



<b>Policy / Procedure Details</b>	Title:	<b>Rights of Adults and Children using Western Care Services</b>
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### ***Policy and Procedure Feedback Form***

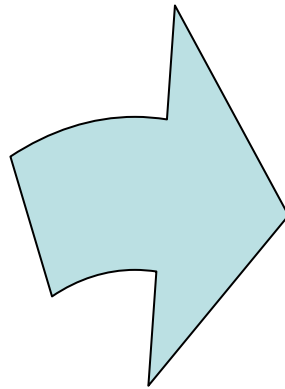
*A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.*

*Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.*

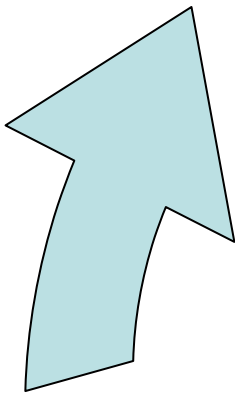
*All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.*

# 1. Supporting Rights

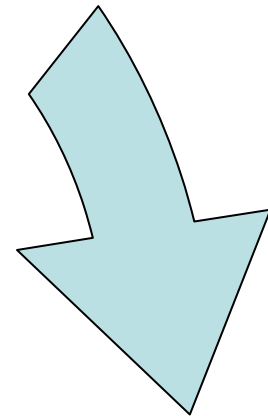
*Western Care  
Seeks to Uphold  
People's Rights in  
the Delivery of  
Services*



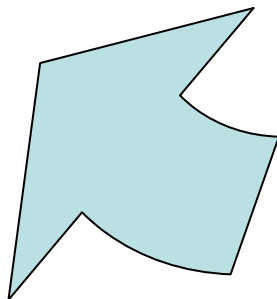
*Any Interference  
with Rights is a  
Restriction*



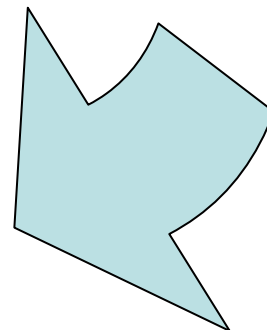
*Where a  
Restriction  
Remains in place  
it is forwarded to  
the Rights Review  
Committee who  
will advise and  
monitor the  
situation as  
required*



*Staff should  
always work to  
uphold Fair  
Treatment*



*A Right's  
Checklist helps  
Staff Identify and  
Remove  
Restrictions*



## 2. Policy

**All people have Rights. People are not given Rights. They have Rights naturally. People with Disabilities have the same Rights as everyone else.**

Western Care Association has been in existence for over forty years and during that time parents, friends and staff have advocated for the rights of people with disabilities in Mayo. Parents started this by advocating for services in their own county. Over the years, the organisation has moved to supporting people with disabilities, as decision makers and innovators. Western Care has moved in line with international best practice where services are moving from a medical based model to a social and human rights based model. With the introduction of person centred planning and the *Personal Outcome Measures* we have learned that people can be in control of their lives with the right type of support. Western Care has responded, and will continue to respond to the voice of change for Service Users and their families.

## 3. Rights

Three key documents provide guidance on how we should support people with rights issues. These are the Irish Constitution; the UN Declaration of Human Rights and the UN Convention on the Rights of People with Disabilities.

In 1937, the *Irish Constitution* was ratified. Articles 40 to 44, in particular describe the fundamental rights of all citizens in the areas of: personal rights, the family, education, private property and religion.

In 1948, the *UN Declaration of Human Rights* was agreed. Developed in the aftermath of the Second World War, it forms an international rights charter across 30 articles. It sets out “*the equal and inalienable rights of all members of the human family, as the foundation of freedom, justice and peace in the world*”.

In 2006, the *UN Convention on the Rights of People with Disabilities* was adopted by the UN General Assembly. It aims to promote, protect and ensure the full and equal enjoyment of all human rights by persons with disabilities. It covers a number of key areas such as accessibility, personal mobility, health, education, employment, rehabilitation, participation in political life, and equality and non-discrimination. Western Care Association works to uphold people’s rights as set out in the *UN Convention*. Accessible versions of the convention can be accessed on the Western Care Intranet Webpage.

## UN Convention on the Rights of People with Disabilities Convention

**Purpose:** To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”.

**Principles:**

1. Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices and independence of persons.
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of person with disability as part of human diversity and humanity
5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evolving capacities of children with disabilities and respect for the rights of children with disabilities to preserve their identities.

**Rights:**

1. Being Equal	18. Respect for home and the family
2. Women being Treated Equally	19. Right to education
3. Children being Treated Equally	20. Right to health
4. Accessible Information	21. Right to supportive and accessible services
5. Accessible Environments	22. Right to work
6. Right to life, liberty and security	23. Right to adequate standard of living
7. Equal recognition before the law	24. Right to participate in political and public life
8. Justice	25. Right to participation in cultural life.
9. Free and Safe	
10. Freedom from torture	
11. Not to be Abused	
12. Respect physical and mental integrity	
13. Freedom of movement and nationality	
14. Right to live in the community	
15. Freedom of movement in the community	
16. Right of expression and information	
17. Respect for privacy	

## 4. Restrictions

Restrictions of rights are actions by any individual interfere with an individual's autonomy, rights, activities or privacy.

Restriction of rights may include the following:

- Privacy, dignity and confidentiality
- Association with individuals of both genders
- Communication in private by mail and telephone
- Contact with family
- The Use of Physical Restraint
- The use of Psychotropic Medication – both on-going and PRN
- Restrictions for Medical Procedures.

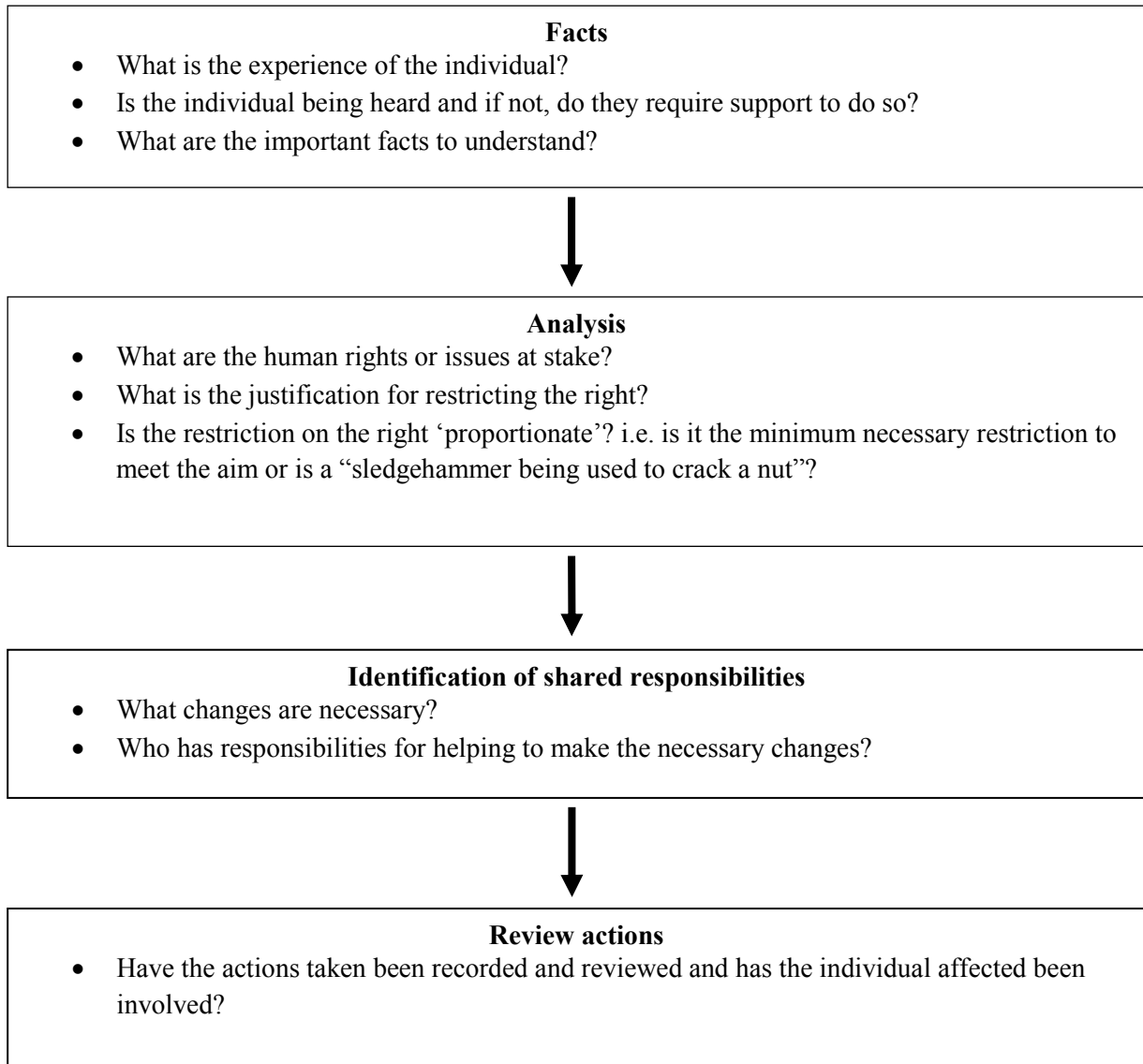
One of the most common times when a rights restriction is considered is when people are presenting with behaviours that concerns. This is defined in Western Care's policy "*Listening and responding to people who challenge and the Use of Restrictive Practice*" as:

*Behaviour of such intensity, frequency and duration that the physical safety of the person or others is placed or is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in the person being denied access to ordinary community facilities, services and experiences". (Emerson 1995).*

The policy provides a detailed framework for staff to follow to provide individualised support to people with behaviours that concern. Various specific tools are used to enable staff to use a Risk Management Framework to either complete a *Personal Risk Management Plan*, a *Behaviour Support Plan*, a *Physical Restraint Protocol* or *PRN protocol* as appropriate. Sometimes when completing one of these tools, staff in consultation with the person and their advocates decide that a rights restriction is required then a FAIR treatment process is required.

## 5. FAIR Treatment

The Scottish Human Rights Commission<sup>1</sup> developed the FAIR treatment approach that should be followed when any rights restriction is being considered. It asks that each of the following **F, A, I, R** treatment steps are followed:



Anytime a rights restriction is being considered, staff should review the proposed restriction under each of these headings. This will ensure that a fair and balanced approach is taken. A number of case studies are provided in Appendix 1 to further illustrate the application of the FAIR treatment approach.

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<sup>1</sup> <http://www.scottishhumanrights.com/careaboutrights/welcomepage>

## 6. Identifying Restrictions

Staff must use a rights checklist to monitor for any rights restrictions that are impinging on people's lives as a result of receiving Western Care services. An assessment of rights is carried out by the Named Staff of any person over 12 years receiving services from Western Care using the relevant *Rights Checklist*. Copies of these are included in Appendix. There are three versions, Adults (Appendix 2a), Young Person (2b), Child (2c). An accessible rights checklist is also included (Appendix 2d). This version of the checklist can be used as an educational tool as a way of explaining rights issues.

Staff are asked to carry out a rights assessment using the relevant checklist annually or sooner if any restriction is suspected or being considered as part of any support plan. If no restriction is found then the checklist is filed on the person's *IP folder* and reviewed annually or sooner as applicable. This information is recorded on the *Rights Checklist*. When completing a Rights Checklist, please note the following:

**Consent:** It is important to consult with the person's parents or advocate when completing the form. This is for three reasons. Firstly we need to clearly state that if restrictions are necessary then this is the process we follow to ensure fair treatment to the person's concerned. Secondly, if it is decided that a restriction is needed then we must obtain informed consent from the person AND their family. Finally, that as any remaining rights restriction must be reviewed by the rights committee, we must gain consent from the person and their family for the RRC to review their situation.

**Other services:** It is also important to check with any other Western Care services involved with the person to see if there are other restrictions required for other settings. Where possible, staff should arrange to complete one checklist that will incorporate restrictions that occur across a number of service settings.

**Restrictions Imposed by others:** There may be restrictions in the person's life that are put in place by other people or settings outside of Western Care services. The checklist will still be helpful to you to help identify these issues. However, a plan to remove or address these concerns will take a different path than those put in place by ourselves. This is because the organization does not have a mandate either through line management or its rights committee to remove restrictions imposed by others independent of the organization. The organization either through staff, line management or the rights committee can advocate on behalf of the person concerned if that would be helpful but the process to work towards removing the restriction will require on-going negotiation and problem solving at local level between those directly concerned.

**Avoid Literal Interpretation:** Where the form asks if the person can express preferences or make complaints, this does not have to be verbally or directly. Consider instead whether we know what the person's preference is and how we check to see if that is still the case. Also have we informed family members or advocates about the complaints procedure, etc.



Having identified a rights restriction, it is often the case that it can be removed through local problem solving with other staff and family members. If it is not possible to remove the restriction, then any restriction should only be in place after a Fair Treatment process has been carried out. This means that the Named Staff has worked closely with the person, their advocates and any other relevant people to:

- a. Identify what right or rights will be restricted.
- b. Identify why the restriction is necessary
- c. Identify what the person would gain or lose as a result of the restriction
- d. Provide evidence of what alternatives were considered
- e. Provide evidence of how informed consent for the restriction was obtained
- f. Identify how the need for the restriction can be kept under review.

All this information should be recorded on the *Rights Checklist* and the completed checklist is then forwarded by your line manager, who will forward it through the line management structure to the Executive Director. The Executive Director forwards the form to the Rights Review Committee (RRC). The committee will arrange to review the situation and offer feedback on whether the restriction can be upheld, amended or removed.

## **7. Informed Consent**

It is very important that *no restriction* is put in place without discussion and agreement with each person and their advocates. Association staff are required to ensure that family members are fully informed and indicate consent in writing to any restriction. This is often can be achieved through formally agreeing an approach and getting written consent through the *Personal Risk Management Plan* (PRMP). Where no family members are involved, staff should consider whether the Independent Advocacy Service could offer additional support to the person in this regard. Practice in this area will have to be revised once the “Assisted Decision-making” Bill is enacted.

## **8. Rights Review Committee (RRC)**

Western Care established a Rights Review Committee in 2004. Its terms of reference are to:

- *To promote and protect the rights of people using Western Care Association services through scrutiny, advice and guidance. In the conduct of its work, the Committee will make formal recommendations, both for the individual and for the organisation.*
- *The Rights Review Committee has an advocacy role, with the organisation, with respect to those individuals whose rights are being infringed and to whom the Rights Review Committee have become aware and involved.*
- *To provide an avenue for service users to address perceived restrictions in Western Care Association and promote fair treatment for people using services.*
- *To promote positive practices that assert the rights of people using services.*
- *To review data on incidents and complaints.*
- *To support organizational efforts to learn and improve its practice in the areas of Rights.*

The Rights Review Committee has approximately 12 members, most of whom are volunteer members of the community. Four staff members also sit on the committee. It meets on the last Thursday of each month. It conducts its business as follows:

1. *A case is forwarded for review when a completed rights checklist is received by Admin Support to the RRC.*
2. *An acknowledgement letter is sent to the staff concerned.*
3. *The case is placed on the RRC register and seen in order of date of referral.*
4. *A referral may be seen as a priority case without being placed on the waiting list if this is indicated by the Executive Director when the case is being forwarded to the committee.*
5. *The month before the case is to be reviewed, the staff referring the case will be contacted, to check that there is still consent for the RRC review and to establish who best to conduct the review, i.e. who to involve, where the meetings should take place, etc.*
6. *At the RRC meeting of that month, the case is assigned to two members of the committee to review. The review teams are made up of one staff and one community member. The staff member is responsible for contacting the staff concerned and setting up the review meetings at times suitable to all.*
7. *Prior to meeting with people, the interview pairs should prepare for the review by reading through the rights checklist together and note issues to be followed up in the meetings with people.*
8. *In every case, efforts should be made to gather three perspectives, that of the person themselves, their family and their support staff. Where possible, interview pairs should try to meet with the person, their family and staff on the same day.*
9. *In the meetings with people, the interview pairs will focus on the information contained in the checklist in order to explore the extent and causes of any rights restriction. The aim of the meetings is to try and understand why the restriction is necessary and whether alternatives have been considered.*
10. *It is helpful during these meetings to explore how things are going overall for the person concerned, their current health status and Individual Plan goals.*
11. *There may be situations where in the conduct of a rights case, the staff member undertaking the review may need to progress a concern through the line management of the organisation while at the same time continuing to process the information for the RRC to consider. These situations in the main would concern situations of protection and welfare. Where this situation arises, the staff member of the reviewing pair would contact the Chair of the committee to inform him in advance of any action being taken.*

12. *The interview pairs report to the Rights Review Committee at the next scheduled RRC meeting. The staff member of the review team should forward a short summary of their work to the Admin Support for the RRC so that a power point presentation can be prepared.*
13. *Once the RRC makes its recommendation, the Admin support records the feedback on the relevant part of the rights checklist and forwards this to the staff member of the interview pair so that feedback can be given to all those involved in the review.*
14. *In every case, the interview pairs will agree how to give feedback to the person, family and staff concerned. It is usually best to arrange to do this in person.*
15. *The staff member of the interview pair lets that Admin support know when the feedback has been provided so a final copy of the completed checklist can be forwarded to the relevant line managers and Main File.*
16. *Once the feedback is provided, the interview pairs are asked to return all their notes and confidential information for shredding. This can happen at the next scheduled meeting of the committee.*
17. *Some cases may require an organizational recommendation. This is formulated by the committee and recorded in the minutes. The Admin support then forwards the recommendation to the Executive Director and uploads a copy of the recommendation on the rights page of the Western Care intranet.*

## 9. Record Keeping

There are two sets of records involved in this policy. Firstly, an electronic record of rights restrictions is maintained on three fields in the *Service User Database*. The three fields are:

- Is there a Rights Restriction: *Yes* or *No*
- Date of Rights Checklist:
- Date of Rights Review Committee Recommendation:

In order to keep track of any restrictions, it is important that staff notify the service user database with the *Date of Rights Checklist* and if there is a rights restriction (*Yes* or *No*). The Named Staff should ask their Line Manager to forward this information by email to Records Management. A cc of the email should be sent to the RSM to inform them of the change.

When the Rights Review Committee review a case for the first time and on any subsequent occasion, the Admin Support to the Committee will update the field on the *Date of Rights Review Committee Recommendation* directly.

The second record is the Rights Checklist itself. Once completed, staff should maintain this on the person's IP folder. If it needs to be forwarded to the Committee, then a copy should be sent forward. When the committee has reviewed the case, it will complete the final part of the checklist. The Named staff will receive the completed checklist from the RRC member as part of their feedback. The Named staff should ensure completed checklist replaces the original checklist on the IP folder. They also ensure a new checklist is completed and filed in the same way as new issues emerge, are resolved or as part of the annual assessment of rights. Once feedback has been provided by the committee to the staff team, the RRC admin support forwards the completed checklist to main file.

For further information on the retention and archiving of rights checklists, refer to the Association's Record Management Procedure.

## 10. Appendices

### Appendix 1: Fair Treatment Case Studies

#### Behaviours of Concern

##### Facts

- What is the experience of the individual?
- Is the individual being heard and if not, do they require support to do so?
- What are the important facts to understand?

Mary is a 26 year old woman with a severe to profound intellectual disability. Mary lives in a group home with four other service users. Mary is confined to a wheelchair. Mary can say “yes” and “no” appropriately but is primarily non verbal. She has a lot of problems with her eyes, she is partially blind. Mary engages in self injurious behaviour where by she sticks her fingers in her eyes and rolls them around the eye socket. With this behaviour Mary is at risk of losing her eyes. Mary also engages in severe rocking in her chair and this behaviour is cause for concern because she is at risk of upturning her chair. Assessment information revealed that Mary engages in the eye poking behaviour when she is bored and the chair rocking behaviour when she does not know what is happening around her.

The agreed strategy for Mary’s eye poking behaviour, set out by the behaviour management team in Mary’s organization, is to put gloves on her – she cannot take off these gloves independently. Once Mary starts eye poking staff have been instructed to put on gloves. For her chair rocking behaviour the strategy is to wedge her chair in a corner of the room between the wall and an arm chair that is moored to the ground. If either of these behaviours escalate Mary can be given 6mg of Ativan PRN. Mary has a behaviour support plan.

##### Analysis

- What are the human rights or issues at stake?
- What is the justification for restricting the right?
- Is the restriction on the right ‘proportionate’? i.e. is it the minimum necessary restriction to meet the aim or is a “sledgehammer being used to crack a nut”?

**Article 17:** Protecting the integrity of Person – Any restraint is a direct interference with Mary’s personal space and freedom of movement. She is subject to chemical and two separate types of physical restraint.

**Article 19:** Living Independently – Mary does not have a choice of where and with whom to live.

**Article 21:** Freedom of expression and opinion – Mary has not been supported to develop a consistent and effective method of communication. Her lack of understanding the world around her causes her rocking behavior, which in turn leads to further restraint.

**Article 26:** Habilitation and Rehabilitation – Mary’s assessment indicated that her eye poking occurs when she is bored. The difficulty therefore seems to be more with the type of supports and intervention on offer to her each day as opposed to a problem caused by Mary herself.

Mary is not receiving effective supports to enable her to avoid serious complications with regard her eyesight. Without the provision of more individualized and responsive supports, the current regime is unlikely to have a positive outcome.

**Identification of shared responsibilities**

- What changes are necessary?
- Who has responsibilities for helping to make the necessary changes?

An individual planning process should be convened to include Mary, her advocates and her staff. This plan should clearly set out Mary's priorities and identify specific actions that can address these goals. This review should include a focus on whether her daily activities and choices are in keeping with her interests and preferences.

The aim should be to develop a schedule of activities to prevent Mary from being bored. The staff should also ensure that active communication systems are used so that Mary is supported to understand what is happening at all times and help to predict and control her day as much as possible.

The line manager should ensure that all instances of physical restraint are subject to critical review to ensure that they are only used as a last resort.

**Review actions**

- Have the actions taken been recorded and reviewed and has the individual affected been involved?

For example:

Has the number of incidents of use of physical restraint reduced?

Has Mary been supported to have a more individualized daily schedule?

Is there an effective communication system used to support Mary to know and predict what is happening next?

## Communication

### Facts

- What is the experience of the individual?
- Is the individual being heard and if not, do they require support to do so?
- What are the important facts to understand?

Anna is 22 years of age and lives with her parents. She has very limited mobility and uses a wheelchair. She has no verbal communication skills.

Anna has autism and has some difficulty interpreting the world around her. If she has a bad morning she is upset for the rest of the day. Anna can have at least 3-4 incidents a day. She may have a prolonged bad day where she screams constantly. Staff and Anna's parents struggle to understand what Anna is trying to communicate, especially on one of her bad days. She has had a full medical review and no underlying health issues were revealed. At a recent meeting, her parents were wondering whether Anna needs to start taking medication to help control her behavior. The staff are not sure whether to pursue such a referral at this time.

### Analysis

- What are the human rights or issues at stake?
- What is the justification for restricting the right?
- Is the restriction on the right 'proportionate'? i.e. is it the minimum necessary restriction to meet the aim or is a "sledgehammer being used to crack a nut"?

**Article 8:** Accessibility – Anna is unable to access the world around her and indicate her choices because she has not been supported to use a communication system.

**Article 26:** Habilitation and Rehabilitation – Anna has not been supported with assistive devices and technologies to support her full participation and inclusion.

This restriction is not justified and unless rectified it is likely that the problem will be further confounded by the prescription of medication which will not address the underlying problem of understanding what Anna is trying to communicate and how she would like to arrange her day.

**Identification of shared responsibilities**

- What changes are necessary?
- Who has responsibilities for helping to make the necessary changes?

Staff have a responsibility to explore all options to enable Anna to develop her communication skills. Every effort is needed to try and understand what Anna's daily stressors are and how these may be alleviated.

Progress will only be made by Anna, her staff and family working together to share their learning and agree how best to respond to Anna's current dissatisfaction.

**Review actions**

- Have the actions taken been recorded and reviewed and has the individual affected been involved?

For example:

- Has a full review of Anna's communication been undertaken?
- Has a full sensory assessment been undertaken?
- Has a full environmental assessment been undertaken to establish key stressors for Anna?
- Did Anna, her staff and family review the information and agree a plan of action?
- Is progress closely monitored and reviewed to ensure Anna is experiencing less stress and developing communicative competence.



## Locked Doors

### Facts

- What is the experience of the individual?
- Is the individual being heard and if not, do they require support to do so?
- What are the important facts to understand?

Tara comes into respite, usually once a week for an overnight stay. She is 20 years old. The rest of the week she lives with her grandparents. Tara has requires a lot of supervision when she is in respite because she has very limited awareness of safety and her grandparents have specifically asked staff to make sure the outside doors are always locked as they are worried she may run off. She did have an incident where she tried to run away a number of years ago and this is an area her grand-parents worry a lot about. A further difficulty is caused by Tara's lack of road sense, she has also dashed across the road a number of times. Staff are now increasingly worried about taking her out for walks. This also limits the activities that can happen for the others when Tara is in the house as staff feel more secure if two staff can accompany Tara on outings. This is not also possible due to staffing levels.

### Analysis

- What are the human rights or issues at stake?
- What is the justification for restricting the right?
- Is the restriction on the right 'proportionate'? i.e. is it the minimum necessary restriction to meet the aim or is a "sledgehammer being used to crack a nut"?

**Article 14:** Right to Liberty and Security of the Person - Tara is unable to freely move about as concerns for her safety have led her family and staff to restrict this right.

**Article 19:** Living Independently and being included in the community – Tara does not have road safety awareness and as a result is limited in accessing the community until times when a higher level of staffing is available.

Some level of restriction is needed to ensure Tara's safety. However, both of these restrictions are very limiting and unlikely to provide Tara with opportunities to develop her skills and independence so that these restrictions are no longer required.

**Identification of shared responsibilities**

- What changes are necessary?
- Who has responsibilities for helping to make the necessary changes?

The staff are responsible for helping Tara develop skills to maximize her independence. They are also responsible for ensuring she can access the community in keeping with her will and preferences. Both staff and family need to review the restrictions and establish what the specific risks are as the initial incident occurred some time ago. Staff should consider what supports Tara may need to learn about road safety awareness and utilize approaches such as Systematic Instruction to enhance her independence in this area.

Advocacy support for Tara would help ensure her preferences are listened to as both staff and family are concerned with their duty of care.

While an instruction programme is put in place to enhance Tara's skills, it may be possible to ensure she has free movement throughout the house itself and into the garden if possible.

Assistive technology options should also be explored by staff to establish how the door could be left opened with back up alarms to alert staff as long as Tara continues to require close support in order to remain safe.

**Review actions**

- Have the actions taken been recorded and reviewed and has the individual affected been involved?

For example:

Has Tara learnt road safety skills?

Was assistive technology considered in order to enhance Tara's independence and competence, while ensuring her safety?

Is the door still being locked? If yes, has this been formally agreed with Tara, an advocate and her family? Is the restriction subject to review?

## Appendix 2a: Adult Rights Checklist

### **Please read the following guidance as to how best to use this checklist:**

1. This form is designed to identify whether there are any rights restrictions present for people as a result of using Western Care services. This means anytime Western Care staff decide to restrict or limit a person's rights because of safety or other concerns then this document will help work through the steps that need to be put in place to ensure fair treatment for the person concerned.
2. The form should be completed by a named staff in consultation with their line manager. Occasionally another staff may be nominated to complete the form by their line manager, as named staff responsibilities may vary across services.
3. It is important to consult with the person's parents or advocate when completing the form. This is for three reasons. Firstly we need to clearly state that if restrictions are necessary then this is the process we follow to ensure fair treatment to the person's concerned. Secondly, if it is decided that a restriction is needed then we must obtain informed consent from the person AND their family. Finally, that as remaining rights restriction must be reviewed by the rights committee, we must gain consent from the person and their family for the RRC to review their situation.
4. It is also important to check with any other Western Care services involved with the person to see if there are other restrictions required for other settings. Where possible, staff should arrange to complete one checklist that will incorporate restrictions that occur across a number of service settings.
5. There may be restrictions in the person's life that are put in place by other people or settings outside of Western Care services. The checklist will still be helpful to you to help identify these issues. However, a plan to remove or address these concerns will take a different path than those put in place by ourselves. This is because the organization does not have a mandate either through line management or its rights committee to remove restrictions imposed by others independent of the organization. The organization either through staff, line management or the rights committee can advocate on behalf of the person concerned if that would be helpful but the process to work towards removing the restriction will require on-going negotiation and problem solving at local level between those directly concerned.
6. Avoid a literal interpretation of the questions. Where the form asks if the person can express preferences or make complaints, this does not have to be verbally or directly. Consider instead whether we know what the person's preference is and how we check to see if that is still the case. Also have we informed family members or advocates about the complaints procedure, etc.

7. When you complete the first part of the checklist, if there are no rights restrictions, then the form should be placed in the person's file and reviewed at least once a year or sooner if a rights issue is suspected. Anytime you complete or review the checklist, you can record this work on the person's database record.
8. Once a rights restriction is identified the first step is to try to remove that restriction if possible or appropriate.
9. If it is not possible to do so, then the remainder of the form should be completed.
10. The completed rights checklist is then forwarded by your line manager, who will forward it through the line management structure to the Executive Director.
11. The Executive Director forwards the form to the Chairperson of the RRC.
12. The form is then brought to the next RRC meeting and you will be contacted thereafter to take part in a RRC review of the issues involved.

Name of Person	Date	Person Completing Form

<b>No.</b>	<b>Positive Approaches</b>	<b>Yes</b>	<b>No</b>
1	Does this person receive any medications due to behavioural issues?		
2	Are their guidelines or strategies in place that prevents the person from doing activities that anyone else can do? (Unable to go into the community in certain situations)		
3	Does this person have a teaching or support programme in place that involves a consequence for a behavior? (ie something taken away or not done due to a behavior)		
	<b>Access to Personal Belongings</b>	<b>Yes</b>	<b>No</b>
4	Is the person able to obtain or keep their own possessions safe?		
5	Is anything locked up that this person has a right to access but is unable to do so?		
	<b>Access to Environment</b>	<b>Yes</b>	<b>No</b>
6	Can the person freely access all areas of their immediate environment?		
7	Are there locked areas in the buildings the person accesses regularly?		
8	If yes, do they have access to the key/code without asking staff?		
9	Is the person able to use appliances in the environment when they choose to?		
	<b>Diet Choices</b>	<b>Yes</b>	<b>No</b>
10	Is the person able to access food of their choice at all times?		
11	If no, have the restrictions been introduced under the guidance of a doctor or dietician?		
	<b>Health Treatment/Choices</b>	<b>Yes</b>	<b>No</b>
12	Does the person choose their own doctors and other medical professionals?		
13	Can the person access all necessary medical and healthcare services?		
14	Is this person required to undergo a medical procedure or treatment that the person does not want to follow or participate in?		
15	Does this person receive concealed medication?		
	<b>Budget and Money</b>	<b>Yes</b>	<b>No</b>
16	Is the person able to access their own money at any time?		
17	Does the person have input into their financial affairs?		
18	Is the person able to purchase items/services of their choice?		
	<b>Smoking</b>	<b>Yes</b>	<b>No</b>
19	Is the person prevented from smoking if they want?		
20	Is the person limited on how much or when they can smoke?		
	<b>Alcoholic Beverages</b>	<b>Yes</b>	<b>No</b>
21	Is the person able to drink or purchase alcoholic beverages if they wish?		
22	Is the person able to go into a bar or restaurant in bars if they wish?		
	<b>Freedom of Movement</b>	<b>Yes</b>	<b>No</b>
23	Is this person able to go where any other person can go, including access to and participation in their community?		
24	Does this person live in a home that is locked for their safety or that of others?		
25	If yes, can they access the key/code without asking staff?		
26	Does this person use a restraint that has not been prescribed individually for them?		
	<b>Social Opportunities</b>	<b>Yes</b>	<b>No</b>
27	Is the person able to use the phone in private when they wish?		
28	Is the person able to see visitors in private when they wish?		
29	Is the person able to visit friends when they wish?		

30	Is the person able to pursue intimate relationships if they wish to?		
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No.	Communication	Yes	No
31	If the person is not able to communicate verbally is there a strategy in place to support them to communicate?		
32	If the person has a communication aid/system, do they have access to this at all times?		
	<b>Daily Choice</b>	<b>Yes</b>	<b>No</b>
33	Does this person participate in meaningful daily activities including the opportunity to gain employment in keeping with their interests and preferences?		
34	Does the person have choice over where and with whom they live?		
35	Does this person participate in decisions over how a shared home will function?		
36	Does the person have a choice of what time they go to bed?		
37	Does the person have a choice of what time they get up in the morning, taking account of their daily commitments?		
38	Does the person have a choice over the clothing they wear?		
39	Does the person have a choice over when they eat their meals?		
40	Does the person have intimate care needs met in a manner that respects their privacy?		
41	Does the person have intimate care needs met in a manner in keeping with their personal preferences?		
	<b>Free from Abuse</b>	<b>Yes</b>	<b>No</b>
42	Is this person free from abuse, neglect and exploitation?		
43	Is this person able to make a complaint or report a grievance?		
	<b>Other Rights</b>	<b>Yes</b>	<b>No</b>
44	Are there any other rights restrictions in place for this person? Give Details Below		

*If you have not ticked any of the shaded boxes, please stop here and place this document on the person's file.*

**If you have ticked any of the shaded areas, then this person has a rights restriction, please continue with the document.**



Are there any rights restrictions that can be lifted immediately? Yes  No

If yes, then please complete the table below and forward this document to your line manager.

Restriction	Action to be Taken	Person Responsible	Time to be Completed



# Report of a Rights Restriction

Please complete this part of the form when you have identified a rights restriction that needs to stay in place. As part of ensuring Due Process for the person, please work through the questions below and forward the completed form to your line manager. The form will then be reviewed by the RRC, who will contact you to discuss the restriction further.

1. **What is the rights restriction?** Identify the rights that are being restricted and what type of action is being undertaken to restrict that right.

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2. **Why is it considered necessary?** Give reasons why it is necessary to restrict the person's rights in this way.

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3. **What will the person stand to lose or gain if this rights restriction is placed on them?** Outline the main benefits that the person will receive as result of this restriction. Also, outline the things that will miss out on as a result of this restriction.

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4. **What alternative approaches or solutions were attempted in this case prior to a restriction being implemented?** Consider the things that you have put in place to support the person up to this point and also consider if there are any other things you can do that you may not have thought about yet.

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5. **Has the person or their advocates given informed consent to this restriction?** Detail how informed consent was obtained. If an advocate has been involved, please state who and how they were involved in the process.

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6. **What is the review process around the restriction?** Agree how the restriction will be reviewed and what supports can be put in place in order to remove the restriction eventually if that is appropriate.

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*Psychotropic Medication Review*

This section should only be completed if the person is prescribed any psychotropic medications. These include medication prescribed by a general practitioner or psychiatrist. Please list below all psychotropic medication that is prescribed for the person

Medication	Dosage	Length of Time on Medication

**Does the medication restrict the person partaking in activities in everyday life due to sedative effect? If yes, what alternative medications have been explored?**

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**Is this medication reviewed on a quarterly basis with the prescribing practitioner? If no, how often is the medication reviewed?**

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Last Appointment.....Next Appointment.....

Has the potential side effects of the medication(s) been explained to the person and/or their guardian? **Yes**  **No**



## **Appendix 2b: Young Adults (16 to 18 Years)Rights Checklist**

### **Please read the following guidance as to how best to use this checklist:**

13. This form is designed to identify whether there are any rights restrictions present for people as a result of using Western Care services. This means anytime Western Care staff decide to restrict or limit a young person's rights because of safety or other concerns then this document will help work through the steps that need to be put in place to ensure fair treatment for the young person concerned.
14. The form should be completed by a named staff in consultation with their line manager. Occasionally another staff may be nominated to complete the form by their line manager, as named staff responsibilities may vary across services.
15. It is important to consult with the young person's parents or advocate when completing the form. This is for three reasons. Firstly we need to clearly state that if restrictions are necessary then this is the process we follow to ensure fair treatment to the young person's concerned. Secondly, if it is decided that a restriction is needed then we must obtain informed consent from the young person AND their family. Finally, that as remaining rights restriction must be reviewed by the rights committee, we must gain consent from the young person and their family for the RRC to review their situation.
16. It is also important to check with any other Western Care services involved with the young person to see if there are other restrictions required for other settings. Where possible, staff should arrange to complete one checklist that will incorporate restrictions that occur across a number of service settings.
17. There may be restrictions in the young person's life that are put in place by other people or settings outside of Western Care services. The checklist will still be helpful to you to help identify these issues. However, a plan to remove or address these concerns will take a different path than those put in place by ourselves. This is because the organization does not have a mandate either through line management or its rights committee to remove restrictions imposed by others independent of the organization. The organization either through staff, line management or the rights committee can advocate on behalf of the young person concerned if that would be helpful but the process to work towards removing the restriction will require on-going negotiation and problem solving at local level between those directly concerned.
18. Avoid a literal interpretation of the questions. Where the form asks if the young person can express preferences or make complaints, this does not have to be verbally or directly. Consider instead whether we know what the young person's preference is and how we check to see if that is still the case. Also have we informed family members or advocates about the complaints procedure, etc.
19. This form is designed to allow you to consider the rights restrictions that may be impacting the young person. You will note that in each case, there is an option to indicate that the restriction concerned is appropriate given the age of the person concerned, i.e. with regard to smoking or drinking. If applicable, please tick this box where appropriate and provide further information on this restriction in the

space provided on page 5.

20. When you complete the first part of the checklist, if there are no rights restrictions, then the form should be placed in the person's file and reviewed at least once a year or sooner if a rights issue is suspected. Anytime you complete or review the checklist, you can record this work on the young person's database record.
21. Once a rights restriction is identified the first step is to try to remove that restriction if possible or appropriate.
22. If it is not possible to do so, then the remainder of the form should be completed.
23. The completed rights checklist is then forwarded by your line manager, who will forward it through the line management structure to the Executive Director.
24. The Executive Director forwards the form to the Chairperson of the RRC.
25. The form is then brought to the next RRC meeting and you will be contacted thereafter to take part in a RRC review of the issues involved.

Name of Young Person	Date	Person Completing Form

<b>No.</b>	<b>Positive Approaches</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro.</b>
1	Does this young person receive any medications due to behavioural issues?			
2	Are their guidelines or strategies in place that prevents the young person from doing activities that anyone else can do? (Unable to go into the community in certain situations)			
3	Does this young person have a teaching or support programme in place that involves a consequence for a behavior? (ie something taken away or not done due to a behavior)			
	<b>Access to Personal Belongings</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro.</b>
4	Is the young person able to obtain or keep their own possessions safe?			
5	Is anything locked up that this young person has a right to access but is unable to do so?			
	<b>Access to Environment</b>	<b>Yes</b>	<b>No</b>	
6	Can the young person freely access all areas of their immediate environment?			
7	Are there locked areas in the buildings the young person accesses regularly?			
8	If yes, do they have access to the key/code without asking staff?			
9	Is the young person able to use appliances in the environment when they choose to?			
	<b>Diet Choices</b>	<b>Yes</b>	<b>No</b>	
10	Is the young person able to access food of their choice at all times?			
11	If no, have the restrictions been introduced under the guidance of a doctor or dietician?			
	<b>Health Treatment/Choices</b>	<b>Yes</b>	<b>No</b>	
12	Does the young person choose their own doctors and other medical professionals?			
13	Can the young person access all necessary medical and healthcare services?			
14	Is this young person required to undergo a medical procedure or treatment that the person does not want to follow or participate in?			
15	Does the young person receive concealed medication?			
	<b>Budget and Money</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro.</b>
16	Is the young person able to access their own money at any time?			
17	Does the young person have input into their financial affairs?			
18	Is the young person able to purchase items/services of their choice?			
	<b>Smoking</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro.</b>
19	Is the young person prevented from smoking if they want?			
20	Is the young person limited on how much or when they can smoke?			

	<b>Alcoholic Beverages</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro.</b>
21	Is the young person able to drink or purchase alcoholic beverages if they wish?			
22	Is the young person able to go into a bar or restaurant in bars if they wish			
	<b>Freedom of Movement</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro</b>
23	Is this young person able to go where any other person can go, including access to and participation in their community?			
24	Does this young person live in a home that is locked for their safety or that of others?			
25	If yes, can they access the key/code without asking staff?			
26	Does this young person use a restraint that has not been prescribed individually for them?			
	<b>Social Opportunities</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro</b>
27	Is the young person able to use the phone in private when they wish?			
28	Is the young person able to see visitors in private when they wish?			
29	Is the young person able to visit friends when they wish?			
30	Is the young person able to pursue intimate relationships if they wish to?			

	<b>Communication</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro</b>
31	If the young person is not able to communicate verbally is there a strategy in place to support them to communicate?			
32	If the young person has a communication aid/system, do they have access to this at all times?			
	<b>Daily Choice</b>	<b>Yes</b>	<b>No</b>	<b>Age Appro</b>
33	Does this young person participate in meaningful daily activities including the opportunity to gain employment in keeping with their interests and preferences?			
34	Does the young person have choice over where and with whom they live?			
35	Does this young person participate in decisions over how a shared home will function?			
36	Does the young person have a choice of what time they go to bed?			
37	Does the young person have a choice of what time they get up in the morning, taking account of their daily commitments?			
38	Does the young person have a choice over the clothing they wear?			
39	Does the young person have a choice over when they eat their meals?			
40	Does the young person have intimate care needs met in a manner that respects their privacy?			
41	Does the young person have intimate care needs met in a manner in keeping with their personal preferences?			



<b>Free from Abuse</b>		<b>Yes</b>	<b>No</b>	<b>Age Appro</b>
42	Is this young person free from abuse, neglect and exploitation?			
43	Is this young person able to make a complaint or report a grievance?			
<b>Other Rights</b>		<b>Yes</b>	<b>No</b>	
44	Are there any other rights restrictions in place for this person? Give Details Below			
If you have ticked any rights restrictions that you feel are age appropriate, please provide details of each below:				

*If you have not ticked any of the shaded boxes, please stop here and place this document on the person's file.*

**If you have ticked any of the shaded areas, then this person has a rights restriction, please continue with the document.**



Are there any rights restrictions that can be lifted immediately? Yes  No

If yes, then please complete the table below and forward this document to your line manager.

Restriction	Action to be Taken	Person Responsible	Time to be Completed

## Report of a Rights Restriction

*Please complete this part of the form when you have identified a rights restriction that needs to stay in place. As part of ensuring Due Process for the person, please work through the questions below and forward the completed form to your line manager. The form will then be reviewed by the RRC, who will contact you to discuss the restriction further.*

1. **What is the rights restriction?** Identify the rights that are being restricted and what type of action is being undertaken to restrict that right.

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2. **Why is it considered necessary?** Give reasons why it is necessary to restrict the young person's rights in this way.

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3. **What will the young person stand to lose or gain if this rights restriction is placed on them?** Outline the main benefits that the person will receive as result of this restriction. Also, outline the things that will miss out on as a result of this restriction.

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4. **What alternative approaches or solutions were attempted in this case prior to a restriction being implemented?** Consider the things that you have put in place to support the young person up to this point and also consider if there are any other things you can do that you may not have thought about yet.

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5. **Has the young person or their advocates given informed consent to this restriction?** Detail how informed consent was obtained. If an advocate has been involved, please state who and how they were involved in the process.

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6. **What is the review process around the restriction?** Agree how the restriction will be reviewed and what supports can be put in place in order to remove the restriction eventually if that is appropriate.

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**Psychotropic Medication Review**

This section should only be completed if the young person is prescribed any psychotropic medications. These include medication prescribed by a general practitioner or psychiatrist. Please list below all psychotropic medication that is prescribed.

Medication	Dosage	Length of Time on Medication

**Does the medication restrict the young person partaking in activities in everyday life due to sedative effect? If yes, what alternative medications have been explored?**

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**Is this medication reviewed on a quarterly basis with the prescribing practitioner? If no, how often is the medication reviewed?**

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Last Appointment.....Next Appointment.....

Has the potential side effects of the medication(s) been explained to the young person and/or their guardian? **Yes**  **No**



## Appendix 2c: Children (12 to 16 Years) Rights Checklist

### **Please read the following guidance as to how best to use this checklist:**

26. This form is designed to identify whether there are any rights restrictions present for children as a result of using Western Care services. This means anytime Western Care staff decide to restrict or limit a child's rights because of safety or other concerns then this document will help work through the steps that need to be put in place to ensure fair treatment for the child concerned.
27. The form should be completed by a named staff in consultation with their line manager. Occasionally another staff may be nominated to complete the form by their line manager, as named staff responsibilities may vary across services.
28. It is important to consult with the child's parents or advocate when completing the form. This is for three reasons. Firstly we need to clearly state that if restrictions are necessary then this is the process we follow to ensure fair treatment to the child concerned. Secondly, if it is decided that a restriction is needed then we must obtain informed consent from the child AND their family. Finally, that as remaining rights restriction must be reviewed by the rights committee, we must gain consent from the child and their family for the RRC to review their situation.
29. It is also important to check with any other Western Care services involved with the child to see if there are other restrictions required for other settings. Where possible, staff should arrange to complete one checklist that will incorporate restrictions that occur across a number of service settings.
30. There may be restrictions in the child's life that are put in place by other people or settings outside of Western Care services. The checklist will still be helpful to you to help identify these issues. However, a plan to remove or address these concerns will take a different path than those put in place by ourselves. This is because the organization does not have a mandate either through line management or its rights committee to remove restrictions imposed by others independent of the organization. The organization either through staff, line management or the rights committee can advocate on behalf of the child concerned if that would be helpful but the process to work towards removing the restriction will require on-going negotiation and problem solving at local level between those directly concerned.
31. Avoid a literal interpretation of the questions. Where the form asks if the child can express preferences or make complaints, this does not have to be verbally or directly. Consider instead whether we know what the child's preference is and how we check to see if that is still the case. Also have we informed family members or advocates about the complaints procedure, etc.
32. This form is designed to allow you to consider the rights restrictions that may be impacting the child. You will note that occasionally there will be rules around access to certain items or activities given the child's age. In this case, you are asked to describe the rule in question so that you will be prompted to review whether it is necessary and effective.



33. When you complete the first part of the checklist, if there are no rights restrictions, then the form should be placed in the child's file and reviewed at least once a year or sooner if a rights issue is suspected. Anytime you complete or review the checklist, you can record this work on the child's database record.
34. Once a rights restriction is identified the first step is to try to remove that restriction if possible or appropriate.
35. If it is not possible to do so, then the remainder of the form should be completed.
36. The completed rights checklist is then forwarded by your line manager, who will forward it through the line management structure to the Executive Director.
37. The Executive Director forwards the form to the Chairperson of the RRC.
38. The form is then brought to the next RRC meeting and you will be contacted thereafter to take part in a RRC review of the issues involved.

Name of Child/Youth	Date	Person Completing Form

<b>No.</b>	<b>Positive Approaches</b>	<b>Yes</b>	<b>No</b>
1	Does this child or young person receive any medications due to behavioural issues?		
2	Are their guidelines or strategies in place that prevents the child/youth from doing activities in keeping with the expectations for their age? (Unable to participate in child/youth activities in the community)		
3	Does this child/youth have a teaching or support programme in place that involves a consequence for a behavior? (ie something taken away or not done due to a behavior)		
<b>Health Treatment/Choices</b>		<b>Yes</b>	<b>No</b>
4	Can the child/youth access all necessary medical and healthcare services?		
5	Is this child/youth required to undergo a medical procedure or treatment that they don't want to follow or participate in?		
<b>Access to Personal Belongings</b>		<b>Yes</b>	<b>No</b>
6	Is the child/youth able to obtain or keep their own possessions safe?		
7	Is anything locked up that this child or youth has a right to access but is unable to do so?		
8	<b><i>If there are rules limiting access to the child's/youth's belongings, please outlines these and the reasons why:</i></b>		
<b>Access to Environment</b>		<b>Yes</b>	<b>No</b>
9	Is the child/youth able to use appliances in the environment when they choose to, in keeping with the expectations for their age?		
10	Can the child/youth person freely access all areas of their immediate environment?		
11	Are there locked areas in the buildings the child/youth accesses regularly?		
12	If yes, do they have access to the key/code without asking staff?		
13	<b><i>If there are rules limiting access to any part of the child/youth regular environments, please outlines these and the reasons why:</i></b>		
<b>Diet Choices</b>		<b>Yes</b>	<b>No</b>
14	Is the child/youth able to access food of their choice at all times?		
15	If no, have the restrictions been introduced under the guidance of a doctor or dietician?		
16	<b><i>If there are rules around limiting access to food, please outline these and the reasons why:</i></b>		

<b>Money</b>		<b>Yes</b>	<b>No</b>
17	Is the child/youth able to access spending money in keeping with the expectations for their age?		
<b>18</b>	<b><i>If there are rules around limiting access to spending money, please outline these and the reasons why:</i></b>		
<b>Freedom of Movement</b>		<b>Yes</b>	<b>No</b>
19	Is this child/youth able to access and participate in the community in keeping with the expectation for their age?		
20	Does this child/youth use a restraint that has not been prescribed individually for them?		
21	Does this child/youth live in a home that is locked for their safety or that of others?		
22	If yes, can they access the key/code without asking staff?		
<b>23</b>	<b><i>If there are rules around limiting the child/youth freedom of movement, please state these here and the reasons why:</i></b>		
<b>Social Opportunities</b>		<b>Yes</b>	<b>No</b>
24	Is the child/youth able to use the phone in private when they wish?		
25	Is the child/youth able to see visitors in private when they wish?		
26	Is the child/youth able to visit friends when they wish?		
27	Is the child/youth able to pursue intimate relationships if they wish to?		
<b>28</b>	<b><i>If there are rules around limiting the child/youth in this area, please state these here and the reasons why:</i></b>		

<b>Communication</b>		<b>Yes</b>	<b>No</b>
29	If the child/youth is not able to communicate verbally is there a strategy in place to support them to communicate?		
30	If the child/youth has a communication aid/system, do they have access to this at all times?		
<b>Daily Choice</b>		<b>Yes</b>	<b>No</b>
31	Does this child/youth participate in meaningful daily and educational opportunities, including formal education as appropriate?		
32	Does the child/youth have intimate care needs met in a manner that respects their privacy?		
33	Does the child/youth have intimate care needs met in a manner in keeping with their personal preferences?		
34	Does the child/youth have a choice of what time they go to bed?		
35	Does the child/youth have a choice of what time they get up in the morning, taking account of their daily commitments?		
36	Does the child/youth have a choice over the clothing they wear?		
37	Does the child or youth have a choice over when they eat their meals?		

38	<b><i>If there are rules limiting daily choice, please outline these and the reasons why:</i></b>		
	<b>Free from Abuse</b>	<b>Yes</b>	<b>No</b>
39	Is this child/youth free from abuse, neglect and exploitation?		
40	Is this child/youth able to make a complaint or report a grievance?		
	<b>Other Rights</b>	<b>Yes</b>	<b>No</b>
41	Are there any other rights restrictions in place for this child/youth? Give Details Below		
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*If you have not ticked any of the shaded boxes, please stop here and place this document on the child/youth's file.*

If you have ticked any of the shaded areas, then this child/youth has a rights restriction, please continue with the document.

Are there any restrictions listed that are specifically caused by a restriction placed on someone else? (Cupboards locked because of some else's dietary restrictions). Please state below what is in place to prevent the restriction impacting on this child/youth.

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Are there any rights restrictions that can be lifted immediately? Yes  No

If yes, then please complete the table below and forward this document to your line manager.

Restriction	Action to be Taken	Person Responsible	Time to be Completed

# Report of a Rights Restriction

Please complete this part of the form when you have identified a rights restriction that needs to stay in place. As part of ensuring Due Process for the child, please work through the questions below and forward the completed form to your line manager. The form will then be reviewed by the RRC, who will contact you to discuss the restriction further.

1. **What is the rights restriction?** Identify the rights that are being restricted and what type of action is being undertaken to restrict that right.

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2. **Why is it considered necessary?** Give reasons why it is necessary to restrict the child's rights in this way.

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3. **What will the child/youth stand to lose or gain if this rights restriction is placed on them?** Outline the main benefits that the child will receive as result of this restriction. Also, outline the things that they will miss out on as a result of this restriction.

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4. **What alternative approaches or solutions were attempted in this case prior to a restriction being implemented?** Consider the things that you have put in place to support the child up to this point and also consider if there are any other things you can do that you may not have thought about yet.

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5. **Has the child and their advocates given informed consent to this restriction?** Detail how informed consent was obtained. If an advocate has been involved, please state who and how they were involved in the process.

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6. **What is the review process around the restriction?** Agree how the restriction will be reviewed and what supports can be put in place in order to remove the restriction eventually if that is appropriate.

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*Psychotropic Medication Review*

This section should only be completed if the child is prescribed any psychotropic medications. These include medication prescribed by a general practitioner or psychiatrist.

Please list below all psychotropic medication that is prescribed for the person

Medication	Dosage	Length of Time on Medication

Does the medication restrict the child partaking in activities in everyday life due to sedative effect? If yes, what alternative medications have been explored?

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Is this medication reviewed on a quarterly basis with the prescribing practitioner? If no, how often is the medication reviewed?

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Last Appointment.....Next Appointment.....

Has the potential side effects of the medication(s) been explained to the child/youth and their guardian? **Yes**  **No**





# Accessible Rights Checklist

## Appendix 2d:

*Money: Can you use your money for what you want and when you want?*



*Can I access money*

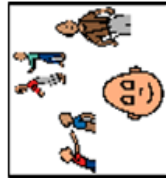


*Can I decide how to use my money*

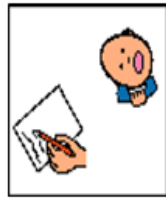


*Can I buy things*

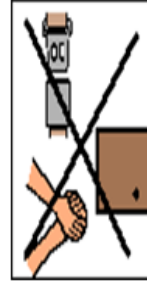
*Other Rights Problems: Do you have worries about the following?*



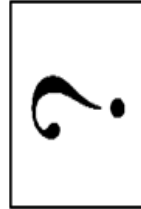
*Am I safe from abuse*



*Can I complain*

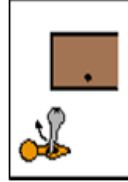


*Am I physically restrained or given time out*



*Do you have any other rights problems*

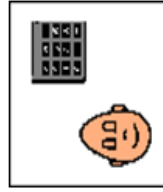
*Free Access: Are there rules about what you can use and where you can go?*



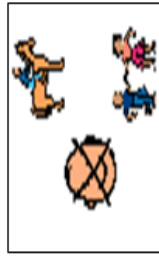
*Are there Locked Doors*



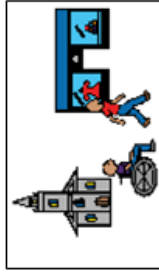
*Do I have Key To House*



*Can I Access any Code*

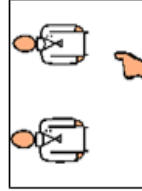


*Can I go out?*

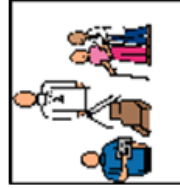


*Access to Community*

*Health: Do you have free choice with your healthcare?*



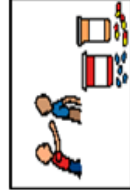
*Can I choose my Doctor*



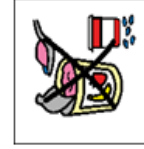
*Can I Choose other ?*



*Do I consent to medical treatment*

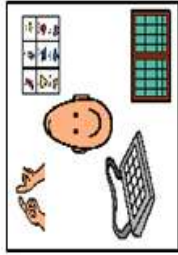


*Do I take Medication for Behaviour*



*I consent to Take Medication*

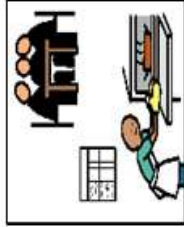
*Daily Choices: Are there rules that restrict your choices in any of the following?*



*The Way You Communicate*



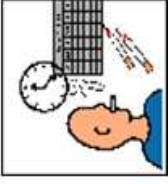
*Where and with Whom I live*



*How I Share My Home*



*Am I allowed to smoke*



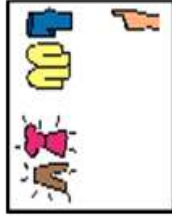
*Am I restricted from smoking*



*When I go to bed*



*When I get up*



*What I wear*



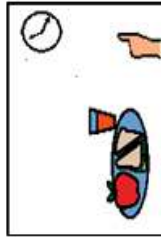
*Am I allowed to buy a drink*



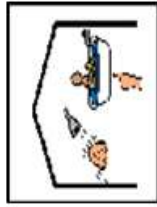
*Keeping possessions safe*



*Can I access appliances*



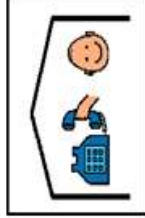
*When I eat*



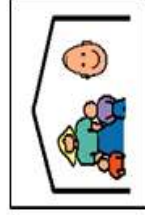
*How I get help with Intimate care.*



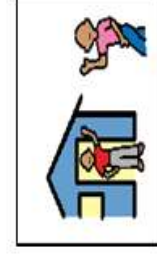
*What I eat*



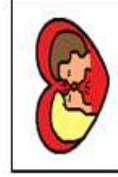
*Can you talk to people in private*



*Can I spend time with visitors in private*



*Can I visit friends*



*Can I have relationships?*