

# Rights Awareness Checklist

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Name: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

This Rights Awareness Checklist has been developed because within society, our local community and in disability services, situations exist where total freedom to act, to do or to decide may not be facilitated for a person with an intellectual disability. These limitations may occur as a result of laws, community or group rules, or the needs of other people. It is important to identify rights restrictive practices and ensure good practice in upholding each individual's Human Rights and ensuring a commitment to a rights reinstatement plan or strategy for each individual as required.

"A restriction is defined as any "externally imposed limitation of rights". A restriction is imposed at the point at which an action is taken that removes any option for choice from the person." *Policy on Rights Protection and Promotion of Rights in Intellectual disability, Saint John of God Community Services Ltd. 2009.*

This questionnaire is based on a Human Rights Checklist developed by Peter Harcourt Disability Services; adapted by Saint John of God Kildare Services and Saint John of God STEP City Gate Services.

## **Purpose of this checklist**

In conducting this checklist we seek;

- to give each person supported by Saint John of God Services the opportunity to question certain scenarios that may limit or restrict their rights as Irish Citizens,
- to give each person supported by Saint John of God Services the opportunity to access due process procedures in the event of a rights restriction being identified and where due process has not been applied.
- To prompt the development of a rights reinstatement plan for any identified restricted rights.

We are not;

- setting out to determine if the limitation of any individual is appropriate. That is a task for due process,
- seeking to judge the performance of any key-worker, support staff, department or external service,
- seeking to determine the effectiveness of any policy.

# Rights Awareness Checklist

## Using the Checklist:

This checklist involves the following steps;

1. Completion of this checklist with the person together with their key-worker(family).
2. Developing actions based on the findings of the checklist.
3. If you do not tick any shaded boxes, this checklist can be reviewed by your line manager who will validate the responses and place the document on the persons file.
4. If you do tick any of the shaded areas then this indicates that the individual potentially has a restriction; please forward this assessment immediately upon completion to your line manager, the individual (and advocate if required) for review and the development of an action plan.

No.	Access to Environment	Yes	No
1.	I can freely access all areas of my immediate environment (work, home or otherwise)? This could be rooms, presses, fridges, personal possessions, outbuildings or garden etc. If no, please specify below: _____		
2.	I can use appliances in the environment when I choose to? If no, please specify below: _____		
3.	I am living in the home of my choosing with people I have chosen to live with.		
	Diet Choices	Yes	No
4.	I am able to access food/drinks of my choice at all times.		
5.	If no, have the restrictions been introduced under the guidance of a doctor/ dietician?		
6.	Within my home, I have a wide choice of foods/drinks if I choose to.		
7.	I have a choice in what time I eat my meals.		
	Best Possible Health	Yes	No
8.	I have regular health checks.		
9.	I manage my own health.		
10.	I take medications for behaviours of concern.		
11.	If yes, I have a written prescription for either a GP or a psychiatrist.		

# Rights Awareness Checklist

12.	I have a PRN prescription also.		
13.	I have a mental health diagnosis.		
14.	I have a treatment health plan that I do not want to follow or cannot follow eg Dietary, Phlebotomy		
15.	If I can't manage my own health, my support staff (family) are fully informed about my health and how I am to be supported.		
	<b>Finance and Personal Property</b>	<b>Yes</b>	<b>No</b>
16.	I am able to access my own money at any time.		
17.	I hold all of my own money.		
18.	I have a safe place to keep my property and possessions.		
19.	I can access my possessions when I want.		
20.	I spend my money on what I want.		
21.	I have input into my own financial affairs.		
22.	I have a bank/post office/credit union account in my own name.		
23.	I am able to purchase items/services of my choice.		
24.	If the answer to any of these questions is no, is there a legal administrator in place?		
	<b>Interventions</b>	<b>Yes</b>	<b>No</b>
25.	Is any physical, chemical or mechanical restraint used with me? If yes, explain:		
26.	Have I been the victim of any form of abuse, for example, physical, verbal, emotional (include sexual abuse, neglect and institutional abuse)?		
27.	Are there guidelines or strategies in place that prevent me from doing activities that other people can do? (For example "Unable to go into the community in certain situations")		
28.	Do I have a teaching or motivating contract/program/procedure that involves a consequence for behaviour? (For example "something is taken away or not done due to a particular behaviour")		
29.	Do I have an active Multi-Element Behaviour Support (MEBS) Plan?		
30.	If No, would a MEBS help me?		
31.	If I have a MEBS, does it have any rights restrictive strategies?		
32.	If yes, has it been reviewed by the Rights Review Committee? If yes, the date reviewed was: _____		
33.	I am afforded privacy and dignity for all my personal and intimate care needs?		
	<b>Smoking</b>	<b>Yes</b>	<b>No</b>

# Rights Awareness Checklist

34.	I can smoke when I want.		
35.	Is there a strategy in place to limit how much or when I can smoke?		
	<b>Alcoholic Beverages</b>	<b>Yes</b>	<b>No</b>
36.	I am able to drink or purchase alcoholic beverages if I wish?		
37.	If no, is this under the advice of a medical or legal professional?		
38.	I am able to go into a bar or restaurant if I wish? (Consider the resources needed for me to do this as well as the physical environment- ramps/space etc.)		
	<b>Freedom of Movement</b>	<b>Yes</b>	<b>No</b>
39.	I able to go where any other person can go?		
40.	I have a front door key to my own home that allows me to access my home at all times of the day.		
41.	I answer the front door if the doorbell rings.		
42.	Do I have a restraint device whilst travelling (besides a seat belt), sleeping, sitting, moving/walking? If yes: describe: _____		
43.	Am I tracked by any form of technology if I leave the house alone?		
44.	I can leave the house alone.		
45.	Do I have a curfew?		
46.	If the answer to any of these questions is shaded, is there a legal administrator in place?		
	<b>Social Opportunities</b>	<b>Yes</b>	<b>No</b>
47.	I am able to phone any person that I wish to.		
48.	I have the opportunity to have private phone calls.		
49.	I able to have visitors to my own home.		
50.	Is my privacy respected? If I am in my bedroom, do people knock when they want to come in?		
51.	I am able to visit friends whenever I wish to.		
52.	I am able to have intimate relationships if I wish to?		
53.	I am able to be member of any social club if I wish to?		
54.	I am supported to learn and receive education about my rights and responsibilities relating to friendship and intimate relationships?		
	<b>Communication</b>	<b>Yes</b>	<b>No</b>
55.	If I do not communicate verbally is there a strategy in place to support me to communicate (both for how I understand others and how I make myself understood)?		
56.	I am spoken to a kind respectful manner.		

# Rights Awareness Checklist

57.	If I use a communication aid/system, I have access to this aid/system at all times?		
58.	Staff/family members use my preferred method of communication on a daily basis.		
59.	If I use a communication aid/system, are there processes in place to ensure all staff/family are able to communicate with me using this aid/system?		
60.	When I request something it is attended to within a reasonable time; for example, if I ask for a drink, assistance, to use the bathroom, to contact my family, to go for a walk, to have a snack, have a break etc.		
61.	If I need an advocate, I have access to one.		
	<b>Personal Choice</b>	<b>Yes</b>	<b>No</b>
62.	I have a choice of what time I go to bed.		
63.	I have a choice (taking in to account the day time commitments) what time I get up in the morning.		
64.	I have a choice in the clothing that I wear.		
65.	If I want to work, can I do so.		
66.	I have a choice in relation to what I do each day.		
	<b>Other</b>	<b>Yes</b>	<b>No</b>
67.	I have a person centred plan that is active and has been reviewed in the last 3 months.		
68.	If I am employed, I am paid equal to or above the National Minimum Wage?		
69.	All information required by me to live my life is given to me in a format that I understand.		
70.	I can participate in on-going education, learning and/or personal development, if I choose to.		
71.	I can vote in elections if I choose to.		
72.	I am consulted about decisions that affect my life (work, home, leisure, friendships or otherwise) as evidenced by my person centred plan.		
73.	Are there any community resources – welfare, service, employment, housing etc – that I have issues accessing? If yes, please specify below _____		
74.	I have access to all information on my file.		
75.	Are there any other rights restrictions in place? Please provide detail below _____		
76.	I am also concerned about the following: If yes, please explain.		



# Rights Awareness Checklist

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## ***New Directions - Personal Support Services for Adults with Disabilities***

Personal Support Services for Adults with Disabilities underpinned by the Core Values of:

- Person Centeredness
- Community Inclusion & Active Citizenship
- Quality

The range of supports to which individuals will have access should equip them to:

- make choices and plans to support personal goals;
- have influence over the decisions which affect their lives;
- achieve personal goals and aspirations; and
- be active, independent members of their community and society.

Choices of personal supports that should be made available in the future to all adults with disabilities:

1. Support for making choices and plans
2. Increased support for making transitions and progression
3. Increased support for inclusion in one's local community
4. Increased support for accessing education and formal learning
5. Increased support for maximising independence
6. Increased support for personal and social development
7. Increased support for health and wellbeing
8. Increased support for accessing bridging programmes to vocational training
9. Increased support for accessing vocational training and work opportunities
10. Increased support for personal expression and creativity
11. Increased support for having meaningful social roles
12. Increased support for influencing service policy and practice

This document was produced as an aide memoire for the participants of Next Steps Project. It provides a summary of the key points of the HSE's New Directions - Personal Support Services for Adults with Disabilities Report. This summary is not intended to be a full account of the briefing document. To read the full briefing provided to the disability sector, please go to the following link: <http://www.hse.ie/eng/services/Publications/services/Disability/new%20directions.html>

# Rights Awareness Checklist

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**Check list of Articles from the Convention of Rights for Persons with Disability.**

**Article 5** - Equality and non-discrimination.

**Article 14** - Liberty and security of the person.

**Article 15** - Freedom from torture or cruel, inhumane or degrading treatment.

**Article 17** - Protecting the integrity of the person.

**Article 19** - Living independently and included in community.

**Article 20** - Personal mobility.

**Article 21** - Freedom of expression and opinion and access to information.

**Article 22** - Respect for Privacy.

**Article 23** - Respect for home and Family.

**Article 24** - Education.

**Article 25** - Health.

**Article 27**- Work and Employment.

**Article 30**- Participation in cultural life, recreation, leisure and sport.