1. **POLICY STATEMENT**

Abuse is incompatible with the standards, philosophies, values, and principles of Ongwanada. Abuse of any kind will not be tolerated or condoned - Ongwanada has a zero tolerance for abuse. Each individual receiving services or supports from Ongwanada has a right to a physically and psychologically safe environment and the right to be treated with dignity and respect at all times.

Anyone in a position of authority, responsibility, supervision, control or management who knows or ought reasonably to know that a person has experienced or is experiencing any form of abuse is required to take immediate action to protect the person and report the act. Further, any person in a position of authority (relative to an individual) who perpetrates any act which is deemed to be abuse or fails to report such an act or suspicion upon becoming aware of such act will be subject to disciplinary action up to and including termination.

1. **PURPOSE OF POLICY**
	1. to clearly communicate that no form of abuse is acceptable or tolerated;
	2. to provide clear guidelines on recognizing, responding, and reporting any situation where abuse has occurred or is suspected;
	3. to outline potential consequences for staff or volunteers if they abuse an individual or fail to report abuse or suspicions of abuse; and
	4. to ensure support to an individual receiving services or supports from Ongwanada both during and following an investigation relating to an allegation of abuse.
2. **DEFINITION OF ABUSE**

Ministry Guidelines, Ontario Regulations 299/10 define abuse as “An action or behaviour that causes or is likely to cause physical injury or psychological harm or both, to a person with a developmental disability, or results or is likely to result in significant loss or destruction of their property, and includes neglect.”

* 1. Physical Abuse

An act of assault, or a threat of assault such as shaking, slapping, kicking, confining against the person’s will, blocking access to a place or an item and misusing medication or other treatments. This is not meant to be an exhaustive list.

* 1. Sexual Abuse

Inappropriate unwarranted touching, exploitation or exhibitionism. The lack of consent is the defining feature. Here it is important to note that the hierarchy makes it impossible for there to be consent between a person with a disability and their care provider.

* 1. Psychological or Emotional Abuse

Where belittling, insulting, threatening, degrading, humiliating, intimidating, placing unreasonable demands for competence, or terrorizing or manipulation of a vulnerable person by someone in a position of power.

This is not meant to be an exhaustive list.

* 1. Neglect

Lack of adequate supervision, failure to provide medical attention, failure to provide food, clothing and/or shelter. This is not meant to be an exhaustive list.

* 1. Financial Abuse

The misuse, misappropriation or restriction of someone’s financial assets for personal gain. This would include improper use of funds or resources, misuse of home or possessions, transfer of property or other assets. This is not meant to be an exhaustive list.

1. **PROCEDURE**
	1. Reporting Abuse
		1. All allegations or disclosures of abuse must be promptly reported using the following procedures. Employees who fail to report abuse or allegations or suspicions of abuse are subject to disciplinary action up to and including termination.
		2. For any allegation of abuse that is of a criminal nature, Ongwanada will follow the Ministry’s guidelines to ensure that the allegation is reported to the Police. It is up to the Police to investigate and, if evidence that a criminal act has occurred, to lay criminal charges. No allegations of abuse that are criminal in nature will be discussed with other parties until the Police have arrived and have taken an initial statement. This will prevent any contamination of evidence. Ongwanada will not initiate/continue an internal investigation where Police have been contacted until the Police communicate approval to proceed.
		3. Any employee who witnesses abuse or has reasonable grounds to suspect abuse has occurred, including receiving a disclosure of alleged abuse, must immediately report the information to a Supervisor and/or Manager or to a Chief Officer. Where the abuse may be criminal in nature, Ongwanada will ensure that the Police are contacted immediately and the factual information is communicated to the Police. Any staff person may at anytime contact the Police directly if he/she witnesses an act of abuse that may be criminal in nature. That staff person must promptly contact and inform the Supervisor and/or Manager of the witnessed act and that he/she contacted the Police, communicate what was reported and to whom, and document the incident and communication. The Supervisor and/or Manager will be responsible to communicate this information to the appropriate Chief Officer.
		4. Reporting in any incident is to be limited to factual information, including what was witnessed or heard and details specific to those facts. Employees and Management should make no attempt to diagnose a situation or to imply responsibility. Employees and Management are not to ask questions or discuss what happened or probe for more details when suspected abuse has occurred - non-leading questions to determine what happened can be asked. As soon as a person has enough information that indicates suspected abuse, that person will not discuss the situation further and will direct the information to a Supervisor and/or Manager or Chief Officer.
		5. Any individual who receives services or supports from Ongwanada has the right to independently call the Police and report an allegation of abuse at any time.
		6. It is critical and mandatory that all facts be promptly documented and provided to the Manager or a Chief Officer; documentation criteria are discussed below. Failure to document and report can be grounds for disciplinary action up to and including termination.
	2. **Reporting Abuse – Clinical Service Delivery (Abuse Disclosure)**
		1. Where a recipient of clinical services discloses past abuse during intake or therapy, such disclosure will remain confidential within the therapeutic relationship except where the recipient consents to such disclosure.
		2. Where a disclosure of abuse is recent or ongoing, the clinician will assist the individual in understanding the need and purpose of reporting the disclosure and will ensure the disclosure is promptly reported to the Police and to a Manager and Chief Officer either by making the report or assisting the individual to make the report as may be determined with the individual.
	3. **Inappropriate Child Management**
		1. Inappropriate child management is defined as practices or methods that are contrary to the Child and Family Services Act or its regulations. These include:
			1. Locking up or detaining a child (subject to certain exceptions).
			2. The inflicting of corporal or physical punishment.
			3. The use of degrading or humiliating treatment.
			4. The denial or breach of any of the rights afforded to children in care such as failure to provide adequate medical attention; failure to provide adequate food, clothing, shelter, and essentials.
			5. The inadequate supervision to the degree that a child is at risk of being abused; failure to intercede when a child is being abused or encouraging other children to abuse a child.
			6. The above lists are not meant to be exhaustive lists.
		2. Suspected or witnessed abuse against a child will be reported to Family and Children’s Services immediately for investigation as well as to the Police and the Supervisor/Manager or Chief Officer.
	4. **Immediate Actions**
		1. In all situations where an allegation of abuse or misconduct against a recipient of service involves a staff member of Ongwanada, regardless of position, the immediate Supervisor or person with authority will ensure immediate separation between the staff person and the recipient of service and suspension with pay until the matter is investigated.
		2. Where Ongwanada determines that an immediate separation will be put in place, the Supervisor and Manager will ensure that:
			1. the individual receiving services/supports is informed in a way that makes sense to that person that separation has been put in place for now and that the incident in question is being looked into; and
			2. staff working with the recipient of service and other recipients of service within the immediate environment are provided necessary information including that the staff person will not be working in this environment while an incident is being investigated and general process to be followed and ensure appropriate direction to remaining staff on communication and any aspects to be considered with the recipient of services.
		3. If the alleged abuse or misconduct is not criminal in nature, immediate action is still required (refer to Section 5.0 – Internal Investigation).
	5. **Documentation**
		1. The CEO or delegate will ensure a serious occurrence form or enhanced serious occurrence form as and where applicable will be submitted to the Ministry according to the serious occurrence reporting policy.
		2. Staff must document all suspected or witnessed incidents of abuse or disclosures of abuse. It is important that documentation is accurate, clear and professional. Documentation is to be objective and not use language that the person did not use and is to record any question or action taken or discussed.
		3. Direction received from Police or Family and Children’s Services as well as medical direction must be documented, dated, and signed to be included as part of the documentation; include name(s), phone contact numbers, and position titles of any persons contacted.
		4. The Manager/Chief Officer will ensure that a separate file on such matters for each incident is created, will ensure appropriate documentation in this file including all actions, dates and times, and will determine with Client Records how the file will be stored once the matter is concluded.
	6. **Notification of Next of Kin**
		1. If the individual is capable of making informed decisions, it is up to that person on whether he/she will notify anyone that an allegation of abuse has been reported. In such cases, if this person does not give consent for staff to notify family, staff must comply with that person’s decision to keep the reported abuse confidential.
		2. Where the person is not capable of making an informed decision on reporting as determined by Management, the Manager will ensure that the next of kin is notified where any suspected incident of misconduct or abuse is alleged and being investigated and will include in the notification the process being followed including that the staff person in question has been separated from the individual until further determination is made.
		3. In any incident that is referred to the Police for investigation and after the Police has been informed and where the person who has been allegedly abused is not capable of making his/her own decision on who should be informed, the Manager or Chief Officer will ensure that the next of kin is promptly informed that an incident has been directed to the Police for investigation and provide the contact name and number of the Police notified.
	7. **Supporting Individuals with Challenging Behaviour**
		1. Ongwanada has a zero tolerance for any abuse or force used with or toward an individual for whom support or service is provided. In the case where a situation requires restraint or defensive measures - if the person with a developmental disability is physically aggressive and poses potential harm to themselves or others, then only approved physical management as taught through Non-Violent Crisis Intervention may be used to ensure safety. Such measures require reporting to the Supervisor prior to the end of one’s shift. The Supervisor is to inform Chief Officer who will determine with the CEO if the incident is deemed a Serious Occurrence / Enhanced Serious Occurrence and needed reporting.
		2. Other forms of physical management or force, outside of methods approved through Ongwanada, are not acceptable and may be considered abuse and potentially criminal in nature.
	8. **Confidentiality and Privacy**
		1. Confidentiality is imperative in all aspects of abuse reporting. It protects the individual making the report as well as a person alleged to have been abused. Ongwanada recognizes the interests of both the complainant and the respondent in keeping all matters of abuse confidential. It is important for all staff of Ongwanada to maintain confidentiality of all parties involved.
		2. Confidentiality will be maintained throughout reporting and any investigation to the extent practicable and appropriate under the circumstances. All records, notes and files will be kept confidential except where disclosure is required by a disciplinary or other process, or as required by law.
		3. Anonymity will be protected to the extent possible; there are occasions when specific information will be shared with the appropriate authorities when reporting or responding to allegations of abuse and within investigations as may be deemed necessary.
2. **INTERNAL INVESTIGATION**
	1. An internal investigation may be initiated in response to a report of any suspicious incident or injury. It may also follow a Police investigation, including investigations where no criminal charges are laid.
		1. Where an employee identifies a situation which is suspicious, unexplained or atypical for a recipient of service, the employee shall immediately report the situation to an available management personnel:
			1. A Residential or Community Services Supervisor
			2. After Hours Supervisor
			3. Area Manager,
			4. Chief Officer
			5. Chief Executive Officer.
		2. It is the employee’s responsibility to ensure that one of the above is contacted immediately. The employee will be required to document the incident by completing an Incident Report.

5.2 The Management Staff receiving the report will ensure consultation with the Manager of Human Resources or Director, Human Resources & Organizational Development.

5.3 The Director, Human Resources & Organizational Development will make a determination in consultation with the CEO or delegate on the need for an internal investigation. Once an internal investigation is initiated and in order to provide consistency,

5.4 he Director, Human Resources & Organizational Development (or designate) will normally take the lead (unless otherwise directed by the CEO) in conducting the internal investigation and outline how the investigation will be conducted.

5.5Management staff have authority to require any and all staff having knowledge of the incident to remain on duty until needed information is collected or as otherwise directed by the CEO or delegate.

5.6 If the incident involves a physical injury, the management staff receiving the report shall request an immediate physical examination by a physician or nurse and ensure the scene/evidence is protected, whenever possible. The person examining shall be requested to provide written documentation detailing the extent of the person’s injuries and an opinion as to the probable cause of the injuries and include pictures as appropriate.

5.7Where an internal investigation gives rise to suspicion that abuse which may constitute a criminal offense has occurred, the investigation will cease and the Director, Human Resources & Organizational Development or delegate will contact the Police and report the information. In the case where the recipient of service is a child (under the age of 18), the matter will be reported to Family and Children’s Services.

5.8 The Director, Human Resources & Organizational Development (or designate) will conclude an internal investigation. The outcome will be reported to the CEO or designate and will:

5.8.1address if sufficient evidence exists to substantiate an allegation of abuse;

* + 1. 5.8.2other investigation is required;
		2. whether further notification is required, as provided for in the Child & Family Services Act and the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act;

5.8.3Provide a clear outline of results and resolutions from the investigation; and

5.8.4Forward all documentation from the investigation.**6.0 CONTACTING THE POLICE**

6.1The following script and procedure shall be followed by any staff person required under this policy to make an initial report to the police:

Hello my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; I work for Ongwanada, an organization that supports people with developmental disabilities.

I work at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work location)

I suspect a person supported by this agency may have been abused.

6.2Provide the factual information to the Police.

6.3Ensure the report provided to the Police and any direction from the Police as the incident is reported is communicated promptly to the appropriate Supervisor/Manager/Chief Officer.

* 1. 6.4Ensure documentation as outlined in Section 4 of this procedure.

**7.0 MCSS DIRECT REPORTING HOTLINE**

7.1In addition to the above, concerns regarding abuse can be reported directly to the Ministry utilizing its Direct Reporting Hotline. Typically, this would be utilized where it is unclear on how to register a concern, and may include:

7.2Incidents involving individuals who are not in direct service, but who have connection with Ongwanada (eg attending a function and make a disclosure);

7.3Incidents that are not able to be resolved within current policy/procedure and are deemed appropriate through Senior Management to be moved forward to the Ministry beyond Serious Occurrence Reporting;

7.4Incidents that have been reported, but are not being responded to and the concern remains; or

7.5As an alternative reporting procedure related to individuals themselves where a disclosure has been made through Clinical Service delivery.

7.6Any report to the Ministry Hotline by any staff person of Ongwanada must be limited to facts only and must also be reported to a Senior Manager who will ensure the report is documented internally and communicated to the CEO or delegate.

7.7Reporting to the Ministry Hotline can be completed via email to reportONdisability@ontario.ca or by phone to **1-800-575-2222**.

7.8For clarity, reporting to the Hotline does not remove any of the additional reporting procedures and requirements contained in the other sections of this policy for staff. Failure to follow other reporting requirements can result in disciplinary action up to and including termination of employment.

**8.0 SUPPORT/DEBRIEFING/FOLLOW UP**

8.1Understanding that investigations can take time, it is important that ongoing and regular follow up occur with the individual and with staff working with this individual. Where necessary, the Manager or Chief Officer will ensure necessary and ongoing updates with the recipient of service, next of kin as applicable, and with immediate staff working with the recipient.

8.2The Manager in conjunction with the Supervisor will ensure appropriate observation and seek any additional assistance as may be determined both during and following an incident of alleged abuse or misconduct; service supports can include Clinical Services, Behavior Support Services, Health Services, Chaplaincy Services, and other services as may be deemed appropriate.

8.3Where separation has been made between a staff person and a recipient of service and an investigation has been concluded and a determination made that the allegation did not happen or did not warrant termination and it has been determined that the staff person is returning to the environment, a communication process will be defined between the staff person, the recipient of service, and with the other members of staff and other recipients of service in the environment. The communication will be framed with the Manager and Chief Officer, the Manager of Human Resources and the **Director, Human Resources & Organizational Development**

8.4Where an investigation has substantiated abuse and/or that the staff person in question will not be returning to the environment, a communication process will be defined with the recipient of service and with the other members of staff and other recipients of service in the environment as well as a communication to the next of kin. The communication will be framed with the Manager and Chief Officer, the Manager of Human Resource and the **Director, Human Resources & Organizational Development**in advance.

**9.0 OUTCOME**

9.1The CEO or delegate will determine internal actions and sanctions deemed appropriate in response to an investigation specific to this policy.

9.2Results of any criminal investigation shall be included in the final report and used as appropriate by the CEO or delegate in defining internal actions and sanctions.

9.3Any investigation that substantiates abuse by a staff person will result minimally in termination of employment with Ongwanada

**10 TRAINING & EDUCATION**

* 1. 10.1 Training for all staff members and volunteers providing services or supports to individuals within Ongwanada will include training on this policy, to be completed as part of one’s orientation with a refresher being provided at least annually thereafter.
	2. 10.2This policy will be reviewed with new Board members as part of their orientation as well as a refresher to the Board annually.
	3. 10.3All staff, once trained, will ensure, as part of the Individual Support Planning process, that individuals supported and person(s) acting on their behalf receive:

10.3.1copies of this policy upon commencement of service along with explanation in a way and means that makes sense to the individual; and

10.3.2annual refreshers on this information and any changes thereto as part of the Consent for Personal Care process.

* 1. 10.4 The person completing training and refreshers must ensure prompt documentation of the same noting date, time, and participant(s); such documentation will be kept on file and be made available as requested by management and for compliance and accreditation review.

**11.0 REVIEW**

11.1Senior Management will ensure a mandatory review of this policy and procedure is conducted at least annually and document the review process, date, and who participated.

11.2Each review of this policy will include a review any incidents that occurred over the previous year and address the effectiveness of the policy and procedure.

11.3Any updates as determined by the review will be incorporated into the policy and procedure and communicated accordingly to all concerned.

**12.0 CONTACT FOR INTERPRETATION**

12.1Immediate Supervisor/Manager/Chief Officer

**13.0 FORMS RELATED TO POLICY**

[Abuse Plain Language.pdf](file:///%5C%5CDC1%5CShared%20Folders%5CPolicies%20and%20Forms%5CFORMS%5CAbuse%20Plain%20Language.pdf)

[Rights Plain Language.pdf](file:///%5C%5CDC1%5CShared%20Folders%5CPolicies%20and%20Forms%5CFORMS%5CRights%20Plain%20Language.pdf)

[Complaints Plain Language (2).pdf](file:///%5C%5CDC1%5CShared%20Folders%5CPolicies%20and%20Forms%5CFORMS%5CComplaints%20Plain%20Language%20%282%29.pdf)

**LEAD PERSON:**

**Director, Human Resources & Organizational Development**