

Saint John of God Kerry Services

Hospitality - Compassion - Respect

33

Restraint Reduction Policy

Title: Restraint Reduction Policy

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Approved By: PPP Group

Saint John of God Kerry Services

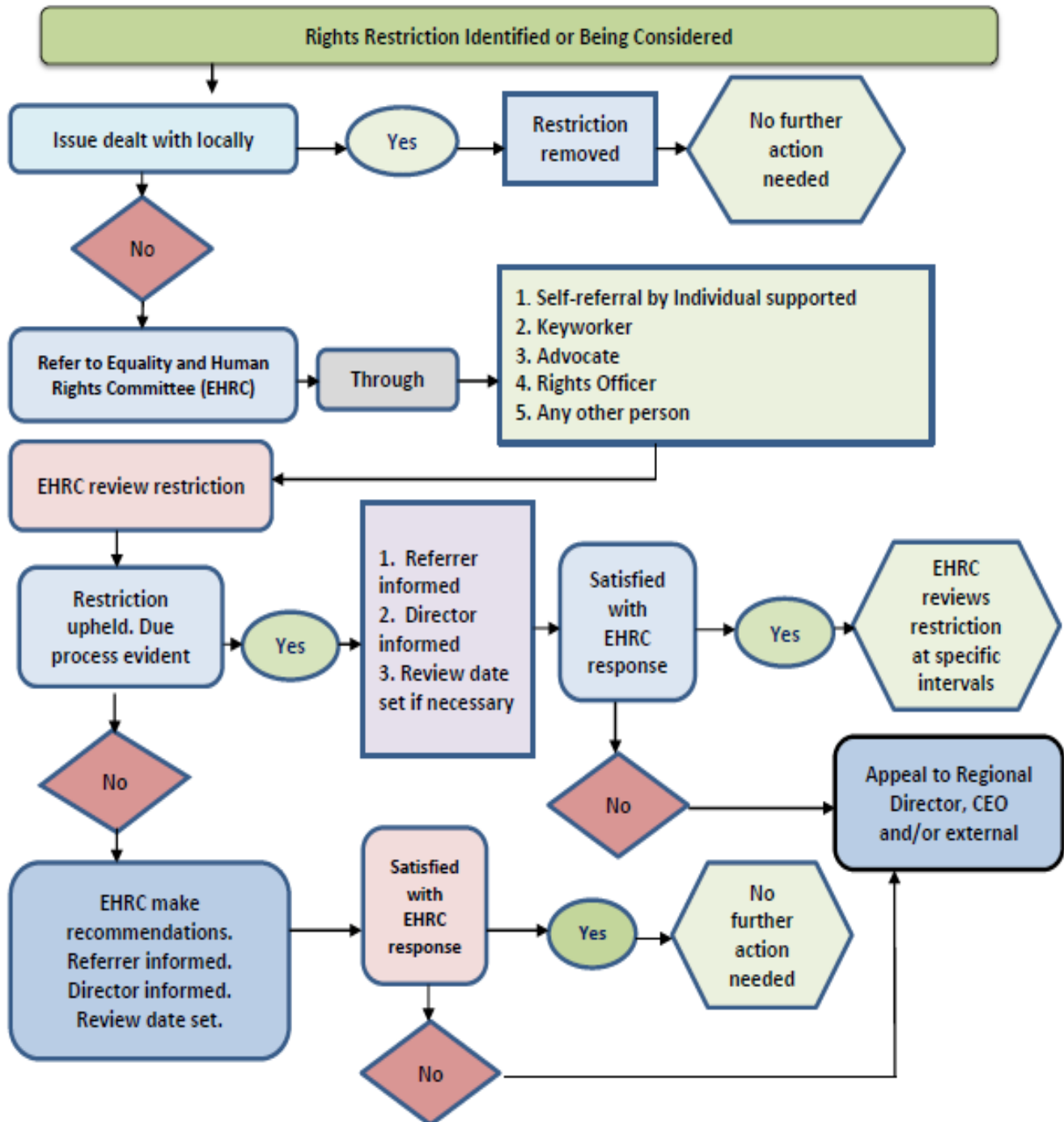
Introduction

Saint John of God Kerry Services provides a range of services to both children and adults in day, residential and respite services. Saint John of God Kerry Services is committed to reducing restraint for individuals supported throughout the service. The principles underpinning this procedure seek to ensure that each individual we support is as 'free' in their choices, movement and activities as they wish to (and can) be, while ensuring that the imminent risk of harm, (physical, psychological, emotional) is considered, managed and prevented (as far as is reasonably practicable) without the need to use restraint.

Saint John of God Kerry Services is committed to ensuring this within a Human Rights Based Approach (HRBA), to this end all restraints (and restrictive practices) must be notified to and collated by the Local Human Rights Committees in each service. This policy needs to be read in conjunction with the National Policy SJOGCS Restraint Reduction Policy No 16.

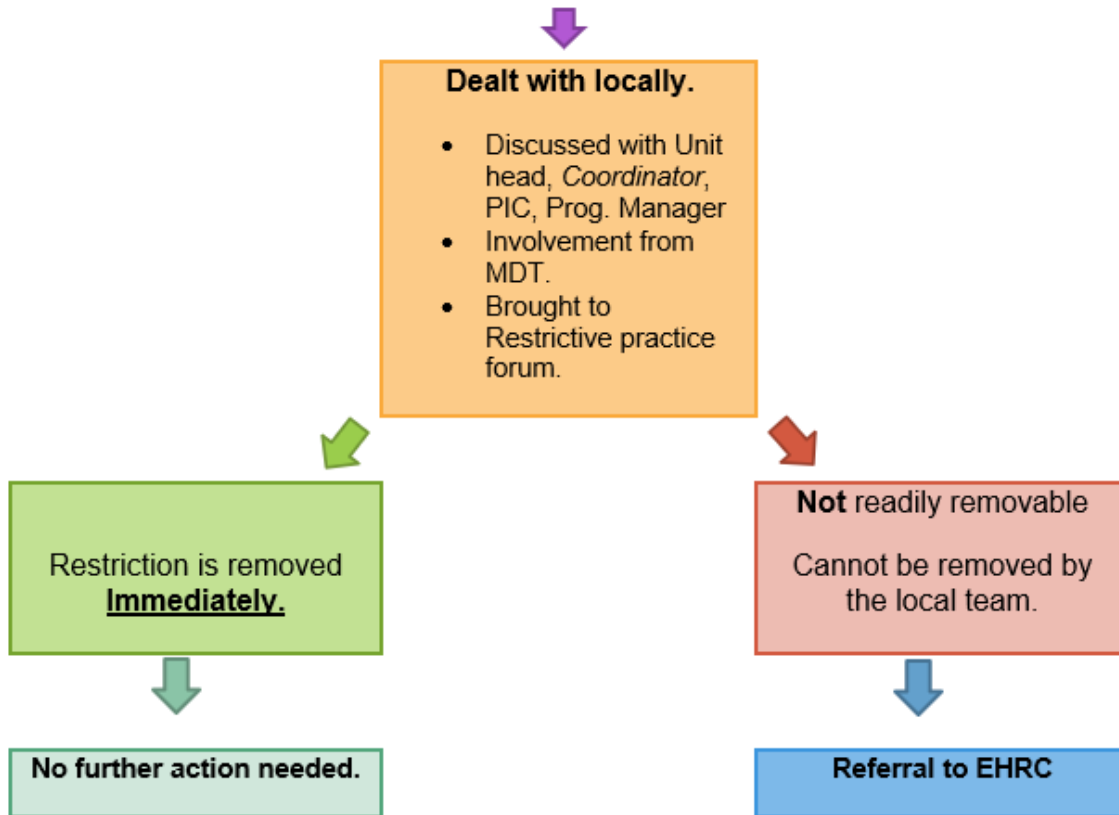
Below outlines the procedure to be followed within Kerry Services when accessing the local Human Rights Committee.

Please note that the following is the referral process for submission to the committee:



Rights restriction Identified or being considered.

This is discussed with the local team, MDT and managers of the area.



Referral to EHRC



Referral

If you have human rights issue you can ask for it to be reviewed by the Equality and Human Rights Committee. This is called due process.

EQUALITY AND HUMAN RIGHTS COMMITTEE MOBILES rights.referralskerry@sjog.ie

NAME					NOTES
Admin			0873470256		Committee admin M. Wharton
Tracey	CARROLL		087 2792740		
Sinead	KELLY		0870604982		
			064 6624108/087 249 2847		
Caryn	ALMGRENGLEASON	285	087 2859904		
Emma	POTTER	250	0873820692		
Catriona	MURPHY		0874357587		
Kelley	BURKE		0879616297		
Sarah	WHARTON				

You can do this by:

Video/Audio
Phone Call/
Text Message
E-mail
Letter
In-person

You can ask for a review of your Human Rights Issue. Your keyworker or someone who supports you can help you to ask for this review. You have the right not to give your name to the committee. You also have the right to go to the committee in person and talk to them about your Human Rights referral.

Who?

Can be done by Self, Key Worker, Advocate, Rights officer, any other [person](#)

How?

There is a EHRC Referral [form](#) but the referral can be submitted through Video/Audio, Phone Call/ Text Message, E-mail, Letter or In-person

Supporting documentation?

For Example: PRN Protocol, OT/Physio/Psychiatrist prescription, Rights Restoration Plans, Behaviour Support Plans, Restraint Log, Will and Preference



When completing the referral – ensure as much detail as possible is given.
Most common pieces not being filled/ attached

- PRN Protocol
- OT/Physio/Psychiatrist prescription
- Rights Restoration Plans
- Behaviour Support Plans
- Restraint Log
- Will and Preference



The person should be supported to participate in the process.
– through the preferred communication of the individual.
For example some people have presented their own referral at the committee meeting.



Reviewed referral
with Unit head, coordinator, PIC, or Prog. Manager before sending.



Referral to HRC
to be sent by Unit head, coordinator, PIC, or Prog. Manager.

Appendix 1

Referral Form

For use by Equality and Human Rights Committee only

Referral Number	Date received

How to ask for a Human Rights Issue to be Reviewed.

Review My Human Rights Issue

If you have a human rights issue you can ask for it to be reviewed by the Equality and Human Rights Committee. This is called due process.

You can do this by:

Video/Audio

Phone Call/

Text Message

E-mail

Letter

You can ask for a review of your Human Rights Issue. Your keyworker or someone who supports you can help you to ask for this review. You have the right not to give your name to the committee. You also have the right to go to the committee in person and talk to them about your Human Rights issue.

Do you want to give your name to the Equality and Human Rights Committee at this time?

Yes / No

All discussions by the Equality and Human Rights Committee remain confidential to the Equality and Human Rights Committee and the Regional Director or his/her deputy in his/her absence.

This is what you will need to share with the Equality and Human Rights Committee to help them review your Human Rights Issue.

Your Name (or just the first letter of your first and last name) (Name of Individual affected):	
Name of person supporting you:	
Your Contact details: (Address & phone number of Individual affected)	
Name of person supporting you	

What is the rights issue/restriction you want to talk about?	
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<p>How does the rights issue affect your life?</p>	
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Determining Due Process

Please complete this form including as much detail as possible.

1 Good Reason	<p>Why are your rights being restricted at this time? (Are there risks of harm to you or somebody else?) Is there a risk assessment – if so, please attach.)</p> <ul style="list-style-type: none"> • • • •
2 Least restrictive	<p>How does this Human Right Issue limit you or stop you from doing something? Has another way been tried?</p> <ul style="list-style-type: none"> • • •

3 Plan in place	Tell us about the plan to give you back your human right(s)? <ul style="list-style-type: none"> • • • •
4 Reviewed regularly	Who reviews this Human Right issue with you? When was the last time this person talked to you about this human rights issue? <ul style="list-style-type: none"> • • • • •
5 Consent and decision making of Individual	Have you given informed Consent for this Human Right to be restricted? Describe how you were supported to make this decision. <ul style="list-style-type: none"> • • • • •

How long has this Human Rights Issue / restriction been an issue for you?		
What would you like to see happen? What do you think should happen now?	<ul style="list-style-type: none"> • • • • • • 	

How will this help you?	<ul style="list-style-type: none"> • • • • • • 			
Is your family member/friend/advocate helping you with this?				
If not, would you like your family member/friend/advocate to help you with this?				
Is there anything else you think is important for us to know?	<ul style="list-style-type: none"> • • • • • 			
Can the EHRC make contact with you and also ask your permission to talk with other people involved if we need more Information before we can let you know what we think.			<div>Yes</div>	<div>No</div>

Sign: _____
Individual seeking a rights review

Date: _____

Sign: _____
Person supporting

Date: _____

Relationship to Individual restricted: _____

Please include any additional information which you feel is relevant to this referral.

Appendix 2
Accessible information and Consent Form for Referral

If you would like the Human Rights Committee to look at something you are not allowed to do, or are being made to do, we need you to fill this form in.

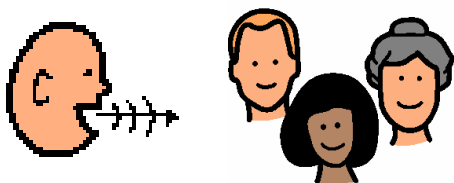
	<p>You have Rights.</p>
	<p>The Human Rights Committee needs to find out information</p>
	<p>... about something you are not allowed to do or something you are being made to do.</p>



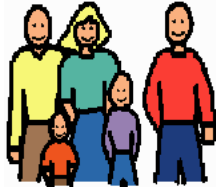
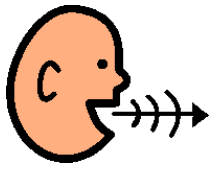
To do this we need to ask you some questions. We need to talk to you about this issue.



Can we read your files please?



Can we talk to staff about you and this issue please?



Can we talk to your family about you and what you are not allowed to do or are being made to do?



Do you understand why we want to do this?



You are not allowed to do some things or are being made to do some things. This is called a restriction.






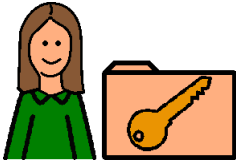


We need information to help us decide if this restriction is fair or not fair.



You can talk to your key worker about this.

Decide if you want to share this information with us.



  <input data-bbox="509 920 641 1050" type="checkbox"/>  <input data-bbox="509 1137 641 1267" type="checkbox"/>	<p>You can ask questions.</p> <p>You can choose if you want to share this information.</p> <p>If you say YES, put a tick in this box.</p> <p>If you say No, put a tick in this box.</p>
	<p>Your Key Worker must write their name:</p>
 	<p>You must write your name:</p> <hr/> <p>Today's date:</p>



Appendix 3

Rights Review Committee Referral Process

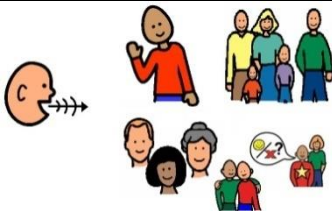


You can make a referral to the Chairperson of the Rights Review Committee.

So can your staff or advocate.



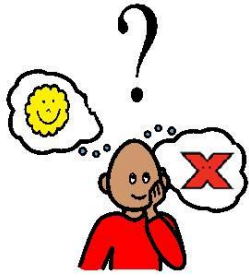
The Chairperson asks a person to find out more information. This person is the Information Gatherer.



The Information Gatherer will speak to you and important people in your life.



The referral is discussed at a Rights Review Committee meeting.



A decision is made to
To do
Try something else
Review everything talked about



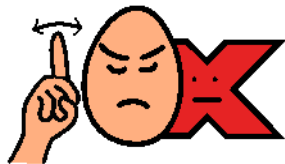
The decision is sent in writing to the referrer and Director.



You can ask for a Follow-up Review by RRC, if you want.



Are you happy with feedback?



If you are not happy you can appeal to the Director of your Service.



Appendix 4 Charter of Rights

1 The Right to Have a Voice



2 The Right to Know my Rights



3 The Right to Choose



4 The right to Dignity and Respect



5 The Right to Freedom from Abuse and Neglect



6 The Right to Advocate



7 The Right to a Person Centred Plan



8 The Right to Access



9 The Right to Have Friends and Relationships



10 The Right to Privacy



11 The Right to Healthcare



12 The Right to Take an Informed Risk



13 The Right to Vote



14 The Right to Meaningful Daily Activity



15 The Right to Complain



16 The Right to Control My Own Money



Appendix 5



Saint John of God Kerry Services Rights Review Committee

Rights.ReferralsKerry@sjog.ie

The role of the Rights Review Committee is to support the rights of people

Availing of our Services.



Paula Henry Chairperson



Catriona Murphy



Maddy Rix



Mairead O'Sullivan



Tracy Carroll



Timmy Murphy



Kelly Burke



Emma Potter



Sarah Wharton



Caryn Almgrengleason



Persons Name:
Strength:

PPS No.

Drug Name and

[illegible]



Date

[illegible]

