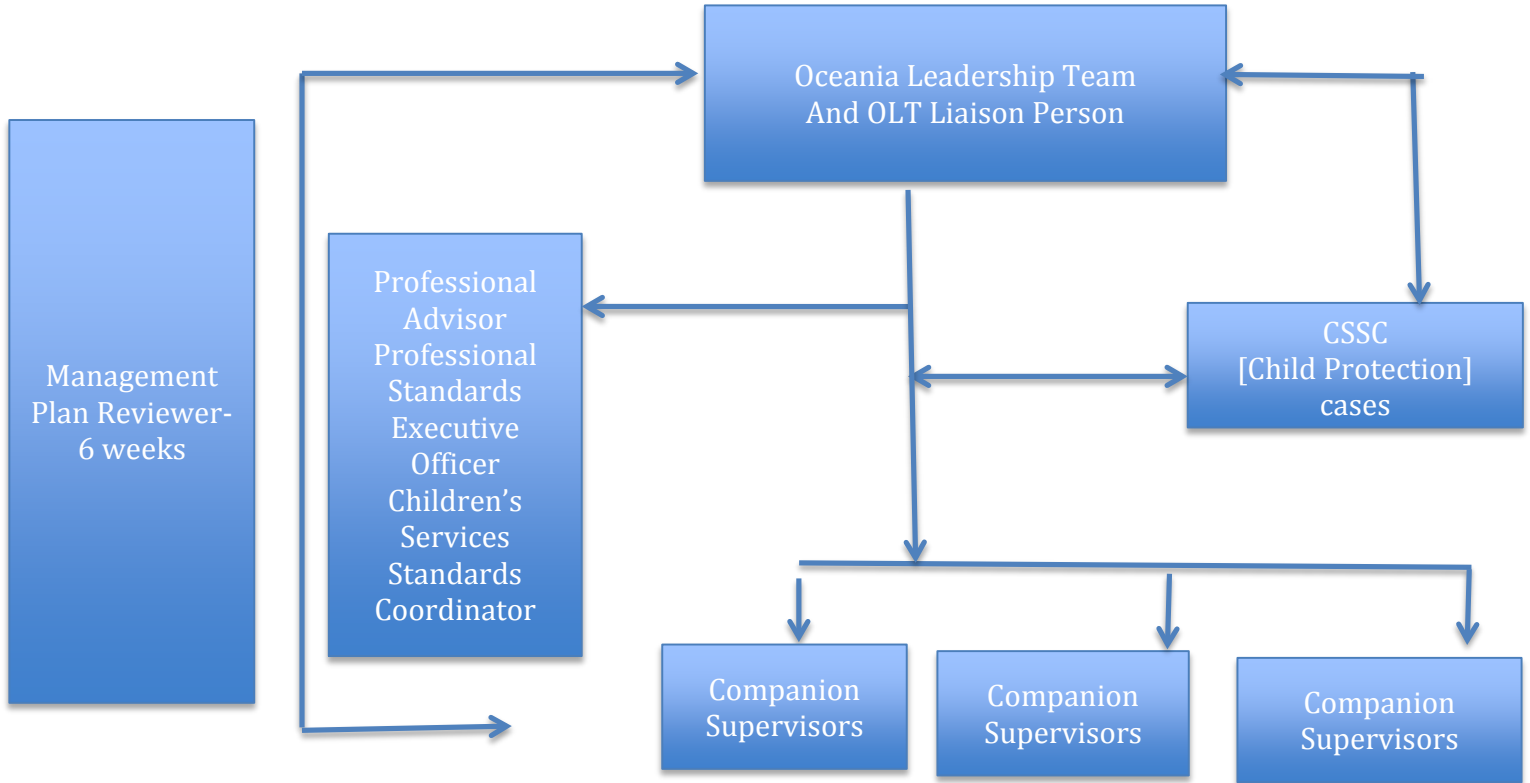


# **Edmund Rice Services**

## **Brothers' Child Safety Risk Management Plan and Care Plan**

### Operational Structure



## Individual Brother Child Safety Plan and Care Plan

### *Case File Number*

- File No –
- Date of Commencement of File

### *Name of Brother*

- Name-
- D.O.B. –
- Age -

### *Assessment*

- Child Safety Assessment Level -
- Date of assessment -
- Residence Assessment -
- Date of Assessment -
- Residence -

### *Companion Supervisor*

- |            | Name 1 | Name 2 | Name 3 |
|------------|--------|--------|--------|
| • Location |        |        |        |
| • Email    |        |        |        |
| • Ph.      |        |        |        |

### *Management Plan Reviewer*

- Name
- Location
- Ph.
- Email

### *Professional Advisor [as required]*

- |          |        |
|----------|--------|
| • Name 1 | Name 2 |
| Location |        |
| Email    |        |
| Ph.      |        |

## **Sign-off**

### *OLT Liaison Person*

- Name -
- Signature -
- Date -

### *Province Leader*

- Name
- Signature
- Date

**Area 1: Summary Information**

Date of Plan				
Present Residence				
Plan completed by	1. Individual Brother - 2. OLT Liaison Person -			
Plan approved	Approved by the Province Leader -			
Plan Supervision	Companion Supervisor 1	Companion Supervisor 2	Companion Supervisor 3	
Plan Review Dates	Review 1 First 3 months	Review 2 Next 6 months	Review 3 Next 12 months	Review 4 Next 12 months
Plan Review Completion				
Plan Compliance Rating*				
Independent Audit by Management Plan Reviewer Every six (6) weeks	Completed		Dates 1 2 3 4 5 6	

**Area 2: Individual Brother Residence Plan**

<b>Child Safety Status</b>	<b>Residence Child Safety Requirements</b>	<b>Individual Resident's Requirements</b>	<b>Residence Level</b>	<b>Residence Placement Location</b>
	1.	1.		
	2.	2.		
	3.	3.		
		4		

**Area 3: Individual Brother Safety Plan**

<b>Child Safety Status</b>	<b>Supervision Level</b>	<b>Supervision Level Requirements*</b>	<b>OLT Liaison Person</b>	<b>Companion Supervisors</b>	<b>Management Plan Reviewer</b>
		Day to Day 1. 2 3 4 5			
		Extra ordinary 1. 2 3 4 5			

**3a \*Supervision Requirements**

<b>Child Safety Assessment Level</b>	<b>Type of Supervision</b>	<b>Supervision Requirements</b>
4	Full Supervision	<p>Supervision Type –</p> <p>1. Day to Day*</p> <ul style="list-style-type: none"> <li>- Self-organisation of companion supervision</li> <li>- Self-recording of activity and companion supervisor.</li> </ul> <p>2. Extra-ordinary*</p> <ul style="list-style-type: none"> <li>- Request to the Province Leader made a minimum of 48 hours before [or as agreed by the Province Leader ]</li> <li>- Province Leader requests:               <ul style="list-style-type: none"> <li>:Reasons for the activity</li> <li>:Necessity for the activity</li> <li>:Convenience for the Companion Supervisor</li> </ul> </li> <li>- Approval of Province Leader</li> <li>- Province Leader and the Brother agree on Companion Supervisor and conditions of extra ordinary activity</li> </ul>
3	Supervision	<p>Supervision Type –</p> <p>Day to Day*</p> <p>Extra-ordinary*</p> <ul style="list-style-type: none"> <li>- Self-Management</li> <li>- Conditions to be set for each event..</li> <li>- Request made minimum of 48 hours before [or as agreed by the OLT Liaison person].</li> <li>- Request indicates:               <ul style="list-style-type: none"> <li>:Reasons for the activity</li> <li>:Necessity for the activity</li> <li>: Approval of OLT Liaison Person agrees on</li> </ul> </li> </ul> <p>conditions of extra ordinary activity.</p>

<b>2b</b>	Limited Supervision	<p>Supervision Type – Day to Day*</p> <p>Extra-ordinary*</p> <ul style="list-style-type: none"> <li>- Self-management</li> <li>- Request made minimum of 48 hours before [or as agreed by the OLT Liaison person].</li> <li>- Request indicates: <ul style="list-style-type: none"> <li>:Reasons for the activity</li> <li>:Necessity for the activity</li> <li>: Approval of OLT Liaison</li> <li>: agrees on conditions of</li> </ul> </li> </ul> <p>extra-ordinary activity.</p>
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*Day to Day activities*

- e.g. Going to the shop, to the library, activities which do not involve congregate groups of children, day visit to family members, going for a run or a walk, going for medical and professional appointments, attending Brother’s gatherings.

*\*Extra-ordinary*

- Being away from the community of residence one night or more.

**3b: Individual Brother Supervision Record Form**

No	Name	Date	Time Period	Supervision Activity	Companion Supervisor	Compliance Level*
1						
2						
3						
4						
5						
6						

**\*3c: Compliance Rating Levels:  
Completed by: OLT Liaison Person**

Rating Level	Indicator	Outcome
<b>A</b>	There is no evidence the Brother has not complied with the supervision level requirements of their individual Safety Plan	Safety Plan continues
<b>B</b>	There is evidence some of the Safety Plan requirements are not being met by the Brother, however overall the Safety Plan requirements are met	Trial period [1 month] is initiated to demonstrate increase in Safety Plan compliance areas. Where there is a failure after one month to demonstrate 'A' level compliance the compliance level is determined to be 'C' and outcome actions for 'C' compliance rating is implemented
<b>C</b>	There is evidence significant requirements of the Safety Plan are not complied with.	Review of the Safety Plan by the: <ul style="list-style-type: none"> <li>• OLT Liaison</li> <li>• Management Plan Reviewer</li> <li>• Province Leader</li> </ul> Trial period for renewed compliance with clear outcome consequences. Outcome determination by the Province Leader.



**Area 4: Individual Brother’s Care Plan**

<b>Care Areas</b>	<b>Strengths</b>	<b>Challenges</b>	<b>Care Response</b>
1. Spiritual Well being  Level 4 Level 3 Level 2b			Mandatory all Levels Spiritual Director once per month
2. Psychological Well-Being  Level 4 Level 3 Level 2b			Level 4 & 3 Mandatory Access to a peer support group Optional 4, 3, 2b Professional psychological support unless otherwise requested by the OLT Liaison Person
3. Social Well-Being  Level 4 Level 3 Level 2b			Level 4 & 3 Mandatory Live in community

OLT Liaison Person Approval

Date