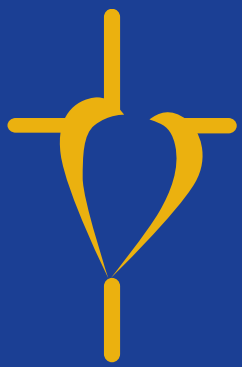


*Daughters of Charity Service
for Persons with Intellectual Disability*

Policy Document



Revised 2004

Introduction

POLICY DOCUMENT/SERVICE CONSTITUTION

Jesus said: “I have come that you may have life and have it more abundantly.”

John: Chapter 10.V.10

The Policy Document first published in 1984, redrafted and published in 1992 has again been reviewed and updated in 2004 to reflect the advances and changes that have been made in the provision of services to persons with intellectual disability.

The significant changes in approach to funding, national organisations and new legislation that impact on how we conduct our business all made this review necessary.

The basic philosophy, ethos and commitment of the Daughters of Charity to provide services to one of the most vulnerable population groups in our society remains at all times the focus of our endeavours.

1892-2004.

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Foreword

The Daughters of Charity Service for Persons with Intellectual Disability began at St. Vincent's Centre Navan Road in 1892 when a small group of Sisters went to the North Dublin Union to begin this work. Their spirit was one of love, compassion, respect for the dignity of all human beings and belief in the potential of everyone to lead a full and happy life as well as to contribute to society.

Over a hundred years have passed and the Service has seen extraordinary developments in that time. These advances have been due to the commitment and competence of men and women who joined the Sisters as colleagues in the Service. The management and direction of the Service is in the hands of very committed and competent people who, with the Daughters of Charity, share the values which brought this Service into being and, together with the Daughters of Charity, will develop this Service further as we face the future with great hope and confidence.

The many changes in society, in national funding arrangements, in new national structures and health service structures generally, make the challenges of the future all the more complex. The economic success of recent years put Ireland in the forefront of developed countries of the world and it is essential that we, as advocates, do everything in our power to ensure that the most vulnerable sections of our society share in that economic success. This new edition of the Policy Document is welcomed as it reflects the development of the core values of the Service.

I wish all who work in the Service, all our colleagues and volunteers and all who share in our vision of providing a service characterised by love, respect, dignity, generosity and an emphasis on ability rather than disability, every success in your efforts to promote and implement this policy.

Sr. Catherine Mulligan D.C.
Provincial (2004)

Acknowledgements

The Daughters of Charity gratefully acknowledge the efforts, interest and commitment of staff members throughout the Service who, through their practical recommendations, their suggestions and their working knowledge of the 1992 Policy Document, made this review possible.

A word of thanks is due to all those who did the drafting and who met so often and discussed in such an earnest way the detailed content and meaning of the document. To all our senior managers who facilitated such a wide circulation of the draft document to staff, collated the responses, and brought their own experience to bear on the work of redrafting, a special word of thanks.

In launching this edition, the Daughters of Charity wish to acknowledge the dedication and commitment of all our colleagues in living out the mission and values of our Service today.

May Christ's love continue to inspire and energise us.

Sister Kathleen Moore, D.C.
Director of Mission Integration

Preamble

St. Louise DeMarillac



1591 - 1660

St. Vincent De Paul



1581 - 1660

The Daughters of Charity have a long history stretching back to 1633 when the community was first founded in Paris by Vincent de Paul and Louise de Marillac to meet the needs of the people in that country devastated at the time by poverty, famine and war. However, very soon the Sisters moved out from France to other countries and since then this community has developed and spread to many countries with a priority mission to meet the needs of the most vulnerable, poor and marginalized. At the beginning of the third millennium there are 24,600 Daughters of Charity in seventy-four countries on all five continents.

Ireland

The Daughters of Charity first came to Ireland in 1855 to care for people in need in their homes and to set up health, education and child care services. Since then the Sisters have expanded and diversified their services, withdrawn from some and taken on new ones in response to changing needs.

Today the Daughters of Charity are in thirty-two houses in Ireland and are involved in a variety of works including services for persons with

intellectual disability, schools, healthcare, hospice care, services for disadvantaged young people, care of the elderly, child care services and nurseries, work for justice, services for the homeless, sheltered housing, services for travellers, services for refugees and family resource centres. They are currently on mission in Nigeria, Kenya and the Fiji Islands. Their commitment to the poor and most needy and vulnerable is still the cornerstone of the work of the Daughters of Charity in Ireland and overseas.

Trustees

In the Daughters of Charity Services the Board of Trustees is synonymous with the Provincial Council of the Daughters of Charity and comprises the Provincial and the members of her Council. This Council has the overall responsibility for the Daughters of Charity Services, which are a variety of works established by the Daughters of Charity and in their name to meet the needs of various groups of people. These Services provide for the needs of people with intellectual disability or educational disadvantage, people in need of social and health care, refugees, parish and pastoral work, child and family services, services for the homeless, youth and community development services, and various mission outreaches.

The Daughters of Charity Service is a voluntary service and in Ireland “Voluntary Services” have a specific identity and history. They are independent groups with their own ethos and areas of expertise and they enter into relationships with other groups and statutory bodies to provide a wide variety of services. Today much of this work is funded in whole or in part by the State and this creates a set of contractual relationships that allows for collaboration with Statutory Authorities in a transparent and responsible delivery of quality services.

The Daughters of Charity strive to respond to needs with creativity and flexibility and with simplicity of spirit that is loving and compassionate, at the root of which is a respect that promotes the uniqueness and dignity of the individual. The Board of Trustees is the guardian of this spirit and has responsibility for ensuring that services are provided in a manner that respects this charism of the Daughters of Charity and is in keeping with its ethos.

The ultimate authority for the provision and management of the services in

fulfillment of this mission rests with the Trustees. As a consequence the Trustees have the sole determination regarding the delegation of any aspect of their responsibilities and the conditions under which that responsibility may be discharged. The ultimate reversal of any delegated authority is back to the Trustees. The Trustees therefore determine the composition of any Board established to discharge that responsibility and the conditions under which it is to be discharged and the Trustees retain the right to withdraw that authority at any time.

Therefore the Trustees establish a Board of Management for the Service for Persons with Intellectual Disability. The Trustees appoint the Chairperson and all members of that Board. In making these appointments the Trustees are mindful of the need for those who serve on the Board to share the values or understand and accept the value-systems of the Daughters of Charity, have experience in areas relevant to the Service and represent the interests of the community served by the Board. The Board of Management are responsible for ensuring that the services provided under its authority are:

- conducted in accordance with the philosophy and ethos of the Daughters of Charity;
- in conformity with relevant legislation, contracts, agreements, directives and policies of the Board;
- prudently managed on behalf of the Trustees.

Certain functions of the Trustees will be delegated to the Board of Management who will then “stand in the shoes” of the Trustees in the development of the Service and in its day to day leadership and management.

The delegation of authority and responsibilities to the Board of Management will provide for the Trustees’ right to require special reports from the Board of Management or to conduct audits or enquiries as the need arises. This will be in addition to the annual reports and annual audits.

The Provincial of the Daughters of Charity will be Chairperson of the Board of Management and can delegate this position to someone else. A minimum of three Daughters of Charity will serve on the Board of Management.

The Service benefits from the charitable status which the Trustees provide and from the use of property and land owned by the Daughters of Charity or property held in trust for the Service.

The Trustees promote a service that is family-centred, safe and client-friendly.

A Handbook in relation to the Board of Management will set out a schedule of:

- Matters reserved to the Board of Trustees for decision
- Matters reserved to the Board of Management for decision
- A code of ethics/conduct for members including disclosure of any interests which could affect their independence
- Procedures for annual audits
- Appointment of Boards of Management
- Composition of the Board
- Tenure of office and regularity of Board meetings.

A Brief History

THE DAUGHTERS OF CHARITY SERVICE FOR PERSONS WITH INTELLECTUAL DISABILITY

The commitment of the Daughters of Charity to persons with intellectual disability in Ireland is bound up with their connection with St. Vincent's Centre, Navan Road. This goes back to 1892 when they were given charge of the infant school in the Cabra Auxiliary of the North Dublin Union¹, as St. Vincent's was then designated. For the next thirty years the Daughters of Charity continued their work for those children with intellectual disability who were to be found in care, alongside individuals who had physical, sensory and mental health difficulties.

- 1892 Daughters of Charity given charge of the infant school in the Cabra Auxiliary of the North Dublin Union - St. Vincent's, Navan Road.
- 1925 St. Vincent's became a special service for persons with intellectual disability from any part of the thirty-two counties.
- 1943 St. Joseph's, Clonsilla was established for adults with intellectual disability.
- 1947 Department of Education recognised St. Vincent's School as a special national school for persons with a mild intellectual disability.
- 1950 A special school opened in Holy Angels, Glenmaroon, for children with mild intellectual disability.

¹ *"The North Dublin Poor Law Union was formed 6th June 1839, with a population of 125,245 covering an area of 60 square miles catering for the following population: aged and infirm males, able-bodied and partially infirm males, boys, aged and infirm females, able-bodied and partially infirm females, girls and the sick in hospitals and violent lunatics in cells."*

- 1952 St. Vincent's Centre, Lisnagry, Co. Limerick was opened for children with intellectual disability.
- 1956 A group of children from St. Vincent's, Navan Road were transferred to St. Philomena's, Stillorgan.
- 1959 St. Louise's School of Nursing opened at St. Joseph's, Clonsilla.
- 1962 Sheltered workshop opened in St. Vincent's, Navan Road.
- 1963 St. Rosalie's Holiday Home, Portmarnock opened and has since 1989 become a permanent residential home.
- 1963 St. Vincent's Special School, Navan Road was sanctioned by the Department of Education and Science for children with moderate intellectual disability.
- 1965 St. Vincent's Special School, Lisnagry was approved by the Department of Education and Science.
- 1969 Child Study Centre opened in St. Vincent's, Navan Road.
- 1972 Swimming pool opened in St. Vincent's, Navan Road.
- 1972 St. Vincent's School of Nursing, Lisnagry was approved by An Bord Altranais.
- 1975 First Community hostel was established in Dublin.
- 1976 Opening of new special school at St. Vincent's, Navan Road.
- 1977 Vocational Training Centre, St. Vincent's, Navan Road opened.
- 1978 Vocational Training Centre, St. Vincent's, Lisnagry opened.
- 1984 Launch of Policy Document.
- 1988 Fire Safety Notice, St. Vincent's, Navan Road. Planning for new residential accommodation at St. Vincent's, Navan Road.

- 1988 Transfer of persons with moderate and severe intellectual disability from St. Vincent's Navan Road to Holy Angels Glenmaroon, St. Teresa's Blackrock and St. Rosalie's Portmarnock.
- 1989 Expansion of Community Care Programme in Dublin and Limerick.
- 1989 Establishment of Central Management for Service.
- 1989 Teach Féile established.
- 1990 Opening of Child Development Centre in Limerick City.
- 1991 Commencement of:
Glen College, Glenmaroon
De Paul Enterprises, Coolmine
Lisocot Designs, TAIT Business Centre, Limerick.
- 1992 Policy Document revised and updated.
- 1992 Opening of therapeutic swimming pool at St. Vincent's, Lisnagry.
- 1992 New residential accommodation at St. Vincent's, Navan Road opened.
- 1995 Garvey Centre enterprise workshop opened in John Street, Limerick.
- 1995 EU funded project on 'Supported Employment' commenced in Dublin and subsequently mainstreamed as part of the Service on completion in December 1997.
- 1996 Opening of Weavers 101 enterprise workshop in Coolmine Industrial Estate.
- 1996 EU funded project on 'Apprenticeship Training' in craftwork commenced and was mainstreamed in the Service on completion in December 1998.
- 1998 Service in Limerick commenced its direct funding relationship with the Mid Western Health Board resulting from the document drawn up with the Department of Health & Children – "Enhancing the Partnership".

- 1998 New Development Education Centre opened in Dooradoyle, Limerick.
- 1998 Nurse Education transferred to Diploma programme.
- 1998 EU funded Enterprise & Employment project, Clean Sweep, commenced with EU funding and became a permanent part of the Dublin Service on completion in December 2000.
- 1998 Kinvara Options – base from which supported employment / shop outlet for produce of craft workshops and from which Clean Sweep operate was opened.
- 1999 Community Respite House opened at 113 North Circular Road, now named Ard Cuan.
- 2000 Service in Dublin commenced its direct funding relationship with Eastern Health Board in January and transferred to the new Eastern Regional Health Authority from 1 March 2000.
- 2000 Post of Quality & Education Officer formally established.
- 2001 Dedicated high support bungalow for male residents opened at St. Vincent's Centre, Navan Road.
- 2001 Bethel House, a palliative care and high support-nursing unit, opened at St. Joseph's Clonsilla.
- 2001 Six new residential bungalows opened at St. Vincent's Centre, Lisnagry – redesignation of residents in St. Joseph's Psychiatric Service to intellectual disability services as part of government policy of providing appropriate placements for those who were inappropriately placed.
- 2001 First non-ordained Chaplain's post established.
- 2002 Rehabilitative Training Programmes established in Limerick and Dublin – replacing Level 1 Vocational training.
- 2002 Community Respite House opened on Ballysimon Road in Limerick.

2002 New Early Services facility opened at Russelheim, Raheen, Limerick.

2002 Nurse Education transferred to degree course.

2002 New Early Service facility opened at St. Vincent's Centre, Navan Road.

These developments have all led to the present position of the Service whereby a system of comprehensive care has evolved. The Service is committed to adopting and implementing all worthwhile new approaches which will further the cause of the person with intellectual disability. At the same time, the Service is very conscious that any fresh initiative can only be implemented in accordance in the basic principles of the Service for Persons with intellectual disability, namely, the realisation and total acceptance of the essential dignity of every human being.

In the Intellectual Disability services the Sisters work with representatives of many professions. To maintain unity of purpose and fidelity to their mission these services function and operate under the guidance of a common policy. The policy reflects the values of the Gospel, the teachings of the Church, the Vincentian ethos and philosophy and the content of various relevant documents.

The Director of Mission Integration, as a member of the management executive of the Service, ensures and safeguards the philosophy and ethos of the Daughters of Charity in the daily work of the Service and ensures that all staff are, from their first contact with the Service, imbued with a sense of the core values of the Service - ***service, respect, excellence, collaboration, justice and creativity.***

Philosophy of Service

The objective of the Daughters of Charity Service for Persons with Intellectual Disability is to develop to the fullest the potential of each person with intellectual disability within the Service so that they are enabled to lead as independent and satisfying a life as possible. The Service is motivated by and consistent with the values and traditions of the Daughters of Charity, a society of Apostolic Life within the Catholic Church. It is based on the Christian vision of love and service in which attention is paid to each person in the reality of their everyday lives.

Human Dignity and Integrity

The Service recognises that each person with intellectual disability is a human being with sacred and inviolable rights and therefore is treated with profound respect and utmost regard. Because each person is an inseparable unit of body, mind and spirit, the Service uses an interdisciplinary team approach. Each individual service-user's spiritual, social, clinical, therapeutic, educational, training and occupational needs are carefully considered.

Family

The Service recognises that for most people their family/guardians is their primary place of belonging and so partnership/involvement with family members is important.

It recognises that when an individual within a family is in need the family members may need support.

It endeavours to promote a sense of community so that service users have a sense of belonging.

Justice

The Service works towards a vision of an inclusive society where all people, regardless of their level of ability, are welcomed and accepted and have a contribution to make. The Service maintains a function of advocacy

with Statutory and Voluntary Agencies, e.g. Department of Health and Children, Department of Education and Science, Health Boards, other Service Providers, the public and society in general on behalf of people with a disability.

Accountability/Autonomy

The Service is a Voluntary Body which is funded principally by the relevant Statutory Health Authority. Within broad parameters the Service maintains its own autonomy and freedom to deliver services in a responsible and creative way. In keeping with the philosophy, every effort is made by the Service to keep abreast of new thinking and up-to-date concepts to ensure a quality service is delivered.

Faith-Based Identity

While the Service of the Daughters of Charity reflects the teaching and values of the Catholic Church, persons with intellectual disability of other or no denominations are provided for and their religious beliefs and practices are respected.

Management

All involved with the management of the Service commit to developing and implementing policies consistent with its mission and values.

The Service upholds the belief that decisions should be made at the most appropriate level.

The Service acts responsibly as a steward of financial and institutional resources.

The Service seeks to create a working environment marked by respect and justice and the responsible promotion of individual skills and potential.

Mission Statement

According to the spirit of St. Louise de Marillac and St. Vincent de Paul and inspired by their Christian vision of service to those most in need, the Daughters of Charity Service for Persons with Intellectual Disability recognises that each person possesses a unique dignity and potential.

We are committed to:

- The development of the potential of each person with an intellectual disability in an atmosphere characterised by love, respect and creativity
- Enabling each person with an intellectual disability within the Service to take his/her place in society and in turn to contribute in a meaningful way
- Giving priority to people with the greatest need
- Advocacy and to the promotion of justice for persons with intellectual disability.

The core values that guide us in our mission are service, respect, excellence, collaboration, justice and creativity.

Mission Accomplishment

The mission of the Daughters of Charity Service for Persons with Intellectual Disability is accomplished by being a leading, innovative, creative and values-motivated Service focused on the care and development of the whole person. The essential elements of the Service are:

- Developing a comprehensive Service that provides for a continuum of service across the total life needs of service users; (Chapter 1).
- Working in partnership with service users, families, carers, advocates and collaborating with support groups and other agencies and services both statutory and voluntary; (Chapter 2).
- Educating and developing staff/volunteers; (Chapter 3).
- Developing and maintaining an effective management structure. (Chapter 4).

Chapter 1

DEVELOPMENT OF A COMPREHENSIVE SERVICE

The development of the whole person is defined as a commitment to meeting each individual service user's spiritual, social, clinical, therapeutic, educational, training and occupational needs. This will be realised through a variety of day, residential, respite and outreach programmes.

1.1 **Spiritual**

The religious and spiritual needs of service users will be met in normal programme planning in addition to pastoral care groupings, special feast days, creative & liturgical celebrations and SPRED.²

Chaplaincy is provided sacramentally and in addition the accompaniment of service users through presence, empathetic listening, creating a space where one's story can be heard and honoured: empowering people and respecting their pace along the journey.

All cultures and religions are respected.

1.2 **Social**

The Service recognises and respects that each person is a social being and is part therefore of a relationship system which may include, families, service, friends and the wider community. The Service is committed to developing each person to his or her fullest potential in this regard.

The Service recognises that it is important to the service user to have opportunities to integrate into the local community. The Service will support initiatives to facilitate this and will be informed by the principle of integration when planning day and residential services, taking into consideration the wishes of families and the resources available.

² SPRED – Special Religious Education – provides for groups and faith-friends where people with intellectual disability come together and share faith, friendship and life experiences.

1.3 Clinical

The diverse clinical needs of persons with intellectual disabilities will be addressed through a multi-disciplinary team approach.

1.4 Education and Training

The Service recognises the educational and training needs of both children and adults. Education and training is provided in pre-schools, special schools, training facilities and other integrated day activation programmes as appropriate to the individual needs. Due cognisance is taken of modern practices in human development and they are incorporated as appropriate into the programmes of education and training formulated by the Service. Person-centred programmes are formulated within the constraints of available personnel and resources with the aim of fostering all round growth and development. Access by service users to integrated services is facilitated in order to maximise life choices.

1.5 Occupational

Occupational activities and leisure time are fundamental to the quality of life, respect and dignity of service users. These are pursued in residential and community settings through appropriate day activation therapeutic programmes, enterprise and employment schemes as well as leisure pursuits.

1.6 Relationships and Supporting Service Users

The Service recognises that people with intellectual disabilities have special needs in the area of life skills and protection, specifically relating to relationships and sexual development. The Service is committed to supporting service users in this area.

Advocacy

The Service is committed to giving priority to those with the greatest needs. The Service will strive to ensure that service users have equitable access to services appropriate to their needs. The Service recognises that service users are potentially marginalised in society and strongly advocates for their inclusion in society and for access to appropriate resources.

1.8 **Excellence**

The Service is committed to providing a service of excellence. A strong emphasis is placed on the quality of life of service users in an environment where love, respect and dignity are upheld.

1.9 **After Care Service**

The Service recognises that former residents/service users may have needs and the Service is committed to working with the generic services to assist them in addressing these needs.

Chapter 2

WORKING IN PARTNERSHIP

The Service is committed to working in partnership with service users, parents, families/carers and volunteers to address the needs of people with intellectual disabilities. To this end the Service will maintain effective systems which maximise communication and joint decision-making, thus ensuring that each person receives a quality and equitable service which meets their individual needs.

The Service will participate fully in new and developing partnerships with the Department of Health and Children, the Health Boards and in particular the new structures that have been established under 'Enhancing the Partnership'³ to facilitate a greater partnership approach to planning and delivery of services consistent with the levels of funding provided and works in partnership with other relevant groups and agencies both statutory and voluntary to meet the needs of service users. The Service will participate fully in the new emerging structures from the Health Reform Programme.

The Service is committed to working in partnership with the community in order to strengthen community inclusiveness and create opportunities for service users to integrate and participate.

3 Enhancing the Partnership. A document setting out the relationship between the Health Boards, with whom the service provider has a service agreement in relation to service provision, approved staffing levels and funding. It also provides for consultative and development committees in each Health Board area.

Chapter 3

STAFF/VOLUNTEER EDUCATION AND DEVELOPMENT

Staff

- 3.1 The Daughters of Charity Service employs competent staff to ensure an appropriate and quality service is provided to each service user.
- 3.2 The dignity and expertise of each staff member is recognised and respected.
- 3.3 Staff rights as employees are protected by the laws and regulations governing natural and social justice and by relevant legislation. The Service will provide the best possible terms and conditions of employment for each member of staff.
- 3.4 The Service seeks to inspire the formation of a common vision and a commitment to the mission statement of the Service. With this in mind all newly appointed personnel are given this Policy Document and the Employee Information Handbook, which form the basis of the service provided.
- 3.5 The formation of a common vision and commitment to carry out the mission will be fostered through initial and ongoing mission and values education and through leadership and teamwork at all levels.
- 3.6 Staff members are obliged to comply with policies, procedures and guidelines of the Service.
- 3.7 Teamwork at all levels is essential to harmonious working relationships and to ensure maximum benefit to all service users.
- 3.8 Effective communication is essential to deliver a quality service. All employees have a responsibility in this regard.

- 3.9 While the values and religious beliefs of all members of staff will be respected in their personal lives, in the course of their duties they are required to respect and uphold the ethos and philosophy of the Daughters of Charity Service.
- 3.10 Ethnic and cultural differences amongst staff are recognised and respected.
- 3.11 Each person has a right to privacy. All personal information must be treated in the strictest confidence. Access to records will be in accordance with laid down procedures and the Freedom of Information Act 1997.
- 3.12 Involvement of staff in service changes, new service developments and service policies will be facilitated and encouraged through a consultative process.
- 3.13 Each staff member will be recognised and valued for their contribution.
- 3.14 The need for ongoing education and training of staff is acknowledged and will be aligned and delivered through a training needs analysis undertaken on an annual basis.
- 3.15 Continuing professional development will be encouraged and supported in so far as resources are available.
- 3.16 The Service is committed to the provision of library facilities with a view to facilitating research and staff development.
- 3.17 The Service recognises that there can be particular stresses for staff working in intellectual disability. Support is provided to facilitate staff in dealing with these pressures and will continue to be developed.
- 3.18 All staff who work with service users must fulfill certain criteria and be willing to undergo Garda background checks.

Volunteers

- 3.19 The Daughters of Charity Service for Persons with Intellectual Disability welcomes the involvement of volunteers. The Service views

it as a way of providing an extra dimension to the service provision, incorporating that element of inclusiveness in society and the local community. It provides an opportunity for young and old to experience and respect the person with a disability as a person with a contribution to make as a valued member of society.

- 3.20 All persons who volunteer to work with service users must fulfill certain criteria and be willing to undergo Garda background checks and participate in induction to maximise their involvement in the interest of both the volunteer and the service users. A procedural/guideline document on volunteering is available.

Chapter 4

MANAGEMENT STRUCTURE

Board of Management

- 4.1 The Service operates under the control of a Board of Management, which is appointed by the Provincial Council of the Daughters of Charity as Trustees of the Service. All Board Members will uphold the philosophy and ethos of the Daughters of Charity of St. Vincent de Paul.
- 4.2 Each member shall serve for a period of three years and may be renewed on an ongoing basis to a maximum of nine years, which may be further extended at the discretion of the Trustees. This Board is accountable to the Trustees, which may disband or change the structure of the Board should they deem this to be in accordance with the best interests of the Service.
- 4.3 The Chairperson of the Board will always be a Daughter of Charity.
- 4.4 Functions of the Board will include the following:
 - a. Maintenance and implementation of the Vincentian Ethos and Philosophy.
 - b. Ensuring that current mission statement is implemented and that the service users are at the centre of service planning and delivery
 - c. Implementation, development and on-going evaluation of policy.
 - d. Sanctioning of any major projects/developments within the Service.
 - e. The Board of Management reserves exclusively to itself the establishment of and appointment to senior posts, e.g. Central Management Executive including clinical director and such other posts as are deemed appropriate from time to time. The Board of Management of the Service for Persons with Intellectual Disability will be the employer. The Provincial Council makes the appointments of Sisters to posts within the Service in consultation with the Chief Executive Officer.

- f. The Board will ensure that consultative processes are established through which service user, parental and staff intercommunication may take place.
- g. The promotion and ownership of results of research projects carried out in its name or with its permission.
- h. Ensuring that financial resources are distributed equitably throughout the Service.
- i. Authorising the establishment of Associations of Parents and Friends and Fund Raising Committees and sanctioning the expenditure of funds raised by these associations and committees. While 'Respect' has been established as the primary fundraising association in Dublin there is still scope for small Centre-associated fundraising projects to allow parents and friends associate with their local service. Periodic reports on the activities of these associations should be furnished to the Board of Management.
- j. Promotion of a coordinated and centralised approach to the various Government Departments, Statutory Bodies, Trade Unions and other relevant organisations.

4.5 Members of the Board of Management are appointed by the Board of Trustees as follows:

- a. The Provincial of the Daughters of Charity (Chairperson of the Board)
- b. Provincial Councillor for Services for Persons with Intellectual Disability.
- c. One other Daughter of Charity.
- d. Clinical Advisor.
- e. Financial Advisor.
- f. Others nominated by the Trustees to reflect areas of experience.
- g. Parent/guardian of the service-user group.

Note: The Provincial Bursar attends meetings of the Board of Management when appropriate.

The Chief Executive Officer attends the meetings of the Board of Management and furnishes a report covering all aspect of service delivery.

The Financial Controller will attend to present the Financial Report as necessary.

Other members of the Executive will attend as requested to report or present on various aspects of their individual briefs.

4.6 **Quorum:**

- a. Five members shall be required to form a quorum for a meeting of the Board of Management one of whom shall be a Daughter of Charity.
- b. If at the time appointed for a meeting a sufficient number of members to form a quorum is not present, or if at any meeting the business is not completed, the meeting shall stand adjourned and a special meeting shall be summoned as soon as may be convenient if considered necessary.

4.7 **Meeting of Board of Management**

- a. The Board of Management shall, in addition to holding a meeting at least six times a year, hold such other meetings as may be necessary for the efficient discharge of its functions.
- b. The Chairperson shall at any time, if so requested by a quorum of the Board of Management, call a special meeting of the Board of Management.

4.8 **Minutes of Meeting**

- a. The Chairperson of the Board of Management shall keep the Minutes of the proceedings of the Board of Management meetings.
- b. The business of the Board of Management shall be conducted in private and no disclosure of the business shall be made without the authority of the Board of Management.

Style of Management – Daughters of Charity Service

- 4.9 It is the policy of the Service that a participatory style of management will operate.
- 4.10 Continuing evaluation of service provision will be carried out in order to ensure that a quality service is provided.
- 4.11 All submissions to the relevant Statutory Authorities will be co-ordinated through the Chief Executive Officer.

Statutory Obligations and Standards

- 4.12 Policies, procedures and guidelines are formulated to provide

guidance and direction to staff in fulfilling their duties.

- 4.13 In line with national standards being set down, the Service will endeavour to provide the best possible standard of care and facilities, consistent with the availability of resources.
- 4.14 Co-operation and co-ordination with other provider agencies and statutory authorities both State and semi-State agencies will be pursued bearing in mind the necessity to maintain the Service autonomy.

Management Structure and Accountability

- 4.15 The Board of Management through the Chief Executive Officer will be responsible for making decisions with regard to the type of service which the organisation provides, within the established policies and guidelines of the Service.
- 4.16 The Chief Executive Officer manages and coordinates the overall administration to ensure the effective direction, management and operation of the Service. The Chief Executive Officer reports and is accountable to the Board of Management.

Service Executive

- 4.17 The Chief Executive Officer will be supported by a Central Management Team within which he/she has a number of Functional Officers who make up the Service Management Executive as follows:
 - a. Deputy CEO
 - b. Director of Mission Integration
 - c. Director of Finance
 - d. Director of Quality & Education
 - e. Director of Human Resources
 - f. Director of Logistics
 - g. Assistant CEO (Planning & Development) - Dublin
 - h. Assistant CEO (Planning & Development) - Limerick
 - i. Clinical Director (Dublin)
 - j. Clinical Director (Limerick)

and such other Functional Officers as may be appointed by the Board of Management.

The Functional Officers report to the Chief Executive Officer. In relation to their clinical responsibility, the Clinical Directors report to and are accountable to the Board of Management. The Provincial Councillor with a link to the Intellectual Disability Services may attend Service Executive meetings and Service Coordinating Committee meetings in the absence of the Director of Mission Integration.

Centres

4.18 The Service, for management purposes, is divided into Centres dictated by location, service provision and/or practicality. Each Centre has a manager, titled Administrator, who reports to the Chief Executive Officer in regard to the overall management of their respective Centres and is accountable to the appropriate Clinical Director in clinical matters. The Centres are as follows:

Dublin Region

- a. St. Vincent's Centre, Navan Road
- b. St. Joseph's Centre, Clonsilla
- c. Holy Angels Centre, Glenmaroon
- d. St. Teresa's Centre, Blackrock
- e. St. Rosalie's Centre, Portmarnock
- f. Community Residential Service, Dublin
- g. Training, Enterprise & Employment, Dublin

Limerick Region

- a. St. Vincent's Centre, Lisnagry
- b. Community Residential Service, Limerick
- c. Training, Enterprise & Employment, Limerick

Service Co-ordinating Committee

4.19 The Service Management Executive and the Administrator of each of the Centres constitute the Service Co-ordinating Committee, which will meet at least six times a year to co-ordinate development and policy issues with a regional or Service dimension, as follows:

- a. The Service Co-ordinating Committee will act as a consultative and advisory body to the Chief Executive Officer.

- b. The Chief Executive Officer is the Chairperson of the Service Coordinating Committee.
- c. At the discretion of the Chief Executive Officer regional meetings, made up of the relevant Executive Members and local Administrators, may be held in addition to or in lieu of some of the meetings of the entire committee.

Clinical Services

4.20 The clinical services embrace all clinical areas – medical, nursing, psychology, social work, occupational therapy, speech & language therapy, physiotherapy and pharmacy. In so far as possible the five clinical groupings - psychology, social work, occupational therapy speech & language and physiotherapy will be organised and established with a departmental structure and with a Service remit for the total services in the relevant region. Pharmacists will co-ordinate their work in the relevant region. The nursing management structure, while organised at a Centre level, will have professional lines of reporting established on a service basis within the two regions.

4.21 Managers of the various Clinical Departments will have a reporting responsibility as follows:

- a. To the Chief Executive Officer, through the respective Assistant Chief Executive Officer.
- b. Administratively to the Administrator on whose Centre they are based. (in the main that will be - in Dublin to the Administrator of St. Vincent's Centre, Navan Road and in Limerick to the Administrator of St. Vincent's Centre, Lisnagry).
- c. Clinically to the Clinical Director from an overall co-ordination perspective and liaison with Administrators as appropriate in relation to the clients in their care. All other clinical personnel report to their head of department and liaise as necessary and appropriate to the relevant Administrator in relation to the management and care of clients in their caseload.

4.22 Senior Clinicians Group

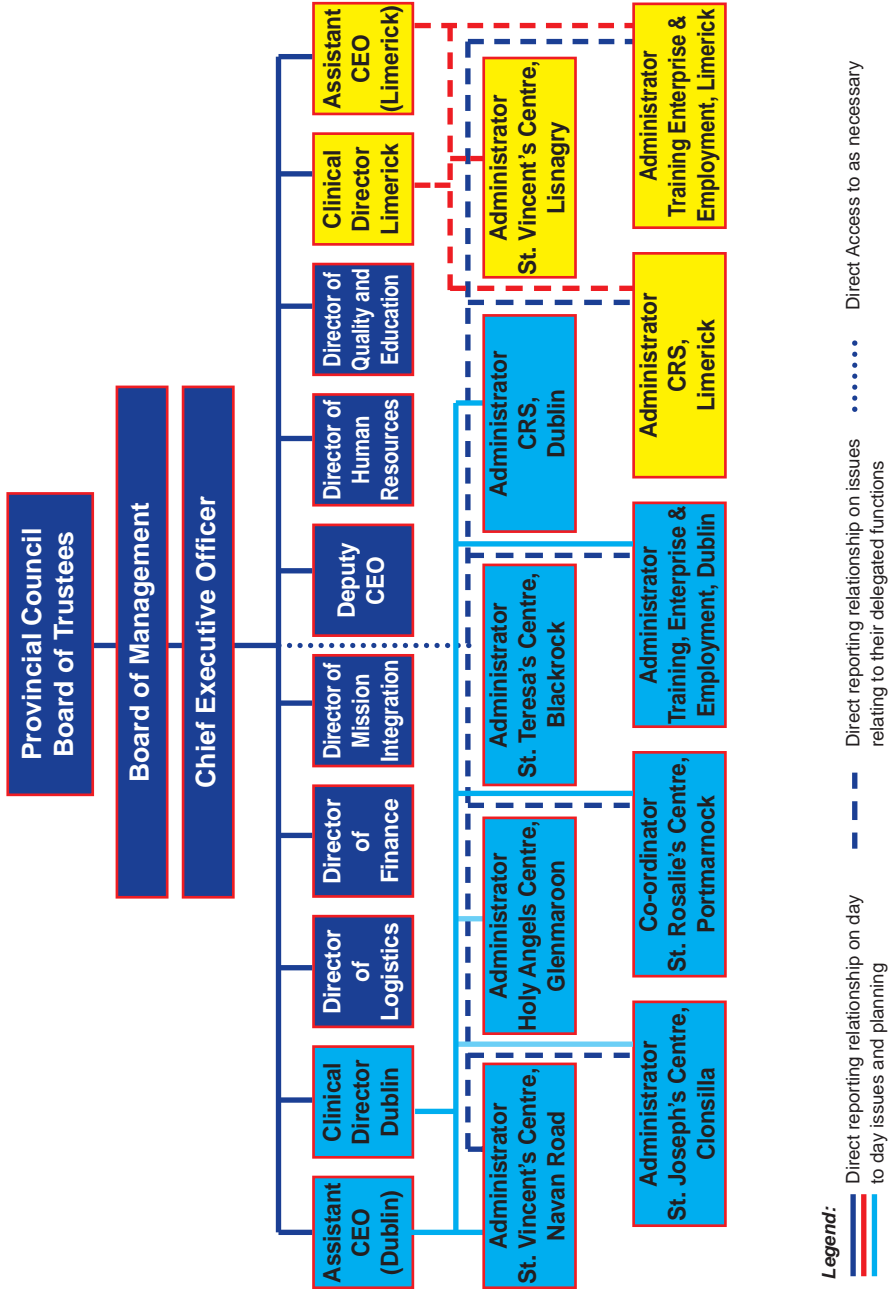
A Senior Clinicians group made up of Head of Clinical Departments and including Nurse representation, chaired by the relevant Clinical Director in the separate regions, will meet not less than six times a year to co-ordinate clinical matters and make recommendations to senior management on developments and related issues.

4.23 Service Regional Planning Fora

- a. As appropriate to Service requirements in the separate regions, a Service Planning Forum made up of the Service Management Executive, Administrators, Heads of the various clinical departments and services managers will meet a number of times per year to discuss service development needs, decide on the service priorities and agree submissions for funding.
- b. The Service Planning Fora will act as consultative and advisory conduits in relation to service developments in their respective regions.
- c. The Service Planning fora will:
 - Examine current development needs as set out in the database submissions;
 - Examine needs associated with clients in current services;
 - Make recommendations on how current services being delivered might be more effective;
 - Examine long term development needs of the Service.

The forum will also provide an opportunity for information sharing in relation to funding provision and annual allocations of both revenue and capital.

SERVICE MANAGEMENT STRUCTURE



Legend:
 — Direct reporting relationship on day to day issues and planning
 - - - Direct reporting relationship on issues relating to their delegated functions
 Direct Access to as necessary

LEGISLATIVE REQUIREMENTS/SERVICE POLICIES, GUIDELINES AND PROCEDURES

Legislative compliance is a significant factor in delivering a service from both the service user perspective and the employee perspective. In addition many circulars and directives issue from both the Department of Health and Children, other government departments and from our funding authorities must also be complied with. Much of the new legislation originates in Europe by way of Directives and are enacted into Irish Law.

In recent years, a common theme in much of this legislation is a requirement for greater accountability and access to information. It enshrines rights of both service users and employees.

In accordance with the Freedom of Information Act, 1997 there is a mandatory requirement to publish, in accordance with Sections 15 and 16, a manual setting out the policies, procedures and guidelines in operation in the Service. Consequently, it is essential that the Chief Executive Officer ensures that appropriate Service policies and guidelines are put in place. In the interest of best practice, co-ordination, monitoring, evaluation and reporting, it is equally critical that the procedures and guidelines necessary to give effect to the Service Policies and Guidelines are put in place at Centre, Department and Unit level to facilitate, guide and enable staff to take appropriate action.

It also demands that appropriate training in certain areas of mandatory compliance is put in place and this is effected through induction days for new staff and ongoing staff training and development.

There are significant legislative obligations on the Management of the Service, not just in the area of service delivery but also the normal employer's obligations.

