

HOSPITALLER ORDER OF ST JOHN OF GOD

“Care and Protection in Hospitality”

Guidelines for Care and Protection Policies

For Children, Vulnerable Adults and Older Persons

In

Services and Apostolic Centres of St John of God

In accordance with its principles, charism and mission as outlined in its Charter of Hospitality, the Hospitaller Order of St John of God is committed to the best possible care and protection of those vulnerable children, adolescents, adults and elderly persons whom it serves. It holds itself accountable for the quality of its care and for responding to any possible harm or abuse that might occur in its services in a timely and effective manner. Consequently, the General Curia has adopted these broad guidelines to assist provinces and apostolic centres in developing their own policies and procedures for responding to incidents of possible abuse according to the requirements of local conditions in their own countries. Policies and procedures need to comply with civil law and any Church guidelines that may exist in the particular country in question.

The purpose of the guidelines is to make available to all those working with or associated with the services of the Hospitaller Order of St John of God a set of procedures to be followed in the event of their suspecting or knowing that physical, sexual or emotional abuse or neglect has taken place. It is important that all those working in the Order’s services be aware of these procedures and their legal and professional responsibilities.

It is the policy of the Hospitaller Order of St John of God that every care is taken to ensure that all those receiving its services will be protected from abuse of any kind and that allegations and suspicions of abuse will be responded to appropriately. This policy is especially important given that most, if not all, clients who receive services from the Order have special vulnerabilities. It is also the policy of the Order that it will work with and be accountable to civil and health and social service authorities in its care and protection policies and in its reporting of any abuse.

What is Abuse?

All forms of abuse constitute a betrayal of trust and an abuse of power by one person over a child, adolescent, vulnerable adult or elderly person. Abusive behaviour causes harm to its victims and leaves them feeling threatened, helpless and demeaned. If it is not stopped and remedied, abuse can leave the abused person with long-lasting pain and suffering.

Abuse can take different forms and can occur in a range of settings. It can be perpetrated by people known to the victim or by strangers. There are four types of abuse: neglect, emotional abuse, physical abuse and sexual abuse and a child or vulnerable adult may be subject to more than one type of abuse over time.

- **Neglect**

Neglect includes a child or vulnerable adult being deprived over time of food, clothing, warmth, hygiene, intellectual and social stimulation, safety, supervision, medical care and attentive affection from their carers. Persistent neglect can result in significant long-term harm.

- **Emotional Abuse**

Emotional Abuse occurs when the child or adult suffers emotional ill-treatment and rejection by those who have responsibility for their care. It can include harsh and verbal attacks on a dependent person as well as persistent anger, blame, threats, taunting, shouting, ignoring and unjust and unequal care and attention. It can also include being left in a situation with other people or patients who cause distress, fear and anxiety. Disrespect for social, racial, physical and cultural differences may also constitute emotional abuse.

- **Physical Abuse**

Physical abuse is any form of non-accidental injury, or injury which results from wilful or neglectful failure to protect a child or vulnerable adult. Examples of physical abuse are:

- Using excessive force in handling;
- Hitting, shaking, pinching, squeezing;
- Suffocation;
- Poisoning with drugs or alcohol;
- Allowing a child or adult to be in a place of danger or to be harmed or injured by another person or patient or client.

- **Sexual Abuse**

Sexual abuse is the exploitation of a child or adult by another person for his or her gratification or sexual arousal, or for that of others. Any form of sexual behaviour engaged in by an adult with a child, young person or vulnerable adult is sexual abuse and is both immoral and criminal. Photographing, videotaping or filming children for pornographic purposes is abusive and illegal.

Exposing children, young people or vulnerable adults to indecent material or sexualized behaviour or language is abusive. Adults have a duty to protect others from such abuse.

- **Institutional Abuse**

Many of the Order's services are institutional. Institutions are settings where patients or clients live, sleep, eat, work and recreate in groups. Most of the residents in institutions are especially vulnerable. The patients and clients may have little contact with the world outside the institutions. Examples are hospitals, schools, orphanages and residential and care homes. Institutions usually have small numbers of staff and significantly greater numbers of patients or clients. History shows that institutions must be very carefully managed in order to ensure that the patients and clients, especially when they are young, vulnerable and dependent, are well cared for and happy and are protected from harm, abuse and bullying.

Special attention must be paid to services for children and adults with disabilities whether mental or physical, especially when they are separated from their parents and families and are reliant on others for their care and protection. In institutions and residential settings, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

Patients, clients and residents, especially the older ones, may bully or harass one another and staff, volunteers and members of the Order must be trained to prevent this happening and maintain a protective environment where everyone is safe and protective of one another. Many services have policies to prevent bullying and these must be integrated with the care and protection policies outlined here.

Resources in Developing Care and Protection Policies and Procedures

There are increasing resources available to assist St John of God Services and Apostolic Centres to develop Care and Protection Policies and Procedures that are appropriate to local conditions in the various provinces and regions. Legal frameworks and procedures are being developed at different levels of society to deal with complaints and allegations in the health services.

- **Criminal and Civil Law**

Most countries have a range of criminal and civil laws which define behaviours that are criminal acts and are subject to investigation, adjudication and sanction. Criminal acts include serious neglect and sexual abuse or exploitation of children, young people and vulnerable adults.

- **Health Service Policies and Guidelines**

Government health authorities in different jurisdictions are increasingly publishing policy guidelines and procedures that outline their commitments to promoting the well-being of patients/clients and providing a caring environment in which they are treated with dignity and respect. Hospitals, nursing homes and other care services are usually regulated by these authorities.

- **Employment Law**

The employment of staff in health services is now usually subject to laws the govern employment and contractual arrangements. They include disciplinary procedures and outline the responsibility of employers towards staff and staff towards employers. This is an important source of guidance in dealing with issues of staff discipline and breaches of standards including misconduct and possible incidents of abuse.

- **Professional Practice Guidelines**

All of the major health and social care professions now have documents which outline what constitutes good, ethical practice for their members. These guidelines are designed to protect the public from malpractice and to guide professionals in legal and regulatory issues that govern their professional practice. The guidelines will outline how complaints will be investigated and managed and what sanctions will be applied if they are found guilty of professional misconduct. Consequently, doctors and medical practitioners, nurses, psychologists, social workers, care workers, etc will be subject to the standards and responsibilities required by their professional status.

- **Ethical Standards for Clergy and Religious**

Many Catholic Bishops' Conferences and Conferences of Major Religious Superiors have published ethical standards for the clergy and religious in their jurisdictions. The purpose of these documents is to make clear to all the members of the Church the standards of conduct and relationship expected of those exercising pastoral and other forms of ministry on behalf of the Church whether they are priests, religious, employees or volunteers.

These documents emphasise the necessity to ensure integrity in ministry and to assure people who seek out the services of the Church that they can have confidence and trust in those who minister to them. The documents have been published in the context of many scandals which have shaken the expectation of the public and the faithful in the capacity of priests and religious to behave in accordance with their commitments to care, justice, respect and integrity.

Essential Elements for a Policy Document on the Investigation and Management of Malpractice and Abuse

If Provinces draw up a policy, the following are essential to having good protection of patients/clients, brothers and staff and volunteers:

- The service will establish a **multi-disciplinary resource group at service or provincial level** to develop policies and procedures and to manage and review the overall implementation of its policies and procedures in this matter. The membership of this group will include a brother appointed by the Provincial, a legal representative, child protection expert, human resource manager, professional or clinical expert and a person who can represent the interests of the patients/clients. The resource group

will ensure that there is an appropriate person to hear complaints, to liaise with victims and with alleged perpetrators. It will also ensure that the services of external agencies, including therapeutic and assessments services are accessible where necessary.

- The **policy** that the Hospitaller Order of St John of God will take every care to ensure that all those receiving its services will be protected from abuse of any kind will be clearly stated. The policy will take into consideration the policies, as outlined above, of the state, health services, employers, professional bodies and the Church authorities
- The **types of abuse** covered by the policy will be outlined and defined including sexual abuse and exploitation, physical and emotional abuse, neglect, both emotional and physical, and institutional abuse which is any system, programme, policy, procedure or pattern of interaction that harms or demeans a person.
- The **issues of power/powerlessness** are particularly pertinent and the vulnerability dependence of patients/clients will be described.
- **A system whereby suspicions or allegations of abuse will be reported will be outlined.** The greatest damage to the victims of abuse and to the Church has been caused by keeping incidents of abuse hidden. It is unjust and contrary to the Order's ethos and to Hospitality to protect people who commit serious wrongs. The safety of patients/clients, brothers, staff and volunteers is protected when all know that when abuse is identified, it will be properly reported and investigated and the appropriate steps will be taken to redress the situation.
- It will be the duty of brothers, staff and volunteers to **report suspicions or complaints** of abuse to their line managers. If a brother is alleged to be involved, the Superior and Provincial will be notified.
- Steps will be taken to offer **support** to the person who makes the complaint or who has been allegedly abused. This will ensure that the person is safe, is assessed as to the impact on his or her wellbeing of any possible abuse and is offered counselling by a trained counsellor.
- The **rights of the person accused will be protected** during the investigation and he or she, in accordance with human resource policies, will be asked to step aside from his position or offered paid leave until the matter is investigated. The person may be assessed and offered counselling during the investigation
- **Staff members will be identified and trained** to receive complaints and concerns and will be responsible for ensuring that all the steps of the reporting policy are implemented. This includes reporting to the Director of the service and to the relevant external authority in the health service or the police. The designated person

will ensure that accurate notes are maintained and that the outcomes are made known to the relevant persons.

- The policy will be drawn up in accordance with the **law of the state** and the policies and procedures outlined by the relevant government department. In cases where there is no government funding to the service or where there is no criminal behaviour involved, the service should ensure that its procedures in this matter are audited and reviewed by an independent authority.

Conclusion

In its “Charter of Hospitality: *Caring for the Sick and Needy in the Manner of St John of God*” the Order outlines the framework within which it conducts its business and the commitments it makes to those who seek shelter, healing and solace. It is clear and unequivocal. In today’s context, it remains to establish policies and procedures which will guide brothers, co-workers and volunteers to respond with confidence, safety and transparency when there are failures in hospitality, professionalism and rectitude, especially where there are abuses of children, young people and vulnerable adults. It is especially important where there are serious breaches that involve malpractice and criminal behaviour. It must be seen as part of the Order’s commitment to hospitality that it does all it can to prevent such incidents, to respond appropriately to them, to be accountable and to learn from them.

Appendix 1

Suggested Template for Policy Development

1. **Title:** the title of the policy document should clearly indicate it is intended to set out the Province's position in respect to protection of vulnerable adults & children

2. Document Development and Control:

2.1.1. **Document reference number:** To be agreed with the service Director, Chief Executive or Provincial

2.1.2. **Revision number:** To be agreed with the service Director or Chief Executive or Provincial

2.1.3. **Approval date:** date when the policy has been approved by the Province

2.1.4. **Revision date:** date the policy is due for revision

2.1.5. **Document developed by:** This should be the name of chair of the development group. The members of the working group should be listed as an appendix.

2.1.6. **Document approved by:** The Provincial or his delegate / nominated person

2.1.7. **Responsibility for Implementation:** identify and name the individual(s) who is responsible for actioning the implementation plan as part of the policy.

2.1.8. **Responsibility for revision and audit:** Identify and name the person(s) with responsibility for revision and audit.

3. Policy Highlights

Essentially this is a policy summary (written when the document is completed) for ease of reference for all employees, service users or patients written in language to prompt / remind the person of the most crucial aspects of the policy. Where possible it should be formulated as a flow – chart / decision tree.

4. Table of contents

Completed when the policy is fully developed.

5. Policy section headings

5.1.1. **Policy Statement:** This is a written statement that clearly indicates the position of the Order in respect of the protection of vulnerable adults & children

5.1.2. **Purpose:** This describes the objective for writing the policy. It provides the rationale for why the PPPG is required. It should be comprehensive and concise in its meaning.

5.1.3. **Scope:** This identifies the users of the policy, procedure or guideline. It identifies to whom the policy applies.

5.1.4. **Legislation/other related policies:** List any relevant legislation and policies.

5.1.5. **Glossary of Terms and Definitions:**

- 5.1.5.1. Explanation of key technical terms or terminology that are referred to in the policy.
- 5.1.5.2. List definitions in alphabetical order. If this is an exhaustive list then they may be included in an appendix.
- 5.1.5.3. Definitions used should be based on standard agreed definitions from reputable sources .

5.1.6. Roles and Responsibilities:

Clearly define the appropriate personnel to fulfil the following roles and responsibilities in relation to the steps outlined in the policy. In particular it should clearly identify the following groups:

- 5.1.6.1. Those responsible for complying with the policy
- 5.1.6.2. Those responsible for ensuring compliance with the policy

6. Procedure/Protocol/Guideline:

- 7. Outline the steps to be taken to achieve the objectives of the policy. This will be titled either a procedure OR a Protocol OR a Guideline as is applicable.

8. Implementation Plan:

- 8.1. the policy should be disseminated and implemented in a way that takes into account the particular audiences they are for. They need to be disseminated in such a way that users become aware of them and are able to easily access and make use of them. For example:
- 8.2. Those responsible for implementing the policy
- 8.3. For staff- what education and training will be required in order to implement the policy?
- 8.4. For the service user (if applicable) – what education and training will be required for the patient or client in order to implement the policy – in the case of a protection policy it may be appropriate to educate service user groups
- 8.5. Before the service can implement the policy, an assessment of the resource and cost implications that this may have on their services must be undertaken.
- 8.6. It is recommended that an audit of current practice against the policy is completed followed by the development of an implementation plan

- 9. **Revision and Audit:** The policy should be reviewed and audited at an appropriate time after the policy has been disseminated and implemented – this revision and audit date should be agreed by the committee developing the policy at the time of final sign off. The policy should clearly state:

- 9.1. Those responsible for revision the policy
- 9.2. Those responsible for auditing the policy and providing feedback to relevant employees

- 10. **References/bibliography:** List all references used in the policy, procedure or guideline and include in the bibliography.

Appendix 2¹

Recommendations for dealing with *prima facie* evidence of sexual abuse

In the case of sexual abuse we are under an absolute obligation to check every suggestion and clarify every suspicion that it may have taken place. Initially the institution must observe the situation and conduct an internal investigation with prudence, care and discretion. For suppositions, accusations and suspicions made by children and adolescents and/or colleagues often fail to stand up to close examination, but the damage they cause to relationships of trust that have been built up across the years and to the image of those involved can never be undone. In all cases, until a final judgement is handed down, the alleged perpetrators must be presumed innocent as guaranteed by the law.

1. All the members of staff are required to reflect seriously on their own perceptions if it is suspected that sexual abuse may have taken place.
2. Any member of staff who suspects that sexual abuse has occurred is obliged to report the fact to their superior. Any further steps are the sole responsibility of the management of the institution and/or the proprietorship.
3. Superiors/managers who fail to report suspicions shall be subject to disciplinary penalties for having fallen short of their duty of vigilance and control. Covering up any crimes shall also render them criminally liable.
4. When the investigation is conducted within the institution, the proprietorship must ensure that all contacts between the suspect and the presumed victim are immediately broken off until the charges/suspicions have been investigated and the facts of the case clarified. At all times the rights of everyone involved must be safeguarded in respect of their personal and physical protection.
5. If an accused co-worker is faced with accusations of this kind, outside experts must in all instances be engaged to check the alleged facts. Every stage in the enquiry must be documented.
6. If there is *prima facie* evidence of sexual abuse which the institution cannot resolve for eliminate, the proprietorship shall inform the local diocesan Caritas. If the institution involved is the local diocesan Caritas and coordination and liaison body must be established that will take account of the direct linkage. Various dioceses have set up commissions of external experts. Church-owned Centres, such as kindergartens, must apply directly to the Ordinary of the place.

Obligations and recommendations in the event of a well-founded suspicion of sexual abuse

In the case of a well-founded suspicion of sexual abuse committed against children or adolescents or against any other person entrusted to the protection of the institution, the crisis must be handled very carefully. It is essential to ensure that all communications and actions be coordinated internally and externally by the proprietorship of the Centre or by a person delegated for the purpose. Great attention is required, for it is likely that the co-workers, guests and parents or family members and guardians will be in a state of shock, and because public opinion demands such cases to be rapidly resolved.

1. The proprietorship is obliged to suspend the person accused from his or her work duties, and to examine any other actions to be taken according to employment law in respect of trade union rights.
2. The proprietorship, acting in conjunction with the diocesan Caritas, is obliged to inform the supervisory authorities and to report the fact to the police or prosecuting authorities and to cooperate with them by making an active contribution to the resolution of the case.
3. The proprietorship is required to provide all the psychological and social support needed to the victims and their families.
4. The proprietorship is required to accompany all the staff to help them to deal with what has taken place.
5. The proprietorship is required to coordinate all the parties involved in order to ensure that public opinion is kept properly informed: the proprietorship must decide who shall take responsibility for what. As a rule, one person is appointed with the sole responsibility of acting as the media spokesperson. Members of staff shall, if questioned, refer all questioners to that media spokesperson. The proprietorship is obliged to report to the press offices of the diocesan Caritas and the national Caritas.
6. The proprietorship shall analyse what has happened and draw appropriate conclusions for optimising prevention and pre-emption in future.

¹ Recommendations of the German Caritas for the prevention of sexual abuse and for acting properly in the event of sexual abuse occurring (April 2010). For further information consult: <http://www.caritas.de/sexueller-missbrauch>.