

## POLICY\*

<b>Title:</b> <i>Adult Service User Protection</i>	
Applies Jurisdiction:	<input type="checkbox"/> ALL <input type="checkbox"/> England
	<input type="checkbox"/> Scotland <input checked="" type="checkbox"/> Ireland
	<input type="checkbox"/> Poland <input type="checkbox"/> Netherlands <input type="checkbox"/> Wales
Effective from:	January 2013 Division: <input checked="" type="checkbox"/> ALL

### Policy Statement

The Rehab Group is committed to actively safeguarding the welfare and protection of adult service users who access our services and the staff that provides those services.

The Rehab Group promotes the welfare of adult service users by means of education, staff training and the implementation of a process for staff to act on any concerns they may have for an adult service user's welfare in a timely manner.

The Rehab Group considers the duty of all those employed or involved with the organisation to take all reasonable measures to prevent or reduce the risk of abuse of all individuals with whom they come into contact in the course of their employment, involvement/placement within the service. We acknowledge our responsibility to ensure that all legislation and statutory guidance concerning protection of adult service users is adopted, including reporting any protection issues which are alleged, suspected or disclosed. Rehab Group seek to put in place systems of best practice and procedures that protect all staff members and service users from unfounded allegations.

#### All Rehab Group Divisions will have the following in place:

- A recruitment process in line with the Rehab Group Recruitment and Selection Policy that ensures that all reasonable steps are taken to actively safeguard the welfare and protection of adult service users
- A staff induction process to ensure that newly recruited staff members read understand and accept the Adult Service User Protection Policy & Procedure
- Abuse awareness training and on-going education for all staff in the dynamics of

\* Rehab Group may amend, replace or withdraw this policy, and/or any related procedures or guidelines, from time to time at its absolute discretion

# Rehab Group PROCEDURE

---

abusive and neglectful behaviour and in the operation of the Adult Service User Protection Policy & Procedure, as relevant to their role and based on a training needs analysis

- A code of practice that outlines acceptable and unacceptable practice for Rehab Group staff in respect of their interactions with service users (Adult Service User Protection Procedure, Appendix 6)
- A system to raise awareness of protection issues with adult service users in an accessible manner through supervision, support, training, assistance and advice
- A Designated Liaison Officer and structure of Designated Liaison Persons.
  - A structure, led by the Designated Liaison Officer to ensure any protection concerns, allegations, disclosures will be raised by any member of staff and managed appropriately and in compliance with legislation. Please see Appendix 1 for Divisional Designated Liaison Officers and Persons.
- A system to centrally log any adult service user protection issues and to confidentially and appropriately manage and collate them
- A system to periodically review adult service user protection issues in order to identify additional training needs
- A system whereby Rehab Group's adult protection policies and procedures are readily available in an accessible format to service users accessing our services and their advocates
- A system whereby senior management teams continuously monitor and decide on their division's protection training needs with reference to:
  - Risk factors relating to the nature of the activity they carry out
  - Regulatory and Funder requirements

## Rationale for Policy

---

The Rehab Group endeavours to safeguard the welfare of adult service users by endeavouring to protect them from all forms of abuse and endeavours to protect staff from false allegations of inappropriate behaviour.

---

# Rehab Group PROCEDURE

## Scope

All Rehab Group Staff Members including applicable contractors as it applies to service provision, consultants, students on placement, agency staff and those acting in a voluntary capacity.

## Related Policies

Child Protection Policy & Procedures  
Behaviours That Challenge  
Missing Service User  
Personal Care  
Back Ground Checks  
Whistle Blowing  
Risk Management  
Positive Risk  
Data Protection  
Complaints  
Restrictive Practices  
Administration of Medication Policy

## Reference Documents

■ ■ Non-Fatal Offences Against the Person Act, 1997

■ ■ National Policy and Procedure for the Protection and Welfare of Children, Young People and Vulnerable Adults, October 2010

■ ■ Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012  
HIQA National Standards  
■ ■ Offences Against the State (Amendment) Act 1998

Lead Director:	Laura Keane	Contact (tel & email):	00353-1-2057393 <a href="mailto:laura.keane@rehab.ie">laura.keane@rehab.ie</a>
Business Area:	Corporate Affairs		
Version Number:	1.00		
Reference Number:	COR-OPS-005	Subject/Activity:	Operations

If you have any queries related to this policy, please email the Lead Executive [COR-OPS-005@rehab.ie](mailto:COR-OPS-005@rehab.ie)

# Rehab Group PROCEDURE

## Appendix 1

Company / Division	Designated Liaison Officer	Contact Details
RehabCare	Laura Keane	Laura.Keane@rehab.ie
National Learning Network	Mary Hughes	Mary.hughes@rehab.ie

Company / Division	Designated Liaison Person	Contact Details
National Learning Network	Carmel Gavin	<a href="mailto:carmel.gavin@nlm.ie">carmel.gavin@nlm.ie</a>
National Learning Network	Sharon Mulryan	<a href="mailto:sharon.mulryan@nlm.ie">sharon.mulryan@nlm.ie</a>
National Learning Network	Jane Watson	<a href="mailto:jane.watson@nlm.ie">jane.watson@nlm.ie</a>
National Learning Network	Catherine Clements	<a href="mailto:catherine.clements@nlm.ie">catherine.clements@nlm.ie</a>
National Learning Network	Sharon Cunningham	<a href="mailto:sharon.cunningham@nlm.ie">sharon.cunningham@nlm.ie</a>
National Learning Network	Suzanne Allen	<a href="mailto:suzanne.allen@nlm.ie">suzanne.allen@nlm.ie</a>
National Learning Network	Barbara Hernon	<a href="mailto:barbara.hernon@nlm.ie">barbara.hernon@nlm.ie</a>
National Learning Network	Mary Hughes	<a href="mailto:mary.hughes@nlm.ie">mary.hughes@nlm.ie</a>
National Learning Network	Ken Kerr	<a href="mailto:ken.kerr@nlm.ie">ken.kerr@nlm.ie</a>
National Learning Network	Denise O' Dwyer	<a href="mailto:denise.odwyer@nlm.ie">denise.odwyer@nlm.ie</a>
National Learning Network	Maire Whelan	<a href="mailto:maire.whelan@nlm.ie">maire.whelan@nlm.ie</a>
National Learning Network	Rose Leahy	<a href="mailto:rose.leahy@nlm.ie">rose.leahy@nlm.ie</a>
National Learning Network	Ailish O' Brien	<a href="mailto:ailish.obrien@nlm.ie">ailish.obrien@nlm.ie</a>
National Learning Network	Gillian Clancy	<a href="mailto:gillian.clancy@rehab.ie">gillian.clancy@rehab.ie</a>
National Learning Network	Trish Amm	<a href="mailto:trish.amm@nlm.ie">trish.amm@nlm.ie</a>
National Learning Network	Fiona Kennedy	<a href="mailto:fiona.kennedy@nlm.ie">fiona.kennedy@nlm.ie</a>
Rehab Care	Michael O'Connor	<a href="mailto:Michael.OConnor@rehab.ie">Michael.OConnor@rehab.ie</a>
Rehab Care	Pat McPhillips,	<a href="mailto:Pat.McPhillips@rehab.ie">Pat.McPhillips@rehab.ie</a>
Rehab Care	Sinead Butler	<a href="mailto:Sinead.Butler@rehab.ie">Sinead.Butler@rehab.ie</a>
Rehab Care	Neil Tobin	<a href="mailto:Neil.Tobin@rehab.ie">Neil.Tobin@rehab.ie</a>
Rehab Care	Lars Schabelski	<a href="mailto:lars.schabelski@rehab.ie">lars.schabelski@rehab.ie</a>
Rehab Care	Barry Sweeney	<a href="mailto:Barry.Sweeney@rehab.ie">Barry.Sweeney@rehab.ie</a>
Rehab Care	Kris Dhondt	<a href="mailto:Kris.Dhondt@rehab.ie">Kris.Dhondt@rehab.ie</a>
Rehab Care	Aveen Toner	<a href="mailto:Aveen.Toner@rehab.ie">Aveen.Toner@rehab.ie</a>
Rehab Care	Lavinia Stronge	<a href="mailto:Lavinia.Stronge@rehab.ie">Lavinia.Stronge@rehab.ie</a>

## PROCEDURE\*

<b>Title:</b> <i>Adult Service User Protection</i>	
Applies	<input type="checkbox"/> ALL
Jurisdiction:	<input type="checkbox"/> England
	<input type="checkbox"/> Scotland
	<input checked="" type="checkbox"/> Ireland
	<input type="checkbox"/> Poland
	<input type="checkbox"/> Netherlands
	<input type="checkbox"/> Wales
Effective from:	January 2013
Division:	<input checked="" type="checkbox"/> ALL

### Contents

1 - Context of Abuse .....	3
1.1 - List of Abusive Interactions, Treatment and Attitudes .....	3
1.1.1 - Emotional/Psychological .....	3
1.1.2 - Physical .....	3
1.1.3 - Sexual .....	3
1.1.4 - Financial .....	4
1.1.5 – Discriminatory Abuse .....	4
1.1.6 - Institutional .....	4
1.1.7 - Misuse of Medication .....	4
1.1.9 Neglect .....	5
Definition of ‘neglect’ .....	5
Signs and symptoms of neglect .....	5
Characteristics of neglect .....	5
1.2 - Signs of Potential Abuse: .....	6
1.3 - Sources of Abuse .....	7
2 – Procedures .....	7
2.1 - Procedure - Receiving an Allegation, Disclosure or Suspicion of Adult Abuse .....	7
2.1.1 - Allegation of abuse .....	7
2.1.2 – Concern of Abuse .....	8
2.1.3 - Disclosure of Abuse .....	8
2.2 - Procedure - Reporting an Allegation, Disclosure or Suspicion of Adult Abuse .....	10
2.3 - Procedure - Investigating an Allegation, Disclosure or Suspicion of Adult Service User Abuse .....	13
2.3.1 Investigation Procedure - Commissioning .....	13
2.3.2 Investigation Procedure - The Investigation Team .....	14
2.3.3 Investigation Procedure - The appointed Chair .....	14

\* Rehab Group may amend, replace or withdraw this procedure, and/or any related policies, procedures or guidelines, from time to time at its absolute discretion

# Rehab Group PROCEDURE

---

2.3.4 Investigation Procedure - The Investigation.....	14
2.3.5 Investigation Procedure – The Senior Support Manager.....	16
2.3.6 Investigation Procedure - Report:.....	16
3 - Suspected Abuse by a Staff Member.....	17
4 - Outcome .....	18
5 – Confidentiality .....	22
Appendix 1 - Internal Reporting Form .....	24
Appendix 2: Notification of Suspected Adult Service User Abuse to Health Service Executive .....	27
Appendix 3 -Notification of Suspected Abuse to Gardaí .....	29
Appendix 4 - Body Map .....	31
Appendix 5 -Flow Chart – Receiving, Reporting & Investigating an Allegation, Disclosure or Suspicion of Adult Service User Abuse .....	33
Appendix 6 - Adult Protection – Code of Practice. ....	34
Appendix 7 – Role of the Designated Liaison Person and Designated Liaison Officer.....	39
APPENDIX 8 – Communication Strategy with External Organisations.....	40

# Rehab Group PROCEDURE

---

## 1 - Context of Abuse

### 1.1 - List of Abusive Interactions, Treatment and Attitudes

The following is a list of the most common forms of abusive interactions, treatments and attitudes. It is not intended as a complete or exhaustive list.

#### 1.1.1 - Emotional/Psychological

- Intrusiveness or disregard for a service user's privacy
- Rude or offensive remarks considered demeaning by a service user
- Psychological manipulation, coercion or exploitation
- Constant criticism
- Constantly ignoring calls for help
- Humiliation, harassment, taunting or teasing of service user
- Verbal attacks / threats / hostile comments
- Being deprived of social or other forms of contact
- Being prevented from receiving services or support
- Threats of harm or abandonment

#### 1.1.2 - Physical

- Intimidation and physical violation
- Hitting / Slapping / Kicking / Shaking
- Pushing / Shoving / Grabbing / Pinching / Squeezing
- Biting / Burning
- Excessive use of restraints
- Excessive use of force when feeding or toileting
- Unauthorised alteration of treatment (including medication) or diet
- Denial of food, basic rights or privileges
- Inappropriate isolation of service user
- Inappropriate punishment or use of restraints
- Indifference when providing personal care

#### 1.1.3 - Sexual

Sexual abuse is sexually inappropriate behaviour that a service user cannot or did not consent to or was coerced into consenting to.

- Inappropriate sexualised touching or kissing, including genital to genital contact, oral to genital contact, oral to anal contact, genital to anal contact
- Fondling
- Seduction and sexual violation
- Indecent exposure
- Masturbation
- Exhibitionism

# Rehab Group PROCEDURE

---

- Rape / Indecent Assault
- Exposure to sexual language, explicit material and photographs or any other indecent/ pornographic material

## 1.1.4 - Financial

- Removing without consent, defrauding or withholding of the personal finances, property or designated finances of a service user. It also includes inappropriate behaviour or pressure in relation to a service user's property, inheritance, will, possessions or benefits, social welfare or otherwise.

## 1.1.5 – Discriminatory Abuse

- This is any abusive act committed against a person or their property because of their Gender, Civil Status, Family Status, Age, Race, religion, Disability, Sexual Orientation, and Membership of the Travelling Community. It includes bullying, assaults, harassments, threats or being called names.

## 1.1.6 - Institutional

- Any system, policy, procedure, practice or environment that results in the abuse, mistreatment, neglect of or detriment to a service user.

## 1.1.7 - Misuse of Medication

- Not administered as prescribed
- Over-medication resulting in apathy, drowsiness, slurring of speech, lack of sleep, continual pain etc.
- Under-medication resulting in lack of sleep, continual pain, etc.
- Unexplained physical deterioration in the vulnerable adult, e.g. loss of weight
- Sudden increases in confusion e.g. dehydration produces toxic confusion
- Not following the safe administration of medication policy potentially affecting an adult service user

## 1.1.8 - Domestic abuse

Domestic abuse refers to the use of physical or emotional force or threat of physical force, including sexual violence in close adult relationships. This abusive behaviour is inflicted by a spouse, partner, child or any other person who has a close or blood relationship with the victim. Domestic violence can also involve emotional abuse; stalking; the destruction of property; isolation from sources of support such as family and friends; threats to others including children; and control over access to food, personal items, transportation, communication devices and money.



# Rehab Group PROCEDURE

---

## 1.1.9 Neglect

### Definition of 'neglect'

Neglect can be defined in terms of an *omission*, where the person suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from others, and/or medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a person. Whether it is *significant* is determined by the impact to the person.

Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For example, a Service User who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety.

*The threshold of significant harm* is reached when the Service User's needs are neglected to the extent that his or her well-being is severely affected.

### Signs and symptoms of neglect

A distinction can be made between 'wilful' neglect and 'circumstantial' neglect.

'Wilful' neglect would generally incorporate a direct and deliberate deprivation of a person's most basic need, e.g. withdrawal of food, shelter, warmth, clothing, contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by carers or other stakeholders in the person's life.

Neglect should be suspected in cases of:

- Malnourishment, lacking food, inappropriate food or erratic feeding;
- Lack of warmth;
- Lack of adequate clothing;
- Inattention to basic hygiene;
- Lack of protection and exposure to danger, including moral danger.
- Failure to provide adequate care for the person's medical problems;
- Exploited, overworked.

### Characteristics of neglect

#### Depressed or passive neglect:

This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation.

# Rehab Group PROCEDURE

---

## 1.1.10 Peer Abuse/Bullying

Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. 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, Service User's can also be the victims of non-contact bullying, via mobile phones, the Internet and other personal devices.

Staff who witness or are made aware of any of the above types of abusive behaviour or any other behaviour that causes concern should immediately report the incident, to ensure adult service users are protected.

## 1.2 - Signs of Potential Abuse:

There are many factors which may indicate abuse or neglect. An adult service user may present several of the following symptoms in a case where there is no abuse, just as an abused individual may fail to exhibit any signs of abuse. No one sign should be seen as conclusive in itself of abuse. All signs and symptoms should be seen within the context of the individual. Thus the following are common and not definitive signs. These may include:

- Unusual or suspicious injuries especially bruises/marks of different ages or with unusual patterns e.g. linear bruising may indicate physical abuse with an instrument and correlating bruises on each upper arm may indicate the adult has been forcibly grabbed
- Unusual or unexplained behaviour of carers including a delay in seeking advice, or dubious or inconsistent explanation of injuries or bruises
- An allegation of abuse
- An adult found at home or in a service setting in a situation of serious but avoidable risk
- Over-frequent or inappropriate contact/referral to outside agencies
- A prolonged interval between illness/injury and presentation for medical care
- If the adult lives with another member of the household who is known to the police or welfare agencies in circumstances which suggest possible risk to the life/health or well-being of that person
- Demonstration of fear by the adult of another person or demonstration of fear of going home
- Difficulty in interviewing the adult e.g. another adult unreasonably insists on being present
- Anxious or disturbed behaviour on the part of the adult such as head banging, rocking, hair twisting
- Suddenly seeking affirmation/suddenly withdrawing

# Rehab Group PROCEDURE

- Hostile or rejecting behaviour by the carer towards the adult
- Serious or persistent failure to meet the agreed needs of the adult
- Signs of financial abuse e.g. a change in the ability of the adult to pay for services, unexplained debts, or reduction in assets
- Carer as well as dependents showing apathy, depression, withdrawal, hopelessness and suspicion
- Important documents are reported to be missing
- Pressure exerted by family or professional to have someone committed to care

## 1.3 - Sources of Abuse

Abuse can arise from one or more of the following sources:

- Family member
- Friend
- Unknown third party
- Staff member
- A Carer
- A fellow service user of the Rehab Group

## 2 – Procedures

### 2.1 - Procedure - Receiving an Allegation, Disclosure or Suspicion of Adult Abuse

Abuse may become apparent in a number of different ways. Below are outlined the three most common – Disclosure, allegation or a raised concern or suspicion. The principles and procedures for dealing with all three are the same. Once a disclosure, allegation or a raised concern is brought to the attention of a Rehab Group staff member it should be **submitted to the designated liaison person immediately and absolutely within a maximum of 24 hours**. No time limit is placed on reporting allegations, concerns or disclosures of abuse.

#### 2.1.1 - Allegation of abuse

An allegation of abuse can present in a number of different ways

An allegation can be made by :	An allegation can be made against::
A service user subject to the abuse	A service user of Rehab Group services
A staff member witness to the abuse	A Rehab Group staff member
A service user witness to the abuse	A third party contractor
A member of the public witness to the abuse.	A member of the public
A family member/carer/next of Kin	An external organisation
	A family member/carer/next of kin

These are not exhaustive lists.

# Rehab Group PROCEDURE

---

## 2.1.2 – Concern of Abuse

There may be instances when no specific allegation or disclosure of abuse arises. However you may have concerns that some form of abuse may be occurring as a result of observed indicators.

A concern is clearly different from an allegation and in each situation it is important to define which category the relevant incident falls into. However given the potential vulnerability of our service users it is important to ensure that all staff address any concerns and act on them appropriately and fairly in relation to all parties involved.

The principles and procedures for dealing with raised concerns of abuse are the same as those applicable to abuse which is alleged or disclosed.

## 2.1.3 - Disclosure of Abuse

The following steps should be followed if an adult service user discloses abuse:

### Receive

- Listen to what is being said, without displaying shock or disbelief.
- Remain calm.
- Take all disclosures seriously.
- Try and ensure that the service user is allowed to speak about the disclosure in an environment that respects the confidentiality of the matter and all individuals involved in the matter.
- Ensure that the different communication, language or literacy needs of the individual service user are catered for.
- Ensure that the language and wording used in conducting the interview are understood by and accessible to the individual service user.
- Ensure that any particular communications assistance required by the adult service user is made available for the interview.
- Take notes on the details of the disclosure as they are presented without expressing any opinion on these facts.

### Reassure

- Reassure the adult service user but do not make promises you may not be able to keep like, “I’ll stay with you,” or “Everything will be all right now”.
- Do not promise confidentiality: you have a duty to refer. Explain to the service user that you will need some help to deal with what he/she has told you.
- Do reassure and attempt to alleviate guilt, if the service user refers to it.

# Rehab Group PROCEDURE

---

## React

- React to the adult service user only as far as is necessary for you to establish whether or not you need to refer this matter.
- Do not 'interrogate' for full details.
- Do not stop the Service User recalling significant events, but don't make him or her repeat the story unnecessarily.
- Do not ask 'leading' questions such as "Did s/he touch your private parts?" Such questions may undermine the quality of the evidence obtained by you for the purposes of any subsequent prosecution.
- Do ask open questions i.e. questions that encourage the service user to volunteer information rather than to answer "yes" or "no"
- Do not criticise the alleged perpetrator.
- Do explain what you have to do next and to whom you have to talk.

## Record

- Make notes at the time and write them up as soon as possible. Where notes are written up some time after the disclosure of abuse/interview with the service user, the date and time of making the note should also be recorded. The note should be marked "retrospective note".
- Do not destroy these original notes.
- Record the date, time, place, any noticeable non-verbal behaviour and the words used by the service user. If the service user uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Any injuries or bruises noticed should be recorded on the enclosed body map (Appendix 4), showing their position and extent.
- Record statements and observable things, rather than your interpretations or assumptions.
- Complete the internal reporting document in conjunction with your line manager (Appendix 1) and **submit to the designated liaison person immediately and absolutely within a maximum of 24 hours**. Ensure to submit all supporting documentation with this report.

When information is offered in confidence the member of staff will need to act with sensitivity in responding to the disclosure. The member of staff will need to reassure the service user and retain his/her trust, while explaining the procedure and the possible consequence, which will necessarily involve others being informed. It is important to tell the service user that everything possible will be done to protect and support him/her but not to make promises that cannot be kept, e.g. promising not to tell anyone else. The welfare of the service user is regarded as the first and paramount consideration. In so far as is practicable, due consideration will be given, having regard to age and understanding, to the wishes of the adult service user.

# Rehab Group PROCEDURE

## 2.2 - Procedure - Reporting an Allegation, Disclosure or Suspicion of Adult Abuse

### Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
2.2.1	<p>If a staff member has a suspicion or has received a disclosure or allegation that an adult service user has or is being abused, he/she should, in conjunction with his/her line manager or in the absence of the line manager a designee, report the matter to the DLP. In addition to reporting verbally, appendix 1 needs to be completed. <b>This needs to be completed immediately and absolutely within a maximum of 24 hours.</b> The individual staff member should follow the line management structure in the event that his/her manager is not available or is the subject of the allegation/suspicion/disclosure.</p>	All Staff
2.2.2	<p>If a staff member has a suspicion of abuse involving another staff member. The concerned staff member should raise it immediately with their own line manager or in the absence of the line manager a designee. Rehab seeks to reassure staff that an allegation made or suspicion reported in good faith, which turns out to be unfounded, will not have adverse repercussions for them. Confidentiality will be a primary consideration.</p>	All Staff
2.2.3	<p>After the initial report has been made to the DLP, the Manager should then gather all relevant reports and supporting documentation, as requested by the DLP and forward them to the Designated Liaison Person within an agreed timeframe using the internal reporting form – Appendix 1. A contemporaneous record of any verbal exchange should sent as part of the supporting documentation.</p>	Line Manager
2.2.4	<p>On receipt of details of the allegation/disclosure or suspected adult service user protection issue the Designated Liaison Person should consider all relevant documentation/information in order to establish whether there are ‘reasonable grounds for suspicion of abuse’. In attempting to establish whether there are reasonable grounds for concern that the adult Service User may have been, is being or is at risk of being abused or neglected, it may be necessary to consult expert persons to advise on how</p>	Designated Liaison Person

# Rehab Group PROCEDURE

best to proceed.

The following are examples which would constitute reasonable grounds for concern:

- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- Consistent indication over a period of time that an adult service user is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse.
- A specific indication from an adult Service User that he or she was abused.
- An account from a person who saw the adult Service User being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

Please note: a suspicion which is not supported by any objective indication of abuse or neglect would not constitute a reasonable [suspicion or reasonable grounds for concern.

2.2.5	<p>If reasonable grounds for suspicion of abuse has been established, the adult service user must be informed of their options, i.e. external reporting with support and advocate representation if required and/or internal reporting and investigation as per this policy and the offer to assist the person in accessing a counsellor if they so wish. Where there are concerns that a service user may have diminished capacity, consideration should be given to requesting a specialist assessment of the person's decision-making capacity in the context of the abuse allegations and the risks posed to the person.</p>	<p>Designated Liaison Person / Service Manager</p>
2.2.6	<p>If the individual does not consent to further action being taken by the organisation a number of options may be available to support the service user. Rehab Group will inform the service user of them and support him/her as appropriate. It may be necessary to contact external parties for support and in such cases, service user confidentiality will be considered.</p>	<p>Designated Liaison Person / Senior Manager</p>

## Rehab Group PROCEDURE

2.2.7	<p>In cases where it is felt that it is best practice or a service level agreement (SLA) requirement, external reporting to relevant personnel within the HSE, An Garda Siochana, or a Funder may be appropriate.</p> <p>The decision to report externally will be made by the Designated Liaison Person and will be made in compliance with the Withholding of Information on Offenses Against Children and Vulnerable Persons Bill 2012.</p> <p>The report may be accompanied by a proposed action plan or a request for advice on the issue.</p>	Designated Liaison Person
2.2.8	<p>Rehab Group reserves the right in all circumstances to conduct an investigation if the suspicion/allegation involves alleged misconduct by a Rehab Group member of staff.</p> <p>Where a service user from one division of the Rehab Group makes an allegation against a staff member in another division, and where the Designated Liaison Person who received the report, determines there are grounds for investigation, then the Designated Liaison Person will make contact with the Director/Designate of the employing division and agree the composition of the investigation team, which could be cross divisional.</p>	Designated Liaison Person  Designated Liaison Person and Director/Designate of employing division
2.2.9	<p>If reasonable grounds for suspicion of abuse have been established the Designated Liaison Officer will agree an investigation team.</p>	Designated Liaison Officer
2.2.10	<p>In cases where reasonable grounds for onward reporting has not been established, the source (staff member, service user or member of the public) who raised the concern (allegation, disclosure or concern) will be given a clear written statement of the reasons why Rehab Group is not taking such action. Service user's rights to adequate data protection will be considered throughout.</p>	Designated Liaison Person / Service Manager
2.2.11	<p>There is a need to maintain <b><u>confidentiality</u></b> in dealing with any suspected protection issue both internally within Rehab Group and when communicating with external agencies. Appendix 9 details Rehab Group's communication strategy with external agencies.</p>	All



# Rehab Group PROCEDURE

2.2.12	Where external reporting occurs, the service user's consent should first be sought. If they refuse, they should be informed of the intention to report, unless doing so puts the service user in a greater position of risk.	
2.2.13	Where there are reasonable grounds to suspect that a criminal act has been committed, without reasonable excuse, the matter should be reported to the Gardai. Where the Gardai are notified, Rehab Group may still conduct its own internal investigation in parallel with the criminal investigation.	

## 2.3 - Procedure - Investigating an Allegation, Disclosure or Suspicion of Adult Service User Abuse.

A number of different investigating scenarios may occur in each individual case, including:

- The Rehab Group leads the investigation into the matter and produces a final report from this process
- Another agency e.g. HSE, another provider, Gardaí etc. leads the investigation – in this case, either:
  - Rehab Group's internal investigation team will be set up and their report will feed into the lead agency
  - Individuals will feed in directly to the lead agency investigation process.

The most appropriate process will be determined case by case in consultation with the appropriate external agency and the Designated Liaison Officer.

For either scenario, the below steps outline the details of how a Rehab Group investigation, in line with this policy, is commissioned and managed.

	<p><b>2.3.1 Investigation Procedure - Commissioning</b></p> <p>An investigation will be commissioned by the Designated Liaison Officer. The Designated Liaison Officer will:</p> <ul style="list-style-type: none"> <li>• Set up a confidential file with an allocated reference number</li> <li>• Commission the investigation team (at least two members)</li> <li>• Have at least two members, one member being a HR representative in the case of a Rehab Group employee being the alleged perpetrator of the abuse</li> <li>• Appoint a chair to the investigation panel.</li> </ul>	Designated Liaison Officer/
--	---	-----------------------------

# Rehab Group PROCEDURE

	<ul style="list-style-type: none"> <li>• Appoint a Senior Manager to provide support to the investigation team.</li> <li>• Draw up terms of reference.</li> <li>• Organise the handover meeting</li> <li>• Will not participate in the investigation once the investigation team has been set up.</li> </ul>	
	<p><b>2.3.2 Investigation Procedure - The Investigation Team will:</b></p> <ul style="list-style-type: none"> <li>• Carry out all investigations of allegations in accordance with best practice and the principles of natural justice, in line with the terms of reference and provide the final written report of such investigations to the Designated Liaison Officer.</li> <li>• As far as is consistent with a fair investigation, maintain confidentiality with regard to all matters relating to investigation and management of mistreatment or abuse, only sharing information when strictly necessary, as outlined in the investigatory process.</li> <li>• Conduct the investigation in a timely manner, ensuring no unnecessary delays.</li> <li>•</li> </ul>	Investigation Team
	<p><b>2.3.3 Investigation Procedure - The appointed Chair will:</b></p> <ul style="list-style-type: none"> <li>• In the main be the Senior Manager on the investigation team</li> <li>• Maintain the working file on the case and be responsible for ensuring all records of the investigation team's actions are kept confidential.</li> <li>• Be the primary liaison for all stakeholder to the investigation such as: <ul style="list-style-type: none"> <li>• Local management,</li> <li>• The / Senior Manager designated as support.</li> <li>• Designated Liaison Officer</li> <li>• Staff,</li> <li>• Service user,</li> <li>• Witnesses etc.</li> </ul> </li> </ul>	Chair of Investigation Team
	<p><b>2.3.4 Investigation Procedure - The Investigation:</b></p> <p>The investigation team will ensure that:</p> <ul style="list-style-type: none"> <li>• The investigation is conducted in a manner that respects the rights of the alleged perpetrator and the alleged victim and adheres to the principles of natural justice.</li> <li>• The interview structure and areas of questioning should</li> </ul>	Investigation Team

# Rehab Group PROCEDURE

---

be prepared in advance. Such advanced preparation will not prevent the investigation team from adapting the interview structure/ areas of questioning if required during the interview.

- All members of the investigation team will be present at any interview, except in exceptional circumstances.
- Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of a fair investigation. It is not possible however to guarantee the anonymity of the complainant or any person who participates in the investigation.

The following steps should be taken in the investigation process:

- A documented meeting will take place with the person(s) making the allegation of abuse.
- A documented meeting will be held with the alleged victim if different from above and/or carer(s) if appropriate.
- A documented meeting with the person against whom the allegation is made. Any witnesses identified by the alleged victim or the alleged perpetrator or any others whom the investigation team considers may be relevant to the investigation will be interviewed.
- If required, a follow up meeting may be held with any of the parties met with to seek further clarification on specific information presented and to clarify issues.
- A draft of statements taken at the meetings will be furnished to the person interviewed and he/she will be asked to sign the document confirming that it is an accurate record of the meeting. All further screening (including any interviews with witnesses or others) will be documented in a similar manner.
- Rehab Group has a clear expectation and requirement for staff to cooperate fully with such investigations. Failure to do so may be considered a disciplinary issue.
- The person against whom the complaint is made will be advised of the right to be accompanied to the meeting by a trade union representative, colleague or family person and given copies of all relevant documentation prior to and during the investigation process, i.e. complaint, witness statements if any.

# Rehab Group PROCEDURE

	<ul style="list-style-type: none"> <li>• The alleged perpetrator(s) &amp; alleged victim are entitled to have an advocate/accompanying person present.</li> <li>• The investigation team will gather any information/documentation they consider relevant to the investigatory process.</li> <li>• The investigation team will form preliminary conclusions based on the evidence gathered in the course of the investigation and invite any person adversely affected by these conclusions to provide additional information or challenge any aspect of the evidence.</li> <li>• Once the investigation team has concluded their investigation they will devise a final report with respect to the matters under investigation which will include their findings (on the balance of probabilities) and recommendations: Included in their findings and recommendations will be whether or not there is sufficient evidence to corroborate the allegation(s) and therefore whether or not the complaint is substantiated. One such recommendation may be, whether or not the matter requires to be addressed under the Rehab Group Discipline Policy &amp; Procedure, in the case where the allegation relates to a Rehab Group staff member. Findings from the investigation can be used as part of the Discipline procedure.</li> </ul>	
	<p><b>2.3.5 Investigation Procedure – The Senior Support Manager</b></p> <p>A nominated Senior Support Manager will be allocated to the investigation team to:</p> <ul style="list-style-type: none"> <li>• Provide support to the team through the investigation process. This person will not be involved in the decision-making process.</li> </ul> <p>Can be utilised to sanction external expertise such as legal opinion if the investigation team decided that they require same.</p>	<p>The Senior Support Manager</p>
	<p><b>2.3.6 Investigation Procedure - Report:</b></p> <p>Once the investigation team has been set up, the Designated Liaison Officer will not participate in the investigation process. He/she will receive the final report of the investigation team, consider the contents of same and all investigatory documentation submitted.</p>	<p>Investigating Team / Designated Liaison Person / Officer</p>

# Rehab Group PROCEDURE

## 3 - Suspected Abuse by a Staff Member

Where an allegation or suspicion of abuse concerns a Rehab Group member of staff, the Rehab Group has responsibilities to both support and safeguard the staff member from unfounded allegations and to protect service user's safety and well-being. The Rehab Group in its continued commitment to its staff and service users aims to discharge its dual responsibilities in a supportive manner. These procedures, the applicable employment contract and the rules of natural justice and fairness should be followed. At all stages, it should be remembered that the first priority should be to ensure that no Service User is exposed to unnecessary risk. The Senior Manager/Director should, as a matter of urgency, take any necessary protective measures. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect service users. The Adult Service User Protection Policy & Procedure assist management in having due regard to the rights and interests of the adult service user and those of the staff member against whom the allegation is made.

When a Manager becomes aware of an allegation of abuse against a staff member, the Manager in consultation with HR and the Designated Liaison Person should privately inform the employee of the following:

- The fact that an allegation has been made against him/her.
- The nature of the allegation & the process that is going to be followed.
- Whether or not the matter has been reported to An Gardaí and/or service funder.

As with all suspected adult service user protection issues, the Designated Liaison Person will consider if it has reasonable grounds to proceed to investigation as described in the reporting section of this document.

A protection investigation involving an allegation against a staff member will include a HR representative on the investigation team. While such an investigation is ongoing, the following steps may be taken in order to facilitate the smooth running and continuation of the service.

The member of staff may be:

- Moved to another area of work
- Placed under closer supervision
- Placed on suspension with full pay. Where the member of staff works fluctuating hours, pay will be based on the average weekly hours worked by the staff member in the 12-week period preceding the suspension.

# Rehab Group PROCEDURE

The views of the staff member should be taken into consideration when determining the appropriate protective measures to take in the circumstances but the final decision rests with management. The taking of any such measures does not imply any degree of guilt on the part of the staff member and will be accompanied by swift investigation. It should be explained to the staff member concerned that the decision to re-locate/ put under closer supervision/ suspension is a precautionary measure and not a disciplinary sanction.

## 4 - Outcome

On receiving the report from the investigation team the Designated Liaison Officer will make recommendations and assign responsibilities to the appropriate manager(s) / functions if required. The responsible managers/functions will indicate to the Designated Liaison Officer on completion/implementation of these recommendations. At this point, the investigation is closed and the investigation team's working file is incorporated into the confidential file held by the Designated Liaison Officer.

### 4.1 Procedure for dealing with the outcome of an investigation where further action is deemed appropriate

4.1.1	<p>If the investigation team reaches a finding that reasonable ground for an allegation is established, it will issue a full report with recommendations to the Designated Liaison Officer, who will take the appropriate action. This may include:</p> <ul style="list-style-type: none"><li>• Facilitating the alleged victim in reporting the allegation to the Gardaí or, if appropriate, reporting the matter directly to the Gardai.</li><li>• In situations where it is concluded that abuse has been perpetrated by professional staff, contact with the appropriate professional accrediting body should be considered e.g. in the case of a nurse this would be An Bord Altranais.</li><li>• In the case where the allegation relates to a staff member, recommending whether or not disciplinary action is required in accordance with the Rehab Group Discipline Policy and Procedure.</li></ul>	Designated Liaison Officer
4.1.2	<p>The Designated Liaison Officer will keep all relevant parties informed of the outcome of the investigation and any actions agreed. These may include where appropriate:</p> <ul style="list-style-type: none"><li>• The alleged victim</li><li>• The alleged victim's parents (or other family members) with the consent of the alleged victim</li></ul>	Designated Liaison Officer

# Rehab Group PROCEDURE

	<ul style="list-style-type: none"> <li>• The person making the allegation</li> <li>• The person against whom the allegation is made</li> <li>• Any witnesses (witnesses do not always need to be kept informed in all circumstances, unless they are complainants. This maintains confidentiality as much as possible)</li> <li>• Any other relevant personnel e.g. Chief Executive</li> </ul>	
4.1.3	A file of the investigation will be maintained stored securely by the Designated Liaison Officer.	Designated Liaison Officer
<b>4.2 - Procedure for dealing with the outcome of a staff investigation when no further action is required</b>		
4.2.1	<p>If it is decided that further action is not warranted, all parties will be fully informed of the decision in writing. The Designated Liaison Officer will keep all relevant parties informed of the outcome. These may include:</p> <ul style="list-style-type: none"> <li>• The alleged victim</li> <li>• The person against whom the allegations are made</li> <li>• The alleged victim's parents with the consent of the alleged victim</li> </ul>	Designated Liaison Officer
4.2.2	If the person, against whom the allegation is made, was transferred to another work location or suspended from duty, they will be returned to work and provided with relevant support.	Designated Liaison Officer/ Service Manager / HR Manager
4.2.3	If no evidence of abuse is found, but the finding is one of poor practice, then the person against whom the allegation has been made will receive immediate training followed by a period of closely supervised work assessment. 'Closely supervised' does not mean any form of intense supervision that can be interpreted as oppressive but will mean an increase in supervision with a view to improving performance in accordance with best practice. This may take place in the same or a different location to be determined by a senior manager in conjunction with the individual and the investigation team. This poor practice may constitute grounds for the invocation of Rehab Group's disciplinary procedure.	Service Manager / Senior Manager.

## Rehab Group PROCEDURE

4.2.4	If it is established that the allegation was malicious, disciplinary action, in accordance with the Rehab Group's disciplinary procedure, may be taken against the person or persons making it, depending upon the circumstances.	Designated Liaison Person / Service Manager / HR Manager
4.2.5	Counselling or other support services as deemed appropriate will be offered to any victim of a malicious or unsubstantiated allegation. This will be organized by the Human Resources Department. Rehab Group has an Employee Assistance Programme that offers information, support and assistance 24 hours a day, 7 days per week. Free counselling is also available on this programme. The free phone help line number is 1800 201 346.	Designated Liaison Officer/ Service Manager / HR Manager
4.2.6	The Designated Liaison Officer, will make a decision regarding the ongoing retention of any documentation relating to the investigation where no grounds for further action have been established. As a general rule all records of unsubstantiated and unproved allegations against a staff member should be kept on a file separate from the employee's personnel file. The person against whom the unsubstantiated allegation was made should be informed of the fact that the details are being maintained on this separate file in an appropriately secure place. Similar protections should be in place for soft data.	Designated Liaison Officer/ Service Manager / HR Manager
4.2.7	The person against whom the allegation was made will be informed of any decision to retain documentation and the reason for so doing.	Designated Liaison Officer

### **4.3 - Procedure for dealing with the outcome of an investigation into allegations by an adult service user, which do not involve allegations against a Rehab Group staff member and where further action is deemed appropriate.**

4.3.1	<p>If the investigation team reaches a finding that the allegation is established, it will issue a full report with recommendations to the Designated Liaison Officer who will take the appropriate action. This may include:</p> <ul style="list-style-type: none"> <li>• Reporting, ideally with the consent of the Service User (see section 2.2.11), the findings of the investigation team and its recommendations to the An Gardaí or Service Funder</li> </ul>	Designated Liaison Officer
-------	---	----------------------------



# Rehab Group PROCEDURE

	<ul style="list-style-type: none"> <li>In situations where it is concluded that abuse has been perpetrated by professional staff, contact with the appropriate professional accrediting body should be considered e.g. in the case of a nurse this would be An Bord Altranais.</li> </ul>	
4.3.2	<p>The Designated Liaison Officer will keep all relevant parties informed of the outcome of the investigation and any actions agreed. These may include:</p> <ul style="list-style-type: none"> <li>The alleged victim and the parents/carer</li> <li>The HSE/designated officer within the Health Services Executive</li> <li>The person making the allegation</li> <li>The person against whom the allegation is made</li> <li>Any witnesses (witnesses do not always need to be kept informed in all circumstances, unless they are complainants. This maintains confidentiality as much as possible)</li> <li>Any other relevant personnel</li> </ul>	Designated Liaison Officer
4.3.3	A file of the investigation will be maintained by the Designated Liaison Officer in a secure cabinet.	Designated Liaison Officer
<p><b>4.4 - Procedure for dealing with the outcome of an investigation into allegations by an adult service user(s), which do not involve allegations against a Rehab Group staff member, and where no further action is required.</b></p>		
4.4.1	<p>If it is decided that further action is not warranted then all relevant parties will be fully informed of the decision in writing. The Designated Liaison Officer will keep all relevant parties informed of the outcome. These may include:</p> <ul style="list-style-type: none"> <li>The alleged victim</li> <li>The person making the allegation</li> <li>The person against whom the allegation is made</li> </ul>	Designated Liaison Officer
4.4.2	Counselling or other support services as deemed appropriate will be offered to all of the stakeholders involved.	Designated Liaison Officer/ Service Manager / HR Manager

# Rehab Group PROCEDURE

4.4.3	The Designated Liaison Officer will take a decision regarding the ongoing retention of any documentation relating to the investigation where no grounds for further action have been established. Any decision will be in compliance with data protection law.	Designated Liaison Officer
4.4.4	The person against whom the allegation was made will be informed of any decision to retain documentation and the reason for so doing.	Designated Liaison Officer

## 5 – Confidentiality

The effective protection of vulnerable adults often depends on the willingness of those involved with vulnerable adults to share and exchange relevant information. It is therefore critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

No absolute undertakings regarding confidentiality can be given. Witnesses or others providing information cannot be guaranteed confidentiality, although they must be assured that all information received will be treated in an appropriate and respectful manner.

Ethical and statutory codes legislation concerned with confidentiality and data protection provide general guidance. However, they are not intended to limit or prevent the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of vulnerable adults

The provision of information to the statutory agencies for the protection of vulnerable adults is not a breach of confidentiality or data protection. However, all information regarding concern or assessment of abuse or neglect should be shared on ‘a need to know’ basis in the interests of the adult with the relevant statutory authorities.

### Scope

All Rehab Group Staff Members including applicable contractors as it applies to service provision, consultants, students on placement, agency staff and those acting in a voluntary capacity.

### Related Policies

Child Protection Policy & Procedures  
Behaviours That Challenge  
Missing Service User  
Personal Care

# Rehab Group PROCEDURE

Back Ground Checks  
Whistle Blowing  
Risk Management  
Positive Risk  
Data Protection  
Complaints  
Restrictive Practices  
Administration of Medication

## **Related Procedures and Guidelines**

---

See the list(s) of related procedures and guidelines in the related policies listed above

Lead Director:	Laura Keane	Contact (tel & email):	00353-1-2057393 <a href="mailto:laura.keane@rehab.ie">laura.keane@rehab.ie</a>
Business Area:	Corporate Affairs		
Version Number:	1.00		
Reference Number:	COR-OPS-005	Subject/Activity:	Operations

If you have any queries related to this policy, please email the Lead Executive [COR-OPS-005@rehab.ie](mailto:COR-OPS-005@rehab.ie)

# Rehab Group PROCEDURE

## Appendix 1 - Internal Reporting Form

**Note: To assist with a speedy reporting process this form can be emailed. However prior to doing so every care should be taken to ensure it is sent only to required addresses. In addition, it must be password protected with the password to open the document sent by text to the relevant person.**

To: The Designated Liaison Person .....

This form should be completed to record a report of any form of alleged, suspected or disclosed abuse. It should be completed by the person:

- (a) Who observes the incident(s)
- (b) To whom the allegation or suspicion of abuse is initially reported or identified by

Where there is more than one service user involved a separate form should be completed in respect of each individual.

On completion, the form should be forwarded to the Designated Liaison Person

### Details of Person Making this Report:

Name:.....

Title:.....

Location:.....

Date:.....

Time:.....

### *Alleged Victim Details*

Name:.....

Date of Birth:.....

Home Address:                      Service Address (if appropriate)

.....

.....

# Rehab Group PROCEDURE

Contact Phone Number: .....

## *Alleged Perpetrator Details*

Name:.....

Date of Birth/Age:.....

Address:.....

.....

Relationship to Alleged Victim:.....

Contact Phone Number: .....

## **Disclosure Details:**

In the event of a disclosure being made complete the following Disclosure Details

Disclosed to:.....

Date of Disclosure:.....

Time of Disclosure:.....

Location of Disclosure:.....

## **Details of Alleged Incident(s):**

Location:.....

Date:..... Time:.....

## **Description of Alleged Incident/ Situation:**

Please give a **factual** account of what was either observed by you or reported to you.

.....

.....

# Rehab Group PROCEDURE

.....  
Signed:..... Date:.....

*To be completed by the Line Manager on receiving the completed form*

Name:.....

Position:.....

Time and Date Received .....

Designated Liaison Person informed: Yes

Time and Date informed .....

Description of any safety precautions put in place

.....  
.....  
.....  
.....  
.....  
.....

Signed:.....

Date:.....

*To be completed by the Designated Liaison Person on receiving completed Form*

Name:.....

Position:.....

Signed:..... Date:.....

# Rehab Group PROCEDURE

## Appendix 2: Notification of Suspected Adult Service User Abuse to Health Service Executive

### Private and Confidential

**To:** Principal Social Worker /Social Worker on Duty/ Designated Officer of the local health offices

(This form should be accompanied by a report with the relevant information pertaining to the alleged victim, the details of the alleged abuse and the reasons for referring to the Health Service Executive)

Name of alleged victim ..... D.O.B.: .....

Service Details .....

.....

.....

Home Address .....

.....

.....

Parent/carer: .....

Address: .....

.....

.....

Phone number: .....

Type of alleged abuse: .....

Location of alleged abuse: .....

# Rehab Group PROCEDURE

Identity of alleged abuser: .....

Relationship to alleged victim: .....

When did the alleged abuse take place: .....

Identity of informant: .....

Appointed Person in .....Services for dealing with this allegation is

.....

signed by: \_\_\_\_\_

Designated Liaison Person

Date: \_\_\_\_\_



# Rehab Group PROCEDURE

## Appendix 3 -Notification of Suspected Abuse to Gardaí Private and Confidential

To: *Superintendent,*  
An Garda Síochána,

(This form should be accompanied by a report with the relevant information pertaining to the alleged victim, the details of the alleged abuse and the reasons for referring to the Gardaí)

Name of alleged victim ..... D.O.B.: .....

Service Details .....  
.....  
.....

Home Address .....  
.....  
.....

Parent/carer: .....

Address: .....  
.....  
.....

Phone number: .....

Relationship to alleged victim: .....

Type of alleged abuse: .....

Location of alleged abuse: .....

# Rehab Group PROCEDURE

Identity of alleged abuser: .....

Relationship to alleged victim: .....

When did the alleged abuse take place: .....

Identity of informant: .....

Appointed Person in .....Services for dealing with this allegation is

.....

Signed by: \_\_\_\_\_  
Designated Liaison Person

Date: \_\_\_\_\_

# Rehab Group PROCEDURE

## Appendix 4 - Body Map

Name of Individual : _____
H&S Incident Form No.: _____
Name of Staff Member 1: _____
Job Title of Staff Member 1: _____
Name of Staff Member 2: _____
Job Title of Staff Member 2: _____
Service Details, address & telephone no. _____ _____ _____
Date marks observed/Body map completed: ___/___/___ (date, month & year)
Signature of Manager: _____ Date: ___/___/___ (date, month & year)







### Instructions for completing the body map:

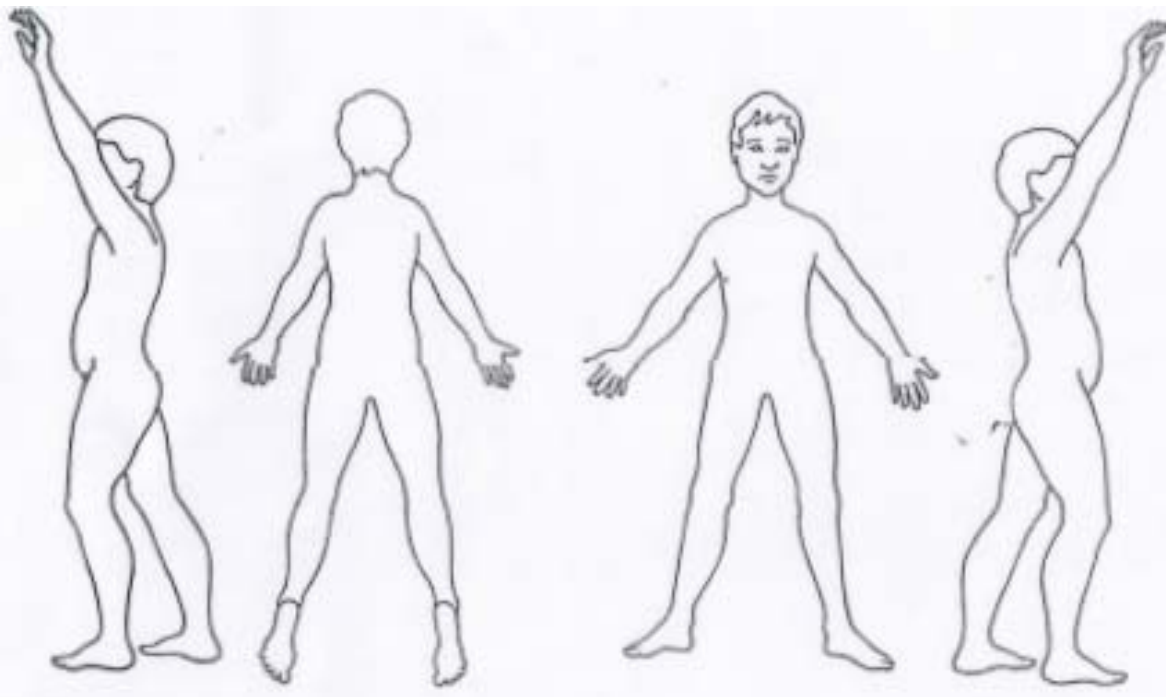
When you notice an injury on a service user/staff member record as accurately as possible the following information for each injury by drawing on the body map in black ink:

1. Indicate the exact site of the injury (using arrows if necessary)
2. Use the following key to indicate the different types of injury i.e. (A) bruising (B) etc.
3. Use the space provided to make a 'close-up' drawing(s) of body parts/injuries highlighting and indicate where they appear on the body map.
4. Provide brief details for each injury e.g.
  - (a) measurements of the injury (a ruler is provided to assist with measurement),
  - (b) approximate shape of the injury e.g. round, square, straight line
  - (c) colour of the injury - if more than one colour say so

# Rehab Group PROCEDURE

- (d) is the skin broken?
- (e) is there any swelling at the site of the injury or elsewhere?
- (f) is there a scab? / any blistering? / any bleeding?
- (g) is the injury clean? or is there grit / fluff etc?
- (h) does the site of the injury feel hot?

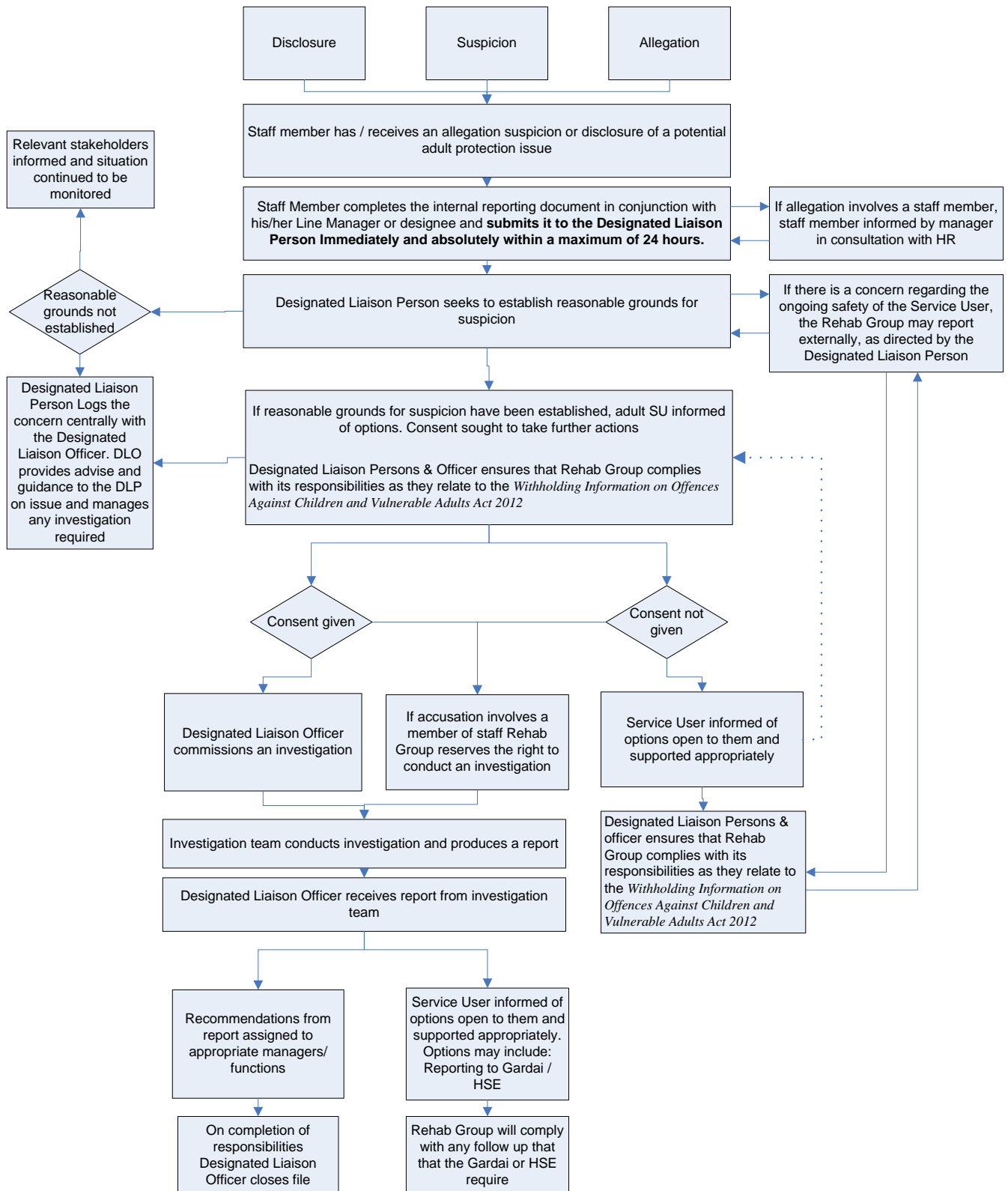
- |  |                     |   |  |
|--|---------------------|---|--|
|  | A - pressure ulcers |  | D - scratches, red areas (not broken down) |
|  | B - bruising        |  | E - scalds, burns                          |
|  | C - cuts, wounds    |  | F - other (specify e.g. bites/scratches)   |



Please use the space below to make “close up” drawing(s) of each injury.  
Please indicate where each injury is located on the body and provide brief details of each injury.

# Rehab Group PROCEDURE

## Appendix 5 -Flow Chart – Receiving, Reporting & Investigating an Allegation, Disclosure or Suspicion of Adult Service User Abuse



# Rehab Group PROCEDURE

## Appendix 6 - Adult Protection – Code of Practice.

### Overview

This Code of Practice is designed to set acceptable and unacceptable practice for Rehab Group staff in respect of their interaction with Adult Service Users. This aims to put in place a system of best practice in this regard and endeavour to protect staff members and service users from unfounded allegations.

If you find during the course of your work difficulty adhering to this code please raise these issues with your line manager.

The goal of this code is to:

- Promote the welfare of adult Service Users.
- Safeguard the adult Service Users at all times.
- Ensure the protection of staff from false or malicious allegations.
- Encourage and develop best practice among staff at all levels of the organisation.

Rehab Group expects that all of our staff will approach their work, perform their duties and conduct themselves in a professional and ethical manner at all times. As a general rule staff should treat service users with the same degree of courtesy and respect with which they themselves would wish to be treated.

### Guiding Principles in Vulnerable Adult Protection and Welfare

- Citizenship confers a status on an individual whereby their fundamental right to dignity and respect and other basic human rights as well as their rights to participation in society are upheld and supported by the Constitution, by Ireland's human rights treaty commitments and by the laws of the State.
- Person centredness is that principle which places the person as an individual at the heart and centre of any exchange requiring the provision or delivery of a service. Services are organised around what is important to the person from his / her perspective.
- Empowerment is that principle which recognises the right of the individual to lead as independent a life as possible and that supports the individual in every practical way to realise that right.
- Self directedness recognises the right of the individual to self-determination to the greatest extent possible including where this entails risk. Abiding by the principle means ensuring that risks are recognised and understood and minimised as far as possible, while supporting the person to pursue their goals and preferences.
- In accordance with the principles set out in this policy, it is recognised that adults have the right to self-determination and to make decisions, even if this means that they remain at risk. Where there are concerns regarding diminished capacity,

# Rehab Group PROCEDURE

consideration should be given to requesting a specialist assessment of the person's decision making capacity in the context of the abuse allegations and the risk posed to the person.

- Equity should be applied in relation to transactions with and services to vulnerable adults. Resources and services should be provided to vulnerable people on the basis of need, using the principle of proportionality.
- Safeguarding best interests recognises the vulnerability of individuals where they are unable to make their own decisions and / or protect themselves, their assets, their bodily integrity and ensures appropriate and accountable protection for them.

## **Service users must be:**

- Recognised as individuals, addressed by their own names, encouraged to do things for themselves and be given an opportunity to understand and be understood.
- Treated with respect, addressed with respect, included in conversation, and involved in making decisions about themselves.
- Offered choices, listened to and ensured access to communication tools, if required.
- Provided with a safe environment.
- Assured confidentiality except where there is a risk to themselves or others or suspicion that an adult service user is at risk. In this instance confidentiality cannot be guaranteed and issues arising should be reported to the local manager in the first instance.

## **Staff Must:**

- Ensure that relations with service users should be on a professional basis at all times and within the requirements of the job. While the development of friendly, trusting relationships is important, undue over-familiarity should be avoided
- Always refer to service users by name (and never by disability).
- Treat all information confidentially, except for those who have a need to know.
- Respect the wishes and choices of service users. Seek advice from your manager if you need it.
- Intervene as and where appropriate if they witness any abusive behaviour between service users.
- Respect the wishes of a service user of 18 years or older if he/she does not wish a confidence to be disclosed to a parent/carer. Exceptions might be:
  - If the person is a Ward of Court
  - If the safety of the service user is at risk (e.g. the service user expresses suicidal thoughts)
  - If the safety of others is at risk
  - If there is a legal requirement to disclose (e.g. abuse of a child etc.)
- Always seek advice from supervisors or another appropriate manager if they are unsure or have any concerns about appropriate behaviour to service users.

# Rehab Group PROCEDURE

## Staff Must Not:

1. Do things for service users, which they can safely do and wish to do for themselves.
2. Take service users to staff members' homes.
3. Engage in rough, physical or sexually provocative games, including horseplay.
4. Engage in inappropriate touching of any kind.
5. Use inappropriate language.
6. Make sexually suggestive comments about or to a person, even in fun.
7. Develop special relationships with an individual service user.
8. Involve themselves in ambiguous situations where the service user is uncertain of his/her role.
9. Favour one service user over another.
10. Engage in sexual or suggestive conversations/activities.
11. Divulge your personal opinion about other service users or staff members.
12. Discuss service users in front of other service users.
13. Give detailed personal information (e.g. address, phone numbers, social website presence) about yourself or other staff members.
14. Offer accommodation to service users in a crisis.
15. Ask service users to undertake jobs outside of work (for example, babysitting).
16. Borrow money or accept hospitality outside the remit of agreed service provision from a service user.
17. Loan money to service users.
18. Indulge in dangerous behaviour leading to injury or risk of injury to a service user.
19. Use any restrictive practice with a service user without applying the restrictive practices policies and procedures.
20. Give service users lifts in your own private car, except in absolute emergencies or unless it is part of a programme and with the knowledge of the manager of the service.
21. Allow unnecessary situations to arise whereby you may be alone in the company of a service user. This principle should also apply in centres during closing up or time periods during which limited staff resources are available on site.
22. Socialise with service users individually outside working hours. Socialising with service users should be confined to Group activities.

This list is not exhaustive and you should seek guidance from your manager if you wish to discuss any specific situations further. We would actively encourage all Rehab Group staff to be alert in helping to identify and prevent situations which may cause or lead to problems for either colleagues or our service users.

## Staff Supports

Where serious emotional or personal difficulties arise with service users, staff should avoid becoming personally over-involved. Staff should access Rehab Group clinical supports such as Regional Psychologists and Rehabilitation Officers (NLN) and



# Rehab Group PROCEDURE

Behavioural Therapists and Clinical Psychologists (Rehab Care) in line with divisional processes. In such cases these supports will provide support for both staff and service users. Further staff support is available through the Employee Assistance Programme (EAP).

## Best Practice

- If you become the recipient of inappropriate advances from a service user you should inform your manager immediately.
- In the main, a service user's wish for privacy must be respected except where, notwithstanding a service user's wish for privacy, it may be unsafe or even dangerous to leave him/her alone, unattended or unaccompanied.
- Where a number of service users are being driven in a Rehab Group vehicle, or contracted vehicle, (i.e. minibus) it is recommended that the last service user remaining in the vehicle be of the same sex as the driver, even if this means a longer journey.
- In a learning environment, where it is necessary to deal with a service user on a one-to-one basis during the course of your work, the meeting should be conducted in a quiet but observable area. Where this is not possible one or a combination of the following safeguards are advised:
  - Use an office or room with inside and outside windows.
  - Blinds or curtains should be open and the room well lit. If possible the door should be left open.
  - Inform a colleague that the meeting is taking place, its location and likely duration.
  - The meeting should not be any longer than is necessary.

## Risk Features to which staff are required to have consideration for

There are a number of risk features pertaining to service users, of which staff members need to be aware. These may include:

- Limited life experience and social contact which may mean that some service users may not have had the chance to acquire the 'streetwise' behaviour and judgement of their non-disabled peers.
- Some service users may be particularly at risk in understanding inappropriate behaviour.
- A person with an intellectual disability and/or poor communication skills may appear to be a 'safe victim', because he/she is less likely to complain or disclose.
- Because they are more likely to have a number of service providers, service users may be exposed to greater risk.
- Since it may be necessary to provide services of a personal nature, there are additional occasions where abuse may occur.
- Issues of power/powerlessness are particularly pertinent as many service users depend on our staff.

# Rehab Group PROCEDURE

- Service users may demonstrate inappropriate behaviour towards other service users and the above principles apply in such cases, as one service user may be in a position to lead or coerce another service user.

# Rehab Group PROCEDURE

## Appendix 7 – Role of the Designated Liaison Person and Designated Liaison Officer

### Designated Liaison Person

In addition to the responsibilities outlined within the policy and procedure

- Seek to ensure adherence to this policy and procedure
- Act as liaison with statutory services in matters relating to adult protection
- Ensure that they are knowledgeable about protection and undertake any training considered necessary to ensure that they are kept updated on new developments.
- Act as a resource person to the organisation providing support and guidance in matters relating to adult protection;
- Take the lead role in the reporting of adult protection referrals to the statutory services and ensure that the procedures are followed systematically and thoroughly

### Designated Liaison Officer

- Take the lead role in the follow up of adult protection referrals to the statutory services in Ireland as required and ensure that the procedures are followed systematically and thoroughly.
- Take a lead role in the monitoring, auditing and the assessing compliance with the Adult protection policy.
- Coordinates the activities of the Designated Liaison Person's and provides advice and guidance as required.
- Maintains a centralised log of all raised protection issues.
- Identifies any further training needs based on review of data
- Manage any investigations Rehab Group is required to carry out.
- Seek to ensure that any recommendations from investigations (internal & external) are acted on appropriately.

# Rehab Group PROCEDURE

## *APPENDIX 8 – Communication Strategy with External Organisations.*

There is a need to maintain confidentiality in dealing with any suspected protection issue. However, no undertaking of absolute confidentiality can be given. Rehab Group may need to inform the relevant authorities so that action may be taken to protect service users from harm. Providing information for the protection of service users in such circumstances may not be a breach of confidentiality provided it is justified in the circumstances. However, the circumstances in which service user confidentiality can be breached depends on the circumstances. Where doubt arises, seek advice in the first instance from a senior colleague and, if appropriate and required, seek appropriate legal advice.

Release of such information is strictly on a “need to know basis”. The communication of information must be confined to those who have an obligation to receive it, and others should not be privy to an allegation/suspicion or disclosure unless it is necessary to involve them. The minimum information that is necessary in the circumstances should be disclosed. You must be careful to disclose the information to an appropriate person (or body) who understands that the information must be kept confidential and who will be able to act on the information appropriately and effectively. If practicable, and if it would achieve the same potential benefits, consideration should be given to anonymisation of the information (sharing it without revealing the service user’s identity) whether anonymisation is appropriate will depend very much on the purpose of the notification and to whom the notification is made.