



# Brothers of Charity Galway Human Rights Committee

Presentation to National Federation of Voluntary Bodies Wednesday  
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# Background

- First meeting July 2007
- Idea from organisation, importance of external representation, CQL
- Referrals from June 2008
- Human rights seminars in partnership with Amnesty (Training and Development department, followed by service users' council) and awareness raising about committee
- Policies and procedures developed by Committee (with senior management support) and put on website

# Composition

- 2 Service Users Council
- 4 external (legal background, parent's representative, retired consultant paediatrician, head of social work from local service provider)
- 4 internal (social work, training and development, psychology, advocacy co-ordinator)



# Referral Process

- Informal contact about referrals – clearly stated in policy that requirement to submit any rights restriction to HRC
- Human Rights Restriction Form submitted – reviewed by Committee
- Screening prior to HRC meeting to establish if case should be heard, or if more information required
- Formal notification to person who submitted form, local manager, sector manager, person whose right is restricted

# Procedure at Meetings

- External representative chairs meeting
- Present reasons for right being restricted
- Person subject to rights restriction (and support person(s)/advocate(s)) given opportunity to speak
- HRC ask questions about facts and alternative approaches, what has been done to remove restriction
- HRC reach decision and formally notify parties

# Types of restrictions

Rights restriction	Examples
Freedom of movement	Locked doors, access to garden/kitchen/road, alarm, seclusion, harness
Privacy	Cameras, supervision for users accused of abusive behaviour, staff entering home
Choice of where and with whom to live	Inappropriate/unsuitable living conditions, disputes between service users
Making decisions	Cigarettes, matches, not eating, refusing medication, helmet, risks (e.g. suicide)
Bodily integrity	Psychotropic medication, covert medication, blood protocol, washing
Appropriate support	Respite, appropriate housing, feeding



# Key figures

- June 2008 – June 2009 = 18 referrals
- June 2009 – May 2010 = 17 referral cases (some repeat referrals) 11 supported, 6 not supported
- June 2010 - December 2011= 23 ( some repeat referrals.
- Common to ask for review in 6 months (regardless of supported or not)
- All adult referrals to date
- One referral of a child

# Positive outcomes

- HRC seen as a support for staff, not a threat
- Staff often come to HRC with solutions or issues resolved before meeting
- Cultural change in organisation (e.g. cameras)
- Staff come to meetings with new referrals
- HRC visiting places where people live
- Impact on organisational decisions (e.g. when and where to move people)



# Learning

- Composition of Committee – recruit another external member and self advocate, parent representative
- Definition and understanding of what is a rights restriction
- Understanding the purpose of the HRC – not to resolve internal disputes which are not related to rights restrictions

# Challenges

- Lack of clarity on legal positions e.g. re capacity
- Participation of parents in HRC meetings?
- Resource issues and timeframes when removing rights restrictions (housing)
- Balancing rights (e.g. right to health v. right to make decisions, rights of service users v. staff/families)

# Future issues

- Comprehensive database
- Clarify procedures for referrals, meetings
- Sharing the learning (within and outside organisation)
- Regular awareness raising with staff, HRC holding meetings in places people live
- Some issues not being referred or seen as rights restrictions (e.g. relationships?)
- Reviewing and follow up on recommendations, requests for further information