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1.0 POLICY STATEMENT

Sunbeam House Services (SHS) will respect, protect and promote the human rights of every individual with an intellectual disability to whom it provides support. SHS values the input of our clients who believe strongly in the principle of the United Nations Convention on the Rights of Persons with Disabilities 2006 'Nothing about us, without us'. SHS's self-advocacy group Viewpoint contributed to the drafting of this policy.

2.0 SCOPE

This policy applies to all SHS clients, staff, volunteers, and those working with or on behalf of SHS.

3.0 HUMAN RIGHTS DEFINITION

Human rights are about people being treated with fairness, respect, equality and dignity, having a say over their lives and participating as fully as possible in decisions about their care and support. People using health and social care services in Ireland should expect that their human rights will be promoted and protected when they require care and support from services.

4.0 A HUMAN RIGHTS BASED APPROACH

SHS operates a human rights based approach to care and support which seeks to ensure that the human rights of people using services are protected, promoted and supported by staff and services. The attitudes of staff and the language they use when working with clients are crucial to implementing this kind of approach.

SHS understand the importance of capacity awareness training and education for staff and clients. All SHS staff undertake mandatory training on understanding and promoting rights with Open Future Learning.

5.0 LEGAL AND GUIDING DOCUMENTATION

Legal sources of human rights and equality obligations are found in:-

- The Irish Constitution 1937 (Bunreacht na hÉireann).
- The European Convention on Human Rights Act 2003.
- The Charter of Fundamental Rights of the European Union 2000.
- The Equal Status Acts 2000-2015.
- The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
- The Irish Human Rights and Equality Commission Act 2014.
- The ratification of international treaties that have evolved from the Universal Declaration of Human Rights, including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) 2006, which was ratified in Ireland in 2018.
- The introduction of the Assisted Decision-Making (Capacity) Act 2015.

Additional documents include:-

- Health Information and Quality Authority: National Standards for Residential Services for Children and Adults with Disabilities (2013).
- Department of Health: Towards a Restraint Free Environment in Nursing Homes (2011). *(There is no equivalent policy on the use of restrictive practices in disability services, and in the absence of such a policy, providers of services for people with disabilities are advised by HIQA to refer to the policy for nursing homes).*
- Health Information and Quality Authority: Supporting people's autonomy: a guidance document (2016).
- Health Information and Quality Authority: Guidance On Promoting A Care Environment That Is Free From Restrictive Practice – Older People's Services (2019).

6.0 THE ROLE OF THE HUMAN RIGHTS COMMITTEE (HRC)

The HRC's role is to ensure that due process and best practice has been followed in all cases where a person's rights, for whatever reason, are restricted. 'Due Process' means that an individual cannot be deprived of life, liberty, or property without notice and an opportunity to be heard. The Council on Quality & Leadership describes Due Process as 'the guaranteed opportunity to protest, to be heard, to be informed, to consent, and to have the determination to restrict rights made by an impartial jury.' 'Best Practice' in the case of restrictive practices means that the implementation of a restriction is necessary and is the best response to the current circumstances, and that all the steps taken in its implementation are required and compliant with SHS policy and legal obligations.

7.0 REASONS FOR RESTRICTIVE PRACTICES

Restrictive practices must only be implemented when a person requires it for their own protection, or the protection of others. The Department of Health document 'Towards a Restraint Free Environment in Nursing Homes' states that ***'Any potential episode of restraint must be considered only where there is clear evidence that the potential benefit of restraint to the individual person, and the risk involved if restraint is not used, outweigh the possible negative effects on the person subject to the restraint.'***

SHS has a duty of care for safety and fairness to all those using its services. Staff must use the least-restrictive option available, for the shortest amount of time necessary, and should assess the person being restricted to ensure the restriction is required. Assessments should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the use of restrictive practices. Restrictions must be in keeping with policy and law. Where possible, training for the person being restricted should be provided to give them new skills which may bring about a reduction or removal of the restriction.

It is important that people are supported to live meaningful lives, and part of a meaningful life involves an element of risk. A full risk assessment will identify where risks can be mitigated whilst still supporting the person to achieve the lifestyle of their choosing.

8.0 IDENTIFYING RESTRICTIVE PRACTICES

Clients are supported within SHS to help them achieve certain tasks or qualities of life, e.g. assistance with bathing. Supports are not restrictions and do not require to be notified to the HRC. However, the difference between 'supports' and 'restrictions' can be difficult to determine and sometimes is a matter of opinion or a judgement call. In general, any situation which would not be acceptable to a member of the public such as having others manage your money, would be considered a restriction. The HRC give each situation consideration and will make a decision based on the facts available to them. The HRC may class a particular situation as a restriction in one persons's life, and may not consider it a restriction in another person's life because of differing personal circumstances. The client's willingness to accept a situation is not the basis on whether to class something as a restrictive practice. Where there is doubt, it is best to err on the side of caution and complete a Rights Restriction Workflow for the HRC's consideration.

9.0 IMPLEMENTING RESTRICTIVE PRACTICES

When a client's rights are restricted, for whatever reason, staff involved in implementing the restriction must fill in an electronic Rights Restriction Workflow on CID (Client Information Database). This workflow explains the reason for the restriction, how it is being implemented, what the client would consider to be a positive outcome and a number of other details. The workflow is then forwarded to the Client Services Manager on the location for their approval. If approved, the Client Services Manager signs the workflow and forwards it to the HRC (HRC). All restrictive practices imposed on clients rights must come before the HRC.

Staff imposing a restrictive practice on a client should keep in mind the following: -

- No restrictions should be implemented unless staff have been authorised to do so by their Client Services Manager in consultation with their Senior Manager.
- Those making the decision to restrict a right must not be biased.
- Arguments for and against the restriction should be examined, and alternative less-restrictive options explored and tried where possible.
- A risk assessment should be carried out for situations where safety is involved, to evidence the need for the restriction. This risk assessment should be attached to the workflow.
- For restrictions involving behaviour, a positive behaviour support plan should be attached to the workflow.
- The client should be included in the implementation of the restriction and advised of the reason for it and what changes will lessen the restriction or end it.
- The client should have an opportunity to be heard and the assistance of a chosen family member, friend, staff member or professional independent advocate. The Assisted Decision-Making (Capacity) Act 2015 provides a statutory framework for

individuals to be assisted and supported in making decisions about their welfare and their property and affairs. Training in this Act is provided by an external organisation and it is highly recommended that staff undertake such training.

- The client (and/or their advocate) has the right to appeal any restrictive practice to staff and/or the HRC.
- The HRC should be informed of all relevant facts surrounding the restriction via the Rights Restriction Workflow. Staff should complete workflows with the presumption that the HRC know nothing about the client involved or the restrictive practice being implemented.
- The restriction will be time-limited and a strategy to reduce or eliminate the restriction should be worked towards where possible.

10.0 APPEALS PROCESS

The client and/or their advocate has the right to appeal any restrictive practice to staff and/or the HRC. Some clients may prefer to use the services of a professional independent advocate of their choice. How a client can avail of the services of an independent advocate should be discussed with their keyworker, and information on advocacy available in the client's Personal Profile folder.

Any client, and/or their family member/advocate (with client's permission), who is unhappy with a restrictive practice should firstly raise it at local level with staff or management on the location. If the situation cannot be resolved at local level, it should be referred to the HRC by the Client Services Manager. Alternatively, the client and/or their family member/advocate can write to The Chairperson, Human Rights Committee, c/o Sunbeam House Services, Southern Cross House, Southern Cross Business Park, Boghall Road, Bray, Co. Wicklow, A98 RH93. The HRC will consider such submissions and may arrange for the client and/or their family member/advocate to attend a HRC meeting for further discussion.

The appeals process is outlined in an easy-to-read booklet available from the Human Rights Committee.

11.0 ATTENDING HRC MEETINGS

All clients, and/or family members/advocate (with client's permission), are welcome to attend a Teams HRC meeting at any time by prior arrangement to discuss a restriction currently in place in the client's life.

The HRC Administrator will inform the CSM in advance of a restriction being examined by the HRC, and the CSM will invite the client and their keyworker to contribute to the discussion if they wish.

12.0 RESTRICTIVE PRACTICES AFFECTING MORE THAN ONE PERSON

Whereas the majority of restrictive practices will only affect one person, there may be situations where one person's restriction affects others by default. Equally there may be

situations where all attending a service or living in a home are restricted due to an environmental issue such as transport shortage or inaccessible roads. The Multiple Clients Restriction is to be used for any restriction that involves more than one person, but it is very important to keep in mind that a Multiple Clients Restriction can only be used when the restriction is the same for every person affected, and the management of the restriction is the same for every person affected. If there is a variation of the restriction or the management of the restriction, then a single person restriction should be completed. Guidance notes for single and multiple client restrictions are available from the HRC Administrator.

13.0 REVIEWING RESTRICTIVE PRACTICES

Some of the considerations which the HRC keep in mind when reviewing a restriction are:-

- Have they all the information they need to fully understand the restriction, including supporting documentation where required?
- Is the restriction necessary?
- Has the client been consulted and what are the client's wishes?
- Have alternatives been considered and tried where possible?
- Is the restriction as least restrictive as possible?
- Can training be provided to reduce the need for the restriction?
- What time limit should be put on the restriction?
- Does the person being restricted understand the restriction, why it is there and how it can be lessened or removed?
- Does the person being restricted know they have a right to appeal against this restriction (with support from an advocate if they so wish)?

Following such a discussion the HRC will do one or more of the following:-

- Agree that the restriction is necessary, i.e. recognise the restriction, but impose a time-limit, at which stage the restriction must be reviewed again. Every restriction which is recognized will be given a time-limit, the longest of which will not exceed one year.
- Make a recommendation.
- Request further information, following receipt of which they will then discuss the restriction again.
- Defer the restriction for discussion at Senior Management level.
- Disagree with the restriction, in which case discussions are required between the Senior Manager on the HRC and the Client Services Manager who signed off the workflow.
- Suggest that the client and their advocate may like to attend a HRC meeting to discuss the matter.
- Decide that the situation is not a restriction but a 'support need'.

14.0 SIGNIFICANT CHANGES IN A RESTRICTIVE PRACTICE

If there is a significant change regarding a particular restrictive practice, whether in its content or management, staff should inform the HRC by reviewing the Rights Restriction Workflow. Rights Restriction Workflows can be reviewed at any time of year, not just at renewal date.

15.0 REMOVING A RESTRICTIVE PRACTICE

If a restriction is to be removed or has already been removed, staff must review the Rights Restriction Workflow and forward it to the HRC advising of its removal.

16.0 RESTRICTIVE PRACTICES LOG

Each location should keep a Restrictive Practices Log which records all the restrictive practices that are in place in the location, including the date of their initial implementation.

17.0 STORAGE AND PRIVACY OF RIGHTS RESTRICTION WORKFLOWS

Rights Restriction Workflows remain on a client's record on the Client Information Database (CID) electronic system used in SHS. The workflows cannot be viewed by anyone apart from staff working directly with the client, the Senior Management team, members of the HRC and the ICT team.

18.0 STRUCTURE OF THE HRC

The HRC consists of both internal and external members, who meet on a monthly basis or more frequently if required, to review restrictive practices.

The HRC consists of a maximum of 10 people, to include:-

- Two SHS clients.
- One SHS staff.
- One SHS social worker.
- One SHS senior manager.
- One SHS client services manager.
- One SHS administrator.
- One medically-trained professional (either internal or external)
- Two external people.

The HRC will elect a Chairperson who will remain in office for a period of up to two years. The Chairperson can be re-elected for a second two year term with agreement, after which time a new Chairperson will be elected. The Chairperson may be an external person.

19.0 QUORUM FOR HRC MEETINGS

A meeting of the HRC will not proceed unless the following people are present:-

An SHS senior manager, an SHS administrator, a medically-trained professional (if reviewing medically-based workflows), plus one other HRC member.

20.0 IMPARTIAL DECISION-MAKING

The HRC will remain objective in their considerations of all restrictive practices. No member of the HRC who is directly involved with the implementation of a restrictive practice should be involved with the process of recommendation in respect of that restriction.

21.0 CONFIDENTIALITY

Apart from necessary interaction with those involved directly with a restrictive practice, all members of the HRC will maintain total confidentiality of restrictive practices that come to their attention.