, lacerations, abrasions, scratches;
- Burns;
- Sprains;
- Dislocations;
- Fractures;
- Hair loss;
- Missing teeth;
- Eye injuries.

2.2 Sexual Abuse

Sexual abuse is the direct or indirect involvement of an adult who is vulnerable in sexual activities to which they have not consented. Consent may not be given to a particular activity because:

- A person has capacity and does not wish to give it;
- A person lacks capacity and is therefore unable to give it;
- A person feels coerced into an activity because the other person is in a position of trust, power or authority;
- Other party is a close relative and the action would be incestuous.

Possible Behavioural Indicators of *Sexual Abuse*:

- Depression;
- Avoidance of specific settings;
- Avoidance of specific adults/ appears fearful of a particular adult;
- Sleep disturbances or nightmares;
- Changes in appetite;
- Self-destructive behaviour;
- Learning difficulty or added difficulties in school or social situations;
- Lack of interest in usual activities;
- Substance abuse;
- Irritability, short tempered behaviour;
- Crying spells;
- Resistance to physical examination;
- Feelings of panic;
- Sexually acting out sexually aggressive or inappropriate behaviour;

- Change in prior mood;
- Change in habits;
- Severe anxiety and worry;
- Regression to childlike behaviours;
- New or increased interest in sexual issues;
- Eating and elimination disturbances;
- Exaggerated change in hygiene;
- Unexplained accumulation of money/gifts;
- Saying ~~we~~ got a secret

Possible Physical Indicators of Sexual Abuse:

- Trauma to genitals, breasts, rectum, mouth;
- Injury to face, neck, chest, abdomen, thighs, buttocks;
- Sexually transmitted disease;
- Human bite marks.

2.3 Neglect

Neglect is the breach of duty or carelessness that results in injury or the violation of rights. This implies the failure to act properly in safeguarding the health, safety and physical and emotional wellbeing of the person. *Physical neglect* includes nutritional neglect, failure to provide medical care or failure to protect the individual from physical and social danger. *Wilful neglect* resulting in serious impairment to the individual is also included.

Possible Indicators of Neglect:

- Dehydration;
- Malnutrition;
- Inappropriate clothing;
- Poor hygiene;
- Unkempt appearance;
- Under/over use of medication;
- Unattended medical needs;
- Exposure to danger/lack of supervision;
- Absence of required aids, such as glasses and dentures;
- Pressure sores.

2.4 Psychological/Emotional Abuse

The use of threats, humiliations, swearing, and other verbal conduct, or any other form of emotional cruelty that results in emotional or physical distress. It includes controlling and demoralising a person through fear, by shouting, shaming, humiliating. This abuse also includes malicious teasing, taunting, unjustifiable ignoring, or the denial of basic rights, choice, opinion and privacy.

Psychological/ Emotional Abuse:

Business;
Patterns;

- Fearfulness;
- Excessive fears;
- Agitation;
- Resignation;
- Confusion;
- Unexplained paranoia;
- Strong ambivalent feelings towards an abuser.

2.5 Financial or Material Abuse

This is the unauthorised or improper use of funds, property or any other resources belonging to a person. This involves a theft or conversion of money, objects or property belonging to a person who is vulnerable. It is accomplished by withholding, force or through misrepresentation and the denial of access to personal monies, whether within the family or in residential care.

Possible Indicators of *Financial Abuse*:

- Misuse of benefits;
- Lack of access to personal allowances;
- Mismanagement of a Service User's accounts;
- Embezzlement;
- Theft of property, direct or indirect;
- Intimidation and extortion.

2.6 Domestic/Familial Abuse

This is the abuse of a vulnerable adult by a family member, such as a partner, son, daughter, or sibling.

2.7 Peer Abuse

This is abuse of one vulnerable adult by another vulnerable adult, or a group of vulnerable adults within a care setting. It can occur in group or communal settings, such as day care centres, clubs, residential care homes, nursing homes or other institutional settings.

2.8 Bullying

Bullying can be defined as repeated aggression, be it verbal, psychological or physical, which is conducted by an individual or group against others (Children First, 1999). It is behaviour that is intentionally aggravating and intimidating. It includes behaviours such as teasing, taunting, threatening, hitting or extortion by one or more persons against a victim. *Bullying* can also take the form of racial abuse. With developments in modern technology, adults who are vulnerable can also be the victims of non-contact bullying, via mobile phones (texts and images), the Internet and other personal devices.



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PART 3: Preventing Abuse

Preventing Abuse

opportunities for its occurrence reduced by:

- Promoting public awareness of the existence of abuse of vulnerable adults;
- Raising awareness among professionals of factors likely to precipitate abuse;
- Training those involved in provision of care in relation to policies and procedures;
- Using current risk assessment models and systems as they apply to each area of work;
- Identifying the circumstances in which abuse may occur;
- Working towards eliminating the cause of abuse;
- Providing a properly managed environment and supportive supervision for Staff;
- Building on existing good inter-agency relationships, and endeavouring to ensure that there is always effective communication;
- Education and training for the people we support on the issues involved in keeping themselves safe, and on their rights to live free from abuse.



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PART 4: Roles & Responsibilities

information that have knowledge of a welfare concern, a welfare concern, a suspicion or allegation of abuse, or observed abuse that has been reported to him/her, appropriate procedures are followed to ensure the safety of the person we support has been or is being abused, or at risk of

- Ensure his/her safety;
- Report it immediately to their Unit Head/ Line Manager;
- In the event that a staff member feels inhibited for any reason from reporting his or her concerns to their Unit Head/Line Manager, or is unhappy with the outcome, he/she should discuss the matter with a more senior member of Management or the Designated Person;
- Outline the details of their knowledge or suspicions in a *Written Report* which will be forwarded to their Unit Head/Line Manager.

4.2 Unit Head/Line Manager

The Unit Head/Line Manager has a responsibility to ensure that where there is a welfare concern, a suspicion or allegation of abuse, or observed abuse that has been reported to him/her, appropriate procedures are followed to ensure the safety of the person we support. The Unit Head/Line Manager will:

- Request the Staff member reporting the welfare concern, behaviour of concern, the suspicion or allegation of abuse or observed abuse, to write a detailed Report;
- Immediately inform the Designated Person and consult regarding the necessity of holding a Case Conference;
- Inform Head of Division (or delegate);
- Inform COPE Foundation's Safety Officer;
- Inform Human Resource/Personnel Manager where a staff member is involved;
- Make arrangements for the holding of a Case Conference by contacting staff in the Central Records Office;
- Inform the Health Information and Quality Authority (HIQA) where the Adult is a resident in COPE Foundation (see 4.10 below);
- Bring the *Written Report* to the Case Conference, if it has been completed;
- The *Written Report* will be filed securely in the Case Conference filing cabinet in Central Records Office;
- In conjunction with Case Conference Members, develop an *Intervention Plan*.

4.3 Designated Person

The Designated Person in COPE Foundation is the Principal Social Worker. *The Designated Person:*

- Receives verbal report of the welfare concern, behaviour of concern, suspicion or allegation of abuse, or observed abuse from the Unit Head/Line Manager;
- In consultation with the Unit Head/Line Manager, endeavours to ensure the safety of the person we support;
- Consults with the Unit Head/Line Manager regarding the necessity of a Case Conference;
- Informs family of the person we support and external agencies, HSE/ *An Garda Síochána* when considered appropriate by the Case Conference;
- In conjunction with Case Conference Members, develops an *Intervention Plan*.



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son is the Social Worker & Team Leader and his/her Designated Person in the latter's absence; and the Deputy Designated Person are unavailable, the Designated Person will deputise.

4.5 Case Conference Members

The *Case Conference Members* will evaluate the information available, consider the welfare concern and/or the evidence as to whether a person we support has suffered or is likely to suffer significant harm, and be responsible for developing an *Intervention Plan*, reviewing its implementation and outcomes, and arranging for the Chief Executive to be notified when deemed appropriate by the Case Conference.

- Case Conference Members consist of the following *Core Group*:
 1. Chairperson;
 2. Relevant Divisional Head or designate (to the case);
 3. Psychology Manager or designate;
 4. Designated Person (Principal Social Worker/or designate);
 5. Safety Officer (when considered appropriate by her/him).
- It will also include other relevant persons with specific responsibility for the safety and welfare of the person we support;
- A *Case Conference Review Meeting* will take place within *20 working days* of the initial Case Conference Meeting, or as soon as possible thereafter.

4.6 Head of Human Resource Division

The Head of the Human resource Division will be informed by the Unit Head/Line Manager when there is a welfare concern, a suspicion, an allegation or observation of an incident of abuse of a person we support involving Staff. Investigation under *Trust in Care* procedures (HSE 2005) will then be initiated.

4.7 Safety Officer

The Safety Officer will be informed by the Unit Head/Line Manager of all cases of welfare concern, behaviour of concern, suspected, alleged or observed abuse. The Safety Officer will attend Case Conferences as considered appropriate by her/him, and in her/his absence will be kept informed of the details of the case by the Case Conference Secretary.

4.8 Head of Division

The Head of Division is responsible for supporting staff in their endeavours to ensure the safety of people we support through the implementation of this policy and best practice.

4.9 Chief Executive

The Chief Executive has overall responsibility to ensure the implementation of this policy, which endeavours to ensure the safety and welfare of the people we support.

4.10 Health Information & Quality Authority (HIQA)

There is a statutory responsibility to inform HIQA of any allegation, suspected or confirmed of abuse of any person we support, who is in residence in COPE Foundation.



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PART 5: Records, Confidentiality, & Legal Mandate to Disclose Information

Information

Safety and welfare issues of people we support should be recorded. Records should include dates, times, names, locations, context, and any other information that may be relevant;

- All Case Conference records will be held securely in the Case Conference filing cabinet in the Central Records Office;
- Access to Case Conference records will be permitted to the Core Group Members of the Case Conference, and to those considered appropriate by the Leadership Team, or the Designated Person, and in his/her absence, the Deputy Designated Person;
- These records will be kept in perpetuity.

5.2 Confidentiality

The effective safety/welfare of a person we support and who may be vulnerable depends on the willingness of Staff to share and exchange relevant information. Where safety concerns arise, sharing information in this regard is not a breach of confidentiality. The following principles apply:

- All information regarding concern or assessment of abuse or neglect of a person we support, should be shared on a need to know basis, in the interests of that person;
- No undertakings regarding secrecy can be given;
- The person we support (and where considered appropriate by the Case Conference, their Family/Guardian/Advocate) will be informed if their personal information is being shared with other professionals/agencies, unless doing so would put the person at further risk;
- Whilst a Staff member has the right to know the nature of an allegation and the right to respond to it, his/her responses may be shared with the HSE/An Garda Síochána/COPE Foundation legal advisors/insurers;
- The issue of confidentiality, including the appropriate use of personal or sensitive personal data of the people we support, forms part of the induction awareness training for COPE Foundation Staff who work directly with them.

5.3 Legal Mandate to Disclose Information

The *Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012* ss.3 (1)(a) and 3(1)(b) stipulates that:

“ a person shall be guilty of an offence if he or she knows or believes that an offence, has been committed by another person against a vulnerable person, and he or she has information which he or she knows or believes might be of material assistance in securing the apprehension, prosecution or conviction of that other person for that offence, and fails without reasonable excuse to disclose that information as soon as it is practicable to do so to a member of the Garda Síochána.”



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PART 6: PROCEDURES

1 Welfare Concern

When there is a problem experienced directly by a person of that person, which is seen to impact negatively on the person's welfare, and that warrants assessment and intervention, but may not require a protection response.

Procedures

- The Unit Head/Line Manager informs the Divisional Head (or designate) regarding the *Welfare Concern*;
- The Unit Head/Line Manager informs the Designated Person regarding the *Welfare Concern* and jointly a decision is made regarding the necessity of a Case Conference;
- The Unit Head/Line Manager informs the Safety Officer;
- When a Case Conference is deemed necessary, the Unit Head/Line Manager will initiate arrangements to convene it by contacting the Central Records Office;
- The Case Conference Members meet to discuss the reported *Welfare Concern* and decide on the appropriate intervention/s, which may include consultation with the HSE Duty Social Worker;
- If the Case Conference determines that the *Welfare Concern* does not constitute abuse, an *Intervention Plan* will be established to ensure the needs of the person we support are addressed;
- If the Case Conference determines that the *Welfare Concern* may potentially constitute abuse, then the procedures outlined below in 6.2 *Suspected Abuse* are to be followed.

2 Suspected Abuse

there are reasonable grounds for believing that a person has been, or is being physically, sexually or emotionally

information which is described as soft information; nevertheless it needs to be tested to safeguard the person we support.

- In the event of suspected abuse involving a Staff member, the Head of Division, Head of Human Resources, and the Safety Officer are informed by the Unit Head/Line Manager, and the investigation is conducted under *Trust in Care* procedures. A Case Conference may be called in order to develop an Intervention Plan for the person we support.

Health Information & Quality Authority (HIQA)

- Where the person we support is resident in COPE Foundation services, then the Unit Head/Line Manager must inform HIQA in writing on form NF06D within 3 days of any allegation, suspected or confirmed, of abuse of the resident.
- A copy of the report detailing COPE Foundation's internal investigation into the alleged abuse must be submitted within 10 days to HIQA, along with a copy of this policy. If the internal investigation is not completed within 10 days, then a draft report is to be forwarded to HIQA outlining the steps that have been taken, the reasons why the investigation report is not complete, and the next steps that COPE Foundation intends to take to ensure the resident's safety.

Procedures for Cases Not involving Staff Members

- Staff to whom the *suspected abuse* is reported should ensure the safety of the person we support;
- Staff inform the Unit Head/Line Manager who requests an immediate *Written Report* from the Staff member;
- Unit Head/Line Manager informs the Divisional Head (or designate);
- Unit Head/Line Manager informs and consults with the Designated Person;
- Unit Head/Line Manager informs the Safety Officer;
- The Unit Head/Line Manager initiates arrangements to convene a Case Conference by contacting Central Records Office;
- The Case Conference members meet to evaluate the information available, consider the evidence as to whether the person we support could have suffered or is likely to suffer abuse, and decide on the appropriate intervention/s, which may include, informing the Family/Guardian/Advocate (unless doing so is likely to endanger the person we support) and seeking a medical assessment of the person; the Case Conference directs the Designated Person to inform outside agencies, such as the HSE Disability Services/*An Garda Síochána*.
- If the Case Conference finds that the suspected abuse was instead a *behaviour of concern which was consensual*, or that there was no criminal responsibility by virtue of the level of intellectual functioning of the people involved, an *Intervention Plan* is put in place to address the behaviour;
- The Designated Person ensures that the individual who reported the suspicion is provided with verbal feedback.

5.3 Alleged Abuse

Something inappropriate has occurred or is occurring.

When an allegation involving a Staff member, the Head of Division, Head of Human Resources, and the Safety Officer are informed by the Unit Head/Line Manager, and the investigation is conducted under *Trust in Care* procedures. A Case Conference may be called in order to develop an Intervention Plan for the person we support.

Health Information & Quality Authority (HIQA)

- Where the person we support is resident in COPE Foundation services, then the Unit Head/Line Manager must inform HIQA in writing on form NF06D within 3 days of any allegation, suspected or confirmed, of abuse of the resident.
- A copy of the report detailing COPE Foundation's internal investigation into the alleged abuse must be submitted within 10 days to HIQA, along with a copy of this policy. If the internal investigation is not completed within 10 days, then a draft report is to be forwarded to HIQA outlining the steps that have been taken, the reasons why the investigation report is not complete, and the next steps that COPE Foundation intends to take to ensure the resident's safety.

Procedures for Cases Not Involving Staff Members

- Staff to whom *alleged abuse* is reported should ensure the safety of the person we support;
- Staff inform the Unit Head/Line Manager, who requests an immediate *Written Report* from the Staff member;
- Unit Head/Line Manager informs the Head of Division;
- Unit Head/Line Manager informs and consults with the Designated Person;
- Unit Head/Line Manager informs the Safety Officer;
- Unit Head/Line Manager initiates arrangements to convene a Case Conference by contacting Central Records Office;
- The Case Conference members meet to evaluate the information available, consider the evidence as to whether the person we support could have suffered or is suffering abuse, and decide on the appropriate intervention/s, which may include, informing the Family/ Guardian/ Advocate (unless doing so is likely to endanger the person we support) and seeking a medical assessment of the person we support. The Case Conference directs the Designated Person to inform outside agencies, such as the HSE Disability Services/*An Garda Síochána*.
- If the Case Conference finds that the *allegation of abuse* was instead a *behaviour of concern which was consensual*, or there was no criminal responsibility by virtue of the level of intellectual functioning of the people involved, an *Intervention Plan* is put in place to address the behaviour;
- The Designated Person ensures that the individual who reported the allegation is provided with verbal feedback.

4 Observed Abuse

Abuse involving a Staff member, the Head of Division, the Unit Head/Line Manager, and the Safety Officer are informed by the Unit Head/Line Manager, and the investigation is conducted under *Trust in Care* procedures. A Case Conference may be called in order to develop an Intervention Plan for the person we support.

Health Information & Quality Authority (HIQA)

- Where the person we support is resident in COPE Foundation services, then the Unit Head/Line Manager must inform HIQA in writing on form NF06D within 3 days of any allegation, suspected or confirmed, of abuse of the resident.
- A copy of the report detailing COPE Foundation's internal investigation into the alleged abuse must be submitted within 10 days to HIQA, along with a copy of this policy. If the internal investigation is not completed within 10 days, then a draft report is to be forwarded to HIQA outlining the steps that have been taken, the reasons why the investigation report is not complete, and the next steps that COPE Foundation intends to take to ensure the resident's safety.

Procedures for Cases Not involving Staff Members

- Staff who observe abuse should intervene immediately to ensure the safety of the person we support. This may include calling on other Staff for support;
- Staff inform the Unit Head/Line Manager who requests an immediate *Written Report* from the Staff member;
- The Unit Head/Line Manager informs the Head of Division;
- Unit Head/Line Manager informs and consults with the Designated Person;
- Unit Head/Line Manager informs the Safety Officer;
- The Unit Head/Line Manager initiates arrangements to convene a Case Conference by contacting Central Records Office;
- The Case Conference members meet to evaluate the information available, consider the evidence as to whether the person we support could have suffered abuse, and decide on the appropriate intervention/s, which may include, informing the Family/ Guardian/ Advocate (unless doing so is likely to endanger the person we support) and seeking a medical assessment of the person we support. The Case Conference directs the Designated Person to inform outside agencies, such as the HSE Disability Services/*An Garda Síochána*.
- If the Case Conference finds that the observed abuse was instead a *behaviour of concern which was consensual*, or that there was no criminal responsibility by virtue of the level of intellectual functioning of the people involved, an *Intervention Plan* is put in place to address the *behaviour*;
- The Designated Person ensures that the individual who reported the suspicion is provided with verbal feedback.

not to make a formal report, the Designated Person will discuss the reported concern with the HSE Duty Social Worker. The *Report Form* for reporting safety/welfare concerns to the HSE Disability Services will be used by the Designated Person formally reporting the concerns;

- If a report is made by telephone, COPE Foundation's *Report Form* should be completed and forwarded subsequently to the HSE Disability Services;
- The HSE Disability Services will also follow up on all referrals made, where a *Report Form* has not been used.

6.6 Allegations against a Staff Member

Where an allegation has been made against Staff, separate procedures will be followed:

1. The Designated Person reporting procedures to the HSE/*An Garda Síochána*, and
2. The Human Resource Division activating procedures under *Trust in Care*.

A Case Conference may be called in order to establish an *Intervention Plan* for the person we support.

Other Points

- The Designated Person will liaise closely with the HSE/*An Garda Síochána* to ensure that actions taken by COPE Foundation do not undermine or frustrate any of their investigations;
- The accused person has the right to know the nature of the allegation and the right to respond to it. Any responses made may be reported to the HSE/*An Garda Síochána*, COPE Foundation's legal advisors/insurers;
- Protective action will be taken proportionate to the level of risk to the person we support, up to and including suspension of the person accused;
- Where the Head of Human Resources decides that suspension is not required, there will be an increase in levels of supervision of the accused person pending further investigation.

6.7 Retrospective Disclosures

- A Retrospective disclosure will be reported immediately to the Designated Person, who will seek to establish whether there is any current risk to the person we support;
- If any risk is deemed to exist to a person we support, the Designated Person will report it to the HSE Disability Services without delay, and a Case Conference will be held.

6.8 Cases Not Reported to the HSE or *An Garda Síochána*

In those cases where COPE Foundation decides not to report concerns to the HSE or *An Garda Síochána*, the Staff Member who raised the concern, will be given a clear verbal statement by the person deemed appropriate by the Case Conference of the reasons why no action was taken. The person will be advised that if they remain concerned, they are free as individuals to consult with, or report to the HSE or *An Garda Síochána*. All details of the case will be recorded.



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PART 7: Staff

recruitment practices, in line with legislative
including:

active positions as widely as possible;

- Providing job and role descriptions;
- Providing an application form;
- Seeking *Garda* vetting and the completion of a *Declaration Form* for all applicants;
- Excluding prospective candidates with convictions against children or adults;
- Identification through photograph, signed name, and address;
- Interview undertaken by a minimum of two representatives of COPE Foundation and using an agreed set of criteria;
- Rigorous checking of a minimum of two written references, not from family members, and followed up by telephone or personal visit;
- Contract agreed between COPE Foundation and the new Staff Member, including their agreement to comply with this Policy;
- There is a probationary period of twelve months.

7.2 Staff Induction

- All new Staff will receive induction training, including in this Policy;
- *Staff* will be required to sign that they have understood, and will adhere to the content of this policy;
- The *Human Resource Division* and *Social Work Department* will be responsible for the induction and training of Staff in regard to this policy and its guidelines.

7.3 Staff/Volunteer Training in the Safety & Welfare of People we Support

Training is provided on a multidisciplinary and interagency basis to promote effective interventions in the safety/welfare of the people we support. All Staff/Volunteers providing services to the people we support will complete a mandatory training programme in this Policy and its guidelines. The training will endeavour to raise awareness *and* provide information on how to respond to issues of concern, allegations, or observed incidents of abuse. This training will also deal with the privacy rights of the people we support (including those rights under Data Protection legislation).

7.4 Staff/Volunteer Support

Unit Head/Line Managers ensure that staff/volunteers have access to the information, advice and professional support necessary to enable them to provide high quality care to the people we support.



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APPENDICES

Records & Data Protection Legislation

Records should not be kept for longer than is necessary in relation to the purpose/s for which the record/s were created. So where allegations have been investigated and *found to be without substance*, they should not normally be retained once the investigation has been completed. However, the Human Resource Division should keep a limited record on the Staff member's personnel file, that:

- (a) An allegation was received;
- (b) The allegation was investigated;
- (c) The allegation was unsubstantiated, and
- (d) The facts established.

Under the Data Protection Acts 1988 & 2003, a data subject has a right of access to data held regarding them, including access to their personnel file.

APPENDIX 2: Guidelines for Staff who receive a Complaint of Abuse

The Staff member:

- Will need tact and sensitivity in responding to the disclosure;
- Will need to listen to the person;
- Should not ask leading questions nor make suggestions to the person we support;
- Should not stop the person we support recalling significant events;
- Will need to reassure the person that everything possible will be done to protect and support the Adult who is vulnerable, but should not make promises;
- Will need to retain his/her trust, while explaining the need for action and the possible consequences, which will necessarily involve others being informed;
- Should not overreact. The Staff member who receives the complaint is not responsible for deciding whether or not, abuse has occurred;
- Should record in writing the discussion and retain the record.



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Make a Complaint or Express Concerns

Express concerns that abuse may have occurred will:

- Be protected from the risk of reprisals or intimidation (in so far as is reasonably practicable);
- Be informed of what action has been taken and its outcome;
- Not be subject to any adverse legal consequences, where the complaint has been made in good faith

APPENDIX 4: Protective Measures for Staff

1. Management will take whatever protective measures are necessary to ensure that no Staff member is exposed to unacceptable risk;
2. These protective measures are not disciplinary measures and may include:
 - Providing an appropriate level of supervision;
 - Putting the Staff member off duty with pay, pending the outcome of the investigation;
3. The views of the Staff member regarding the protective measures will be taken into account, but the final decision rests with COPE Foundation Management.

APPENDIX 5: Guidelines for Recording in Writing

- It is vital that an accurate written record is made of the information, by the Staff member who receives it;
- Make a note of what was said/observed, and note dates of alleged incident, times and witnesses to the alleged incident;
- Record the exact words used i.e. record accurately all comments made by the person making the allegation;
- If there are any visible signs of abuse, note them, but do not undertake an examination of the person;
- *Trust in Care* states that this record (or statement) should be read back to the person making the complaint to ensure accuracy(s.4.2.a);
- Where possible, this statement should be signed by the Informant and the Staff member.

Family/Guardian/ Advocate

family/guardian/advocate of the person we support
the Designated Person, as soon as practicable, and
information into the allegation is being carried out;

- The identity of the Staff member must not be disclosed at this point;
- Assurance should be given that the Adult who is vulnerable has received the appropriate support;
- Where appropriate, the person should be offered the support of an advocate to act on their behalf, if they so wish.

APPENDIX 7: Informing *An Garda Síochána*

- Where there are reasonable grounds to suspect that a criminal act has been committed, the matter must be reported *immediately* to the Gardaí, normally by the Designated Person;
- Where the Gardaí are notified of an incident involving a Staff member, COPE Foundation may conduct its own independent investigation under *Trust in Care* procedures in parallel with the criminal investigation;
- COPE Foundation may, in the context of the employer/employee relationship, where it concludes that '*on the balance of probabilities*' the alleged abuse occurred, proceed to take appropriate action, up to and including dismissal.



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APPENDIX 8: Various Forms

- Notification Form to *An Garda Síochána*;
- Notification Form to HSE Disability Services;
- Record for inclusion on Case Conference File;
 - Record for inclusion on Master File;
- Case Conference: Minutes & Intervention Plan.



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Referral Form to *An Garda Síochána*

CONFIDENTIAL

**COPE Foundation,
Bonnington,
Montenotte,
Cork.
021-464 3100**

To Superintendent _____

Address: _____

Date: _____

(Our References: Case Conference No _____ CIS No _____)

Name of the Adult who is Vulnerable: _____

Date of Birth: _____ Male Female

Home Address: _____

Location of Alleged Incident: _____

The above named person is Suspected Alleged Observed to have experienced the following type of abuse:

Neglect Physical Sexual Financial Emotional

Other _____

Description: _____

Designated Person's Signature _____

Professional Position: _____

Print Name: _____ Date _____

***(Copy to COPE Foundation Case Conference File)**

Notification Form to HSE Disability Services

CONFIDENTIAL

**COPE Foundation,
Bonnington,
Montenotte,
Cork.
021-4643100**

**Disability Services Manager
Disability Services
HSE
Blackpool
Cork.**

Date: _____

Our References: Case Conference No _____ CIS No _____

Name of Service User Allegedly Abused: _____

Address: _____

Date of Birth: _____ Male Female

Date of COPE Foundation Case Conference Meeting: _____

Date of COPE Foundation Case Conference Review Meeting: _____

The above named person is Suspected Alleged Observed to have experienced the following type of abuse:

Neglect Physical Sexual Financial Emotional

Other _____

Relationship of Person who Allegedly Abused the Service User: _____

Continuing Concerns? _____

Designated Person's Signature _____

Professional Position: _____

Print Name _____ Date _____

CONFIDENTIAL

Record for inclusion on Case Conference File

Case Conference Reference No: _____

Name of Person we Support: _____

DOB: _____ CISNumber _____

Address: _____

Service Location: _____

Type of Suspected Alleged Observed Abuse Reported:

Neglect Physical Sexual Emotional Financial

Welfare Issue _____

Behaviour of Concern _____

Date of Alleged Incident: _____

Location of Alleged Incident: _____

Relationship of the Alleged to the Person we Support: _____

Date Staff/Volunteer was informed/became aware of Alleged Incident: _____

Date Unit Head/Line Manager was informed/became aware of Alleged Incident: _____

Date Line Manager informed Designated Person: _____

Date Safety Officer informed: _____ Date HIQA informed _____

Date HR Division was informed (if Staff member involved): _____

Date HSE was notified: _____ Date Gardaí were notified: _____

Date of COPE Foundation initial Case Conference: _____

Date of COPE Foundation Final Case Conference Review: _____

Date verbal feedback given to the person who referred the Alleged Incident: _____

Case Conference Secretary's Signature _____

Chairperson's Signature: _____

Print Name: _____ Date: _____



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CONFIDENTIAL

**Case Conference Record
For inclusion on Master File of the Person we Support**

Case Conference Reference Number: _____

Name of the Person we Support: _____

Date of Birth: _____ **CIS Number:** _____

Chairperson's Signature _____

Print Name: _____

Date: _____

Records in relation to this Case are held securely in the Central Records Office, Bonnington, Montenotte, Cork. Access to these Records may only be possible by contacting COPE Foundation's Designated Person (Principal Social Worker) and/or through a formal Freedom of Information or Data Protection access request.

Case Conference: Minutes & Intervention Plan

Case Conference Ref. No:

Case Conference Date:

Name of Person we Support:

Date of Birth:

CIS No:

Present at Case Conference: _____

Apologies: _____

Absent: _____

Welfare Behaviour of Concern Suspected Abuse Alleged Abuse Observed Abuse

Points of Discussion



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	Action Plan	By Whom?	By When?	Done?
2				
3				
4				

Case Conference Review Date: _____

Case Conference Secretary Signature: _____

Print Name: _____ Date: _____

Case Conference Chairperson Signature: _____

Print Name: _____ Date: _____

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- Data Protection Acts 1988/2003
- Domestic Violence Act 1996
- European Convention on Human Rights Act 2003
- Freedom of Information Acts 1997/2003
- United Nations Convention on the Rights of Persons with Disabilities (Optional Protocol) 2006

Law Commission Reports

- *Vulnerable Adults and the Law*, Irish Law Reform Commission, 2006
- *Report on Vulnerable Adults*, Scottish Law Commission, 1997

Department of Health

- *Our Duty to Care: The Principle of Good Practice for the Protection of Children & Young*, Department of Health, 2002

Department of Children & Youth Affairs

- *Children First: National Guidance for the Protection & Welfare of Children*, Department of Children & Youth Affairs, 2011

Health Service Executive (HSE)

- *Trust in Care: Guidelines for Health Service Employees on Preventing Patient/Service User Abuse and Dealing with Allegations of Abuse against Employees*, HSE 2005
- *Care Safe: Draft Standards and Guidelines for the Prevention of Harm to Health Service Users*, HSE 2009
- *Child Protection and Welfare Practice Handbook*, HSE 2011
- *National Restraint Policy*, HSE 2011
- *Policy and Procedures for the Management of Allegations of Abuse of Vulnerable Adults*, Wexford Local Health Office, HSE 2008
- *Guidelines for the Investigation of Allegations of Abuse of Adults with Intellectual Disabilities/Autism*, Midland Health Board, 2002.
- *Protecting Our Future*, Report of the Working Group on Elder Abuse, 2002
- *Guide to Good Record Keeping*, 2009

Health Information & Quality Authority (HIQA)

- *National Standards for Residential Services for Children and Adults with Disabilities*, HIQA 2013

Investigative Reports

- The Commission of Investigation (Leas Cross Nursing Home) 2009
- The Commission of Investigation (Catholic Diocese of Cloyne) 2010
- The Commission to Inquire into Child Abuse (Ryan Report) 2009
- Roscommon Child Care Case, Report of the Inquiry Team to the Health Service Executive (HSE), 2010

- *Safeguarding Adults Policy*, Lincolnshire Partnership NHS Foundation Trust, 2010
- *Policy for the Protection and Welfare of Adults with a Learning Disability from Abuse*, Brothers of Charity 2011
- *Policy – Responding to Allegations of Elder Abuse*, March, S. (Dedicated Officer Elder Abuse), Dublin & Mid Leinster (2009)
- Connecticut Sexual Assault Crisis Services (founded in 1982). *Developmental Disabilities and Sexual Abuse*.
- Davis, L.A. (2005). *People with Intellectual Disabilities and Sexual Violence*, The ARC, MD.
- Disability Services, Queensland, (2002). Resource Booklet, *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability*.
- Hayes, S., (1992). *Sexual Violence against Intellectually Disabled Victims*. Paper presented at the Australian Institute of Criminology Conference, Without Consent: Confronting Adult Sexual Violence, Melbourne.
- Mansell, S., Sobsey, D., and Calder, P. (1992). *Sexual Abuse Treatment for Persons with Developmental Disabilities*. *Journal of Professional Psychology: Research and Practice*, 23, 404-409.
- Mansell, S., and Sobsey, D. (1993). *Therapeutic Issues in Healing the Sexual Abuse of People with Disabilities*. *Sexological Review*, 1 (2), 139-159.
- Mansell, S., Sobsey, D., Wilgosh, L., and Zawallich, A. (1997). *The Sexual Abuse of Young People with Disabilities: Treatment Considerations*. *International Journal for the Advancement of Counselling*, 19, 293-302.
- Mansell, S., and Sobsey, D. (2001). *Counseling People with Developmental Disabilities who have been Sexually Abused*. Kingston, NY: NADD Press.
- Razza, N., and Sobsey, D. (2011). *Treating Survivors of Sexual and Interpersonal Abuse*. In R. J. Fletcher (Ed.), *Psychotherapy for Individuals with Intellectual Disability*. Pp131-144, Kingston NY: NADD Press.
- Sobsey, D., and Varnhagen, C. (1988). *Sexual Abuse and Exploitation of People with Developmental Disabilities, Final Report*. University of Alberta Developmental Disabilities Centre.
- Sobsey, D., and Mansell, S. *The Prevention of Sexual Abuse of People with Developmental Disabilities*, *Developmental Disabilities Bulletin*, 1990, 18(2), 51-66.
- Sobsey, D., and Doe, T. (1991). *Patterns of Sexual Abuse and Assault*. *Sexuality and Disability*, 9 (3), 243-259.

- 1). *An International Perspective on Patterns of Sexual Assault and Abuse of People with Disabilities*. *International Journal of Adolescent Medicine and Health*, 7 (2), 153-178.
- Sobsey, D. (1994). *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* Baltimore: Paul H. Brookes Publishing Company.
 - Sobsey, D. (2009). Foreword in *Combating Abuse of People with Disabilities: A Call to Action*. Baltimore: Paul H. Brookes Publishing Company.
 - Sobsey, D. (2011). *Ethical Issues in Counselling People with Disabilities in* R. J. Fletcher (Ed.), *Psychotherapy for Individuals with Intellectual Disability* (pp.289-301). Kingston: N.Y. NADD.
 - Texas Association Against Sexual Assault. (Undated). *Sexual Abuse of People with Developmental Disabilities*.