ST HELENA LEGISLATIVE COUNCIL

Select Committee 1 of Legislative Council
Third Live Evidence Hearing

Monday 24th March 2025 at 10am
at the Council Chambers

Equality & Human Rights Commission Report
Submitted as evidence relating to inquiry in respect of Health & Social Care

Address by Chairman, the Hon Robert Midwinter

Introduction

Good morning Honorable Members, attending Officials, Ladies and Gentlemen and everyone listening via radio or live streaming. Together with my colleagues, we bid you a very warm welcome to this, the third Formal Hearing of Select Committee 1 (which I will refer to simply as SC1), from the Council Chamber at the Castle in Jamestown.

Constitutional Role of SC1

With regards to our Constitutional role, SC1 is a Select Committee of the Legislative Council. In accordance with Section 69A of the St Helena, Ascension and Tristan da Cunha Constitution (Amendment) Order 2021, and the Select Committees (Establishment) Order, 2022, the function of SC1 is statutory. Its primary function is to objectively scrutinise decisions, policies and activities of the St Helena Government. In particular SC1 is responsible for review and scrutiny of the following sectors of Government:

(i) Health and Social Care,
(ii) Environment, Natural Resources and Planning, and
(iii) Education, Skills and Employment;

SC1 acts independently of Government and is not subject to the direction or control of the Governor, the Executive Council, or any other body or authority and, it has power to compel the Chief Secretary and any Portfolio Director to attend the Committee Meeting, in order to give evidence orally.

The Chair may also request attendance of any other public officers through the Chief Secretary or the relevant Portfolio Director, and may invite persons other than public officers to attend and address the Committee with respect to any relevant matter being considered by the Committee.

The scrutiny role of SC1 is seen as a mainstay of good governance, in terms of holding the St Helena Government to account.

Membership

The composition of the Committee comprises the following four permanent members:
Myself as Chairman, Councillor Robert Midwinter
Member, Councillor Gillian Brooks
Member, Councillor Ronald Coleman
Member, Councillor Elizabeth Knipe
Committee support is provided through the Clerk, Mrs Marita Bagley.

Update on SC1

Before moving on to today's programme of business, I just wish to acknowledge the fact that this is Councillor Knipe's very first Formal Hearing as a member of this Committee. I also wish to note that, following our second live hearing undertaken on 6th March 2024, on the subject of Farming Support, Land Use Review and Poultry Production, namely day old chicks and incubation unit, a report with recommendations was produced and shared with the relevant Officers and Ministers. This was then formally laid in the House on 5th December 2024, so is available for dissemination to interested parties. Should any member of the public wish to obtain a copy of this report, they may do so by contacting the Select Committee Clerk, Mrs Marita Bagley.

Programme of Business

Turning now to the programme of business; as I have already noted, this is the third formal Hearing of Select Committee 1, whilst also the first Formal Meeting of the Committee for 2025.
The topic currently under scrutiny by the Committee is Health & Social Care: Provision of Facilities and Services with the focus primarily on the following:

- Hospital (including Palliative care)
- Community Care Centre, Sheltered Accommodation and Domiciliary Care
- Safe Haven and Children's Home.

This particular live hearing will focus on a report which was submitted to the Select Committee by the Equality and Human Rights Commission or EHRC, in response to our public call for information, and questions will be tabled to the Commission at this session.
The Representative from the Equality and Human Rights Commission has already taken her place at the table. So I would like to welcome you to this live hearing of Select Committee 1, where we are considering evidence in respect of Health and Social Care, and we wish to thank you for the written report that you have submitted to us. For the benefit of the listening public and for recording purposes, please could you state your name, and position within the organisation that you are representing.

Catherine Turner CEO EHRC

Good morning. I'm Catherine Turner, the CEO and a commissioner for the Equality and Human Rights Commission.

The Hon Robert Midwinter -

Could you now please provide a very brief summary of your report, outlining the main findings and, in particular, highlighting those areas of concern?

Catherine Turner CEO EHRC
The EHRC decided, about six to eight months ago now that we'd had a substantial amount of complaints or issues raised, not always negative about Health and Social Care, so we had started investigating the complaints and looking at what was happening, as is our remit to make sure that Governments are advised of any risks that they carry with regard to actions under the Constitution under schedule two, which is the fundamental rights and freedoms. So we started doing a review, as that happened though, it became apparent that many changes were happening in Health, and therefore we tailored what we were writing to just the evidence for this Committee, because we wanted to give a chance for the changes to roll out and to see what effects they were having. So this report basically just covers the areas that you were questioning. We have looked at Health and Social Care strictly with the view to Human Rights and potential infringements, breaches, questions about whether those rights are being met, as Government has an obligation to meet people's rights as well as to protect them. We have made 10 recommendations about, mainly and in fact, nearly always, about the infrastructure, the legal and physical infrastructure that exists currently in the Health and Social Care sector, this is not about individuals. It's not about people. The carers and staff are absolutely excellent. This is about the underlying Legislation and physical infrastructure that is needed to meet what we believe are people's human rights on the island. The lack of Legislation, particularly in Adult Social Care, means that it's very hard to say whether Government are fulfilling its duties or not, because there aren't any particular stipulations as to what should be achieved and the Children's Welfare of Children's Ordinance is now coming up for 17/18, years old, and has slipped back in terms of it being fit for purpose these days. So our main recommendations center on looking at and addressing the legal requirements to define people's rights. The Human Rights involved in Health and Social Care are what we call aspirational rights. They're not set in stone. It's not like you have a right to life, except for very, very rare circumstances. It's about what a nation, a state, an island like ours, can afford, and making sure that everybody has equal access to what can be afforded and what is reasonable. And it is the law that usually defines what is reasonable, in the absence of law, we would have to take something through the court, potentially all the way to the European Court, to have a definition of what is reasonable on Island. So we really would like to start with a local definition of what is reasonable, and that's what the report aims for.

QUESTIONS

The Hon Robert Midwinter -
Thank you very much, and that nicely touches on a number of the questions that we have raised. So it's nice to see that we are on the same page. So before handing over to my committee colleagues, I will briefly turn to the introduction of your report, wherein it is stated that from the evidence supplied by clients, the EHRC summarizes that the current law is insufficient and ineffective. You then go on to acknowledge that the people who come to you are those who, in

their own opinion, the system has failed, so I guess that my main question is, how do you measure success or failure in the current law if you can only measure complaints made to your organisation, and is it the law that is failing here as is stated, or other aspects, such as implementation of policy and procedure, lack of access to adequate financial resources, or possibly poor communication of available resources and constraints?
Sorry, I recognise that is quite an extensive question, I would be pleased to break that down or elaborate further, if necessary.

Catherine Turner CEO EHRC
I think the underlying problem is that we do not have any adult care law, so there is no statutory duty on anybody to do anything if there is an adult with a learning difficulty, mental health issues, or illness. We do it out of our own understanding of what people need. I'm not saying that people say we don't need to treat you go away, but there is no legal definition of what the basic health provision should be on the island, or what the basic social care should be. So that gives us the first issue when people come to talk to us, is, there is nothing to measure against, and so, if somebody comes to me and says that they've been stopped by the police and they feel that their treatment was incorrect, we have a place, we have local rules that we can look at and we can say to them, well, this was met, or this wasn't met, or may not have been met, but we cannot do that with Health and Social Care at the moment, particularly for adults. The Welfare of Children Ordinance does give the children protection. There is also an issue with funding, we are a small island with 4000 people. We cannot, and the Commission absolutely accepts it is impossible to provide everything everybody needs on a small budget, and I think in the report, we have used Mental Health Services. We have no long term Mental Health holding provision if we set up a fully compliant facility for that, it may only be used one or two days, maybe a couple of weeks a year. If that is so, it would not necessarily be a good use of money, but then we need to find ways of mitigating that. So having definitions means that we know what we need to mitigate, what we can provide, what needs to be done a different way, and communication is also an issue because it's not always in the public domain or easily accessible to people, what the policies are. For example, we have had to write and ask for policies, some of which have been shared with us, some of which have been refused. So if we can't get them, members of the public can't get them.

The Hon Robert Midwinter -
Thank you. Turning to the section entitled "What is the Right to Health", wherein you have listed seven "entitlements", please could you state these for the record, and provide the Committee with a brief overview of what each of these means in the view of the Commission and in the context of St Helena?

Catherine Turner CEO EHRC
I think I need to preface that by saying the Commission can advise, but we do not set the standard. We can advise on what the standard should be, but it is down to the legislature to set the legislation and the standards and to write the policy. Having said that the rights are that we should have a system of health protection providing equality of opportunity for everyone to enjoy

the highest attainable level of health, whatever their constitutionally protected characteristics. So given the money that is available and the facilities that are provided, everyone should have equal access. It doesn't matter if they are of any specific race, origin, male, female, age, all the protected characteristics, language, religion, political or other opinion, all of those things are protected. So it shouldn't matter who you are. You get the same treatment as everybody else with your condition, the right to prevention, treatment and control of disease, that is a given So, for example, that was done with COVID, and the sorts of decisions that were taken at the time of COVID to lock the island down, how the disease was controlled. Those are a human right, because obviously we have a right not to catch diseases, if it's at all possible to avoid them. We should have access to essential medicines, and again, we, I think work is being done on this, but I'm not entirely sure where, how far we've got, but in the UK, they have something called NICE, which is the National Institute of Clinical Excellence, which says what drugs will be used to treat what illness or what condition, so that everybody knows what's available to, so we don't necessarily have a right to the most expensive, or the latest state of the art treatment, we have a right to the best treatment that can be afforded. We have a right to proper maternity care and child and reproductive health, so pap smears, vaccinations, all of the other things that go along with that. Antenatal care, postnatal care, those are all covered, but again, it's at a level that can be afforded, equal and timely access to basic health services. So if we're talking emergency care, you get it, if you have a need for a hip replacement or a hysterectomy or something that can be left longer, then that needs to be defined as what is a reasonable amount of time and how quickly we will aim to get people treated, and what they can do if they are not treated in a timely manner. Health, education and information; that's anything that we can do as individuals to protect our own health, to maintain our own health, we should be informed about and the participation of the population in health related decision making means that the population as a whole should be able to help influence and have a voice in saying, we will put 10% of our care to elderly care, 20% to children. However, that is divided, the population as a whole should have an input into the thought process that LegCo use when making those decisions, and apart from that, there are the standard rights which are covered in the Constitution, the right to privacy, confidentiality, etc.

The Hon Robert Midwinter -

Thank you. You've already addressed two of the following questions I had that, which was about essentially access to essential medicines, you've covered that off nicely, thank you. And also what would be classed as basic health services, but when referring to "participation of the population in health-related decision making", to what extent do you feel this should be applied, and in what manner? So, for example, should there be a public consultation prior to excluding certain products, or recalling for that matter, from the island on health grounds, or is it sufficient to consult the public when passing legislation relating maintaining good public health practices and processes?

Catherine Turner CEO EHRC

The guidance is that it should be adequate that nobody should be restricted from having a voice, so that there is no set rule as to whether you should hold lots of consultation then make a

decision, or whether you say, well, we can only afford this level of service and not that; certainly at that stage, at some stage, people need to be consulted and to be able to have their say and be listened to, but at the end of the day, if we elect our Elected Members and our Councillors to make those decisions on our behalf, given that we don't have manifestos and things that we're not a party political system. I think the commission believes that there should be more consultation rather than less, because we haven't had that initial opportunity to vote for the party, the person who is going to push our agenda as a member of the public. So if I'm particularly concerned about care for the disabled, and somebody puts that in their manifesto, I will vote for them. But if nobody puts anything about health, I don't know what you're going to do when you're elected, and therefore the consultation needs to be higher, I would say rather than less.

The Hon Robert Midwinter -
Okay, so there are obviously times where something needs to take place rapidly, so for example, an outbreak of bird flu in South Africa, and us, you know, the Government of the day saying we're not going to import from South Africa because of that, but you mentioned earlier COVID; so if we had a repeat of the COVID situation, would the commission expect there would be a public consultation before going into lockdown or reopening the island, or just expect the authorities to get on and deal with that?

Catherine Turner CEO EHRC
I think where there is an urgent need to make a decision, if you cannot delay by having a referendum on it, and we'll vote on it in six weeks, it has to be proportionate, that's the word we use. So for an emergency like bird flu or COVID, a decision has to be made very quickly, because the minute an infected piece of meat or an infected person comes onto the island, we are all at risk. So I would say that where there is an urgent need, it is proportionate to make an urgent decision. When it comes to something like opening up, which can be done in a slower manner, then there's probably more time to consult, more time to talk to people, more time to get feedback, then its right that that is done.

The Hon Robert Midwinter -
Thank you. So when you say that facilities, goods and services should be medically and culturally acceptable, I seem to recall picking that up from the report that, and I'm going to touch on something that is sort of quite near and dear to my heart at the moment, because, of course, I've been attending sessions relating to gender based violence, so having cultural acceptability can potentially impact on other human rights. So for example, the practice of FGM (Female Genital Mutilation), is seen as culturally acceptable in some communities, certainly not acceptable across the Commonwealth, whereas it is not seen as culturally acceptable in St Helena, completely not. So how do you determine areas? And I know that's extreme example, but how do you determine areas where there may be such an imbalance based on either cultural differences or perhaps a lack of physical facilities, goods and services as a result of the islands isolation, so for example, provision of meals in the hospital and ensuring they're halal and things like that?

Catherine Turner CEO EHRC

I mean, it was the provision of meals or perhaps female doctors for certain sectors of this, of our society that we were concerned about. When it comes to something as extreme as FGM, I mean, there's a worldwide abhorrence of that practice, and it's not deemed to be culturally appropriate. It doesn't fall under cultural appropriateness. I'm trying to think of the right word, because it inflicts real harm on another individual. So anything that inflicts real harm without the person being able to make informed consent, and in the case of FGM, it's somebody who is very young, who probably doesn't understand the alternatives, who doesn't understand that it doesn't happen to everybody, they're not making informed consent, so it is a breach of human rights. But this was more about having practices there for people who, perhaps, like Muslim women, should only really see a female doctor, and that the advice, at least there is some effort towards achieving that. It isn't always possible if we only have half a dozen doctors and none of them are female. It is very difficult, and I appreciate that it's not always possible to have if we need a surgeon that we can't suddenly say, well, it can only be a female surgeon, but anything that can be done to mitigate that, having appropriate people to chaperone, or proper screening so that people aren't visible, those sorts of things are the things that we were thinking about there for cultural appropriateness.

The Hon Robert Midwinter -

Okay, thank you. I will now touch on your section entitled "What is the Right to Social Care". Again, you have listed a number of key principles, which I would kindly ask if you could go through and provide a brief summary of what you mean in respect of each, again in the context of St Helena, noting our physical and financial constraints as a small island developing state that is under development aid funding support.

Catherine Turner CEO EHRC

So everyone with social care needs should be able to get the support they need, sufficient to live a dignified life, and the system should be sufficiently and sustainably funded to achieve that. So in other words, this is not a question about the funding we have, it needs to be a budget matter, that there is sufficient in that budget to ensure that, at the very minimum, people get to live a dignified life. They're not left in wet diapers. They're not left in wet beds. That they can do as much as possible for themselves, that they are helped to reach as full a life as they can, and that is not sort of up for discussion. It is that level that must, must be achieved. So if it can't be achieved either in this, in the case of St Helena, it needs to come from somebody else's budget, and knowing what I do about those budgets, that's probably not possible, and it actually is the UK's responsibility to protect the rights on this island. They sign up to the treaties, they extend the treaties here, and in doing that, they take on responsibility, they delegate that responsibility, but they can't delegate it fully, and they have a duty to ensure that there is sufficient in our budget. Now I know that's difficult to achieve, but that is the legal situation. Care should be personalized and tailored to the individual's needs, including needs related to their protected characteristics. So somebody with a learning difficulty will need different support to somebody with a physical disability. So social care services should be easy to navigate, and people should

be helped to make informed choices, but the individual should have choice and control, or the individuals, deputies, guardians, if the person lacks capacity. So if a person is getting elderly, and somebody says they should be in the CCC, but they want to stay in their own home, they have the right to make that choice. That doesn't mean that you have to provide 24 hour care for that person in their own home, but sufficient for them to be able to do it, or they need to understand the risks to themselves and accept those risks, and if they have carers at home, those carers need to accept those risks, and services must anticipate the needs of disabled people and any adjustments required, including independent advocacy. Now we fall way short on this island, because the convention on the rights to persons with disabilities has not been extended, and we haven't had the funding from the UK Government that the UK had to extend it, and the 10 year grace period that was offered to businesses, etc., in the UK, it is almost impossible for that level of care that that actual human right to be met. There is no legal requirement for anybody to make reasonable adjustments for somebody with a disability, and I know I'm preaching to the converted here, but it is difficult. I mean, the Deputy Speaker cannot get up the stairs and rooms like this are the seat of Government. They are the seat of our democracy, but people can't access them, and that is an area that we are particularly concerned about, and services should allow the individual to connect with the community in which they live. So things like daycare help, because it needs that people get out of the house, they go to daycare, but they don't go far enough, in our view, we used to take people out shopping, we used to take people to events around the town, bring them down for St Helena's Day, or take them to the tea dances. A lot of that, I think has been stopped because of budget, and we understand that it's because of the lack of budget, but it is reducing people's human right to connect with the people that they know, they love, and it is part of their life. You and I take for granted walking out into the street and meeting people and chatting to them, but that also needs to be part of the care and again under the Constitution, protection of the right to life, protection from inhumane treatment, they are covered under the Constitution.

The Hon Robert Midwinter -
Thank you. So when you say that the system should be sufficiently and sustainably funded, where do you see the responsibility for care facilities falling in this respect? And it's interesting, you touched on the UK and their duties, because obviously in the UK, a lot of services are provided not by Government, but by other organizations. So to what extent does the Commission believe that the public purse should be footing the bill? For example, if someone has disposable income or assets, should they be contributing financially to their own care facilities?

Catherine Turner CEO EHRC
Yes, they should. In short, the duty to protect human rights on this island is the UK Government's it is devolved to the local Government, as it should be, because you're here day to day. But if our rights are being breached, then it is the UK Government that gets taken to the European Court, not St Helena Government, and they have the duty to provide sufficient funding so that you can sustainably meet the needs of the people. Now it's a legislative decision as to whether you say people should meet the whole cost if they have a certain amount of

money, it's going to be means tested. How that is done is a political decision. There's nothing to stop that being done if people have the money, there could be alternatives, like having insurance funds, similar to a pension fund that you pay into for your old age, but where people have no funding, where they have no money. You mentioned in the UK, there are other agencies, they tend to be voluntary sector, people like Help the Aged, who run old people's homes. Some of them are private businesses, and they have their own issues. Some of them, some of them are brilliantly run, some of them not so much. We do not have that voluntary sector, we do not have the capacity on the island to have a group like Ageways, for example, take on running an old people's home. There aren't enough members, those members have got full time jobs and families. It's not as simple in effect as it is in the UK because of our low number of people, and if I'm running a full time care center for the elderly, I can't be the NSPCC running something for children. There are not enough people on the island with the ability to be able to do that. So it has to be that for the most vulnerable, for the poorest members of our society, then it is them that you have to protect.

The Hon Robert Midwinter -
So you've almost gone through to my next question, which was, to what extent there is a collective community or even family based responsibility for social care?

Catherine Turner CEO EHRC
There are family responsibilities, obviously. Most people want to care for their family member, but again, because so many of our younger people are overseas, there very often isn't a family, a young, fit, healthy family member to take over the care of that person. There are, you know, people will have to work to put food on the table, they cannot be at home with a relative. The Carers allowances help, but 80 pounds a week for the full carers allowance does not allow for somebody to give up work. I mean, it's just not, it's nowhere near minimum wage, so there are times when the family can't cope, and also because, again, we miss out, and this perhaps applies more to health, to health care, and we're probably going to come on to palliative care, but because there aren't the agencies that you can get, Macmillan nurses who can come in and do end of life care. It falls on people who are perhaps not as well educated as they would like, perhaps not able to take the responsibility to look after somebody at that very difficult time, and there is a lack of support for people in that position.

The Hon Robert Midwinter -
Okay, thank you. Moving on to legal protections. In the opening remarks of the report, the Commissioner stated, and I quote “the paper surmises, that the current law is insufficient and ineffective”. The report later notes two pieces of local legislation in particular, namely, the Welfare of Children Ordinance, 2008, and the Mental Health and Capacity Ordinance of 2015, your report then goes on to say that in the considered opinion of the EHRC, both pieces of legislation are out of date and in urgent need of updating to properly protect human rights. So in this respect, can you say if the Commission has undertaken a review of these pieces of legislation and identified what specific areas of concern you have?

Catherine Turner CEO EHRC
No, we haven't, the Welfare of Children Ordinance we have, we have reviewed, and we are working with Social Care to look at that in detail, because the Commission, I'm afraid, lacks some expertise, and we are not lawyers, so going through a piece of legislation and being able to pick out what may or may not happen in a given circumstance is difficult, and we wouldn't want to make a recommendation that was not helpful or incorrect, so we are looking to work with them on that. The Mental Health Capacity Ordinance, our concern is quite specific with that, and it is about long term care. That's two things, long term care and what happens when somebody is sent overseas, and again, we've, we now have funding for legal and expert advice, and so we were hoping to be able to use that to look at that piece of legislation, because actually, that becomes a piece of international agreement, if you like, and is much, well, way beyond my scope or anybody else in the Commission, I think at this point.

The Hon Robert Midwinter –
Thank you having similarly identified within your report a number of international treaties that the Commission views as in need of extension to St Helena. Can you say if the Commission has reviewed these in terms of the possible impacts to the island, either in terms of applying or dis-applying, such as the financial impact of doing so? And you did mention earlier about disabled legislation, and obviously the additional cost burden that would place on, for example, the private sector to make reasonable adjustments.

Catherine Turner CEO EHRC
I mean, we have looked in general, we haven't done a full costing exercise, but looking at the disability legislation in the UK, there was, and I remember, I was actually working in the UK when the extension of this instrument was proposed there, and there was a 10 year grace period. I worked for a private sector retail organization, we had to review every shop. We had to look at customer access, staff access, disabled toilets, with meter square areas each side of every door, where the ramps could be fitted, where the lifts and hoists were workable. It's a huge, huge, huge area, and we're not saying that this should, this could even happen in a short space of time, it would have to be at least 10 years. There was also grants, or there were grants available to private businesses and organizations to enable them to equip themselves for the deadline date, so organizations were able to apply for grants to do building work, to put in lifts, to put in new computer software, or anything that they needed, and I believe in the UK, there is also a sort of pot of money goes with a disabled person. So, if somebody is deaf and needs a sign language interpreter, they can have one at work. Now, currently, I don't know how many sign language interpreters we have on the island, but I don't imagine it's many. So there is a long, long way to go. We're not saying this needs to be done now, but we need to start thinking about what we can do, and whether that's through local legislation or extending the convention, is something that's up for discussion. But what we currently have are people trapped in their own homes, unable to be part of the economy, quite often with a carer who is also unable to be part of the economy, and that's two people who aren't working, who could be if we were able to make reasonable adjustments. So it requires an economist or somebody to really look at the figures and how many people we could bring in. We have worked with Social Care on a

scheme, a sliding scale scheme to get disabled people into work, which was actually accepted by the last Social and Community Development Committee, but right before the general election, so it never came through. But basically the idea was that to help private sector businesses take on a disabled person, they would be provided with minimum wage by the Benefits Office for the first quarter that they were working in a business, in a particular organization, supported by OT and other carers if needed, and at the end of the first quarter, if everything was going well, then government would pay 75% and the employer would pay 25% so that by the end of the year, government were paying nothing and the employer was paying everything. So the risk was shared, the difficulty of employing somebody, training them, and then failing, if you like, I don't like using that word, but then not being successful in the role was shared, and actually it would cost Government, or on the figures that we had at that time, it would cost Government less overall. Finance had agreed to shift the budget accordingly so that Benefits had the money there to pay in that way. Unfortunately, as I said, because the general election, I think that got lost somewhere along the line. So that is unfortunate, but that work still exists and could be used, and we are currently working with the Chamber of Commerce to see what they would need to start employing disabled people. It's a piece of work our new chair is actually leading on.

The Hon Robert Midwinter -
Thank you. So that's pretty much covered the introduction to your report. What I'd like to do now is to hand over to colleagues to look at specific areas that relate to our own exploration. So. Councilor Colman, did you want to raise something? No, okay, and I will start by handing over to my colleague the Honorable Gillian Brooks.

The Hon Gillian Brooks -
Thank you, Mr. Chair. The report states that complaints were received by EHRC in regards to mistreatment at the CCC, and that these were addressed to the relevant persons. So can you advise us if these reports were responded to and has these, have they been followed up by EHRC in regards to actions that were taken against them?

Catherine Turner CEO EHRC
Again, the short answer is yes. What happens is that we will help where the complainant has capacity. We will assist them and try and enable them to make their own complaint and to deal with it themselves, if necessary, with us guiding them through it, but we so some people will go ahead. They'll make their complaint. It gets dealt with them. Don't necessarily come back to us, but what we do is, every six months or so, we go through our database, and phone everybody and check that they are content that everything has been resolved. For some people, the complaints, perhaps, were lasting a long time, the people who were on the waiting list to go and I think that's been well rehearsed, well covered. There are a lot of people waiting to go overseas. There was insufficient money to send them. That has now been resolved, I understand, and certainly, a lot of the clients that we had on our list complaining about hips and knees and those sorts of operations have gone or at least know when they're going for treatment, so that that situation has now eased.

The Hon Gillian Brooks –
So in regards to that, the complaints around mistreatment, you feel satisfied that you've had satisfactory sorted, did you say mistreatment? Yes, at the CCC, that was the risk. That was the actual mistreatment at the CCC?

Catherine Turner CEO EHRC
Mistreatment at the CCC that has all been dealt with, yes, and we've had no further complaints. It's all been very, yes, very good, from there on, we passed on some complaints to the police, and they were looked at, and there have been actions taken, I understand, and the clients and their families have both said that they're happy with the outcome. So we don't necessarily know what the outcome is, because somebody's disciplinary record is private, yes, and it's nothing for us, but they're happy with appropriate action being taken, and this has sort of stopped. Yes, we've had nothing for very long, for quite a long time now.

The Hon Gillian Brooks –
Thank you. The Report states that limited accommodation at the CCC and an inevitable increase of our elderly population, could lead to challenges under the Constitution. So can you just highlight for us the sections in the Constitution that probably you're referring to?

Catherine Turner CEO EHRC
There are several, and the right to private and family life is probably the easiest one, just clause 13. It's the one that is a catch all. So you can use that if you are not able to go home to your family, if you don't have access to your family, etc., it could escalate to inhumane treatment, nothing that we have had so far would fit into that category, but it would be possible, for example, if people were being kept in places that were really unsuitable, then that could happen. But there is nothing about to our knowledge happening like that, but you asked which areas of the Constitution you could cover, it may also come to something like discrimination, because if somebody feels that they've not been treated because they're too old, or they've not been treated because they belong to a specific group in society, then it could, could be a claim under discrimination, but there are lots of different ways this could happen.

The Hon Gillian Brooks -
Thank you. And the report suggests that it's important that those in care are treated with dignity. So has the EHRC communicated with management of the CCC? Because I'm referring this to the CCC at the moment around logistical challenges that may be faced with enabling residents freedom and rights as to what can and cannot be practically done, particularly in terms of what can be met against the residents or the service users, medical capacity and resources to manage this kind of care and freedom.

Catherine Turner CEO EHRC
We have had meetings with management for CCC around issues like bedtimes and what time people are bathed and put to bed or made to go to bed, if you like, and what time people got up

in the morning, because there were a lot of complaints around people being bathed and put into their pajamas at sort of four, five o'clock in the afternoon, being put into bed very early, and they wanted to stay up later, and it is their home, and it is their life, and they should be able to stay up. I do understand, however, that that came about because of an agreement between the shifts as to the allocation of work, and we'll do half before we go off, and you'll do half when you come on, and while that works for the staff, that doesn't necessarily work for the clients, and it should be the clients that come first. So we did raise that issue, we've had no further complaints, but there have been several changes of management up there recently, so we haven't spoken to the current manager, because we've had no complaints and we don't go looking for trouble, if you'd like. So yeah, those have been dealt with. The other thing was people being walked down the corridor in towels, and that practice has now been stopped, I understand, as well.

The Hon Gillian Brooks -
And also in the report, it said that there's been no complaints in relation to sheltered accommodation. Is that still the case that there are no complaints for sheltered accommodation?

Catherine Turner CEO EHRC
No audible response, but understood to have nodded in response to the question.

The Hon Gillian Brooks -
And there was in the report that EHRC had been contacted by clients who had been like let down by domiciliary care, that is in relation to they remain in bed because the carers are coming in late. Can you give an idea of an indication of the sort of numbers that would have been received, the number of complaints received, and whether these have been raised with Social Care, and if so, what was their response?

Catherine Turner CEO EHRC
They were raised, they're usually for a very good reason, and reasons that can't be avoided, and things like a member of staff go sick. You've got to share the work between another carer, so they go to one client first and the other one later than the normal carer would attend. Sometimes it's because there needs to be a staff meeting first thing, and it's a good time to get everybody together. So there are good reasons for it, and it's difficult with the low staff numbers, and you know, we're all acutely aware of the issues around staffing in Social Care, but you cannot get to everybody at eight o'clock in the morning to shower, it's just not physically possible, but it is difficult for the parent of, or the carer of, that particular person. And you know, if they're lying in bed crying because they're uncomfortable and they can't do anything about it, but it is my belief that they, the care service, does its very, very best given its limited numbers.

The Hon Gillian Brooks -
And the report raised concerns regarding respite care, in particular, plans around residential care for younger adults with high support needs. Can you say whether you have had any

discussions with Social Care regarding these concerns, and here again, what was their response to you?

Catherine Turner CEO EHRC
Right? We have been having meetings with Social Care ever since Barnview was closed, and I worked with Paul Bridgewater back then with regular meetings with the carers of these high, highly dependent adults that they are looking after. We have met with the last two or maybe three, three directors of Social Care and the portfolio head to discuss it. We understand that provision has now been made at Piccolo, but there's no staff, but our concern is that we have many, certainly into double figures, families where the parents, usually of 40/50 year old people with profound disabilities, who are themselves 70/80 years old, are looking after them 24/7, and have not had a break for in excess of eight years, probably nearer nine and you know, they don't get any private family time. Couples have not had a night out together or an evening where they can just sit and talk to each other for eight years, nine years, they don't get to go to family funerals together, because somebody has to stay home and care so they can lose a close family member, but they cannot go to the funeral. They are tied to their houses, they don't get a good night's sleep because they're up 2,3,4, times a night, turning the person they care for, seeing to them because they've woken up, talking to them, changing them if there's been a big accident, and changing beds in the middle of the night. They work 24/7, and never get a break, or very rarely, it's one or other of them can have an hour to go to the shops or go somewhere, but that is as far as it can go. And as I say, there are people in their 80s who are lifting their disabled offspring out of bed, putting them into wheelchairs, moving them around because they care, because they love them, because they want to do it, but they still need a break.

The Hon Gillian Brooks -
The report makes reference to the lack or limit of wheelchair accessible vehicles on the island. So have you had discussions with Social Care around this, or indeed, other parties regarding opportunities for increasing disabled access vehicles?

Catherine Turner CEO EHRC
Yes, and the disabled access vehicles, we had some new ones, but they've had mechanical issues, I believe, and sometimes it's about access to a particular property rather than the vehicle itself, but actually getting to the property to pick the person up, that is the issue, rather than the, say, the vehicle itself. I don't know if it's the vehicle or the driver doesn't feel competent or confident, or the vehicle will not go where it's needed to go. I will go, I will say that my car gets to both of the places I'm thinking of, but I don't understand why the car won't go to these places.

The Hon Gillian Brooks -
So have you sort of met with any other parties other than Social Care, maybe any private sector or anyone who may be interested in this, this particular service?

Catherine Turner CEO EHRC
There are taxis that I guess, could do it, but then they would need to be paid, and if you're at home on a carers allowance, that's not always possible, but yes, there are taxi drivers who do it, and are really, really helpful.

The Hon Robert Midwinter -
Okay, thank you. Is there any other questions from colleagues on that particular area or otherwise, I will hand over to Honorable Ronald Coleman for his area.

The Hon Ronald Coleman -
Thank you Chair and welcome to Mrs. Turner, thank you. I'm dealing with mainly the hospital area and palliative care. You have identified in your report that the Commission had 14 complaints at the time, of people who were waiting to go overseas for treatment. Can you talk us through the impact this have on the clients and their family?

Catherine Turner CEO EHRC
Yes, I'll have to talk in general terms, because obviously I cannot identify anybody, but they have ranged from extreme financial hardship, because where you are self-employed, or you work for the private sector, the amount of sick pay is very limited, so there's only five days statutory sick pay for people in the private sector. If you're self-employed, there's virtually no help at all, except for being able to sign on for benefits as and when you're entitled, and so there's those financial benefits are obviously key. The others are obviously living in day to day pain or sometimes quite extreme pain. There is the difficulty of being able to just go out to do things, to shop, buy food, and live your day to day life when you are physically in pain or disabled in some way temporarily. We have had one client who just felt he couldn't go out at all, he became sort of a housebound because he was frightened of being out in public with his condition. It affects all sorts of family life. It's prevented one person, they believe, from getting promotion. Another person has lost his job because he can't, is not at work often enough, and then it affects the day to day, private things, just relationships with partners, being able to play with your children, being able to contribute to household chores and those sorts of things that make people feel that they're not contributing fairly to their home lives. So that that it can be quite profound.

The Hon Ronald Coleman –
Thank you. Have there been any recent developments that have changed the number of clients who have been complaining about this, and what trends are there that you see now? Like, for example, the additional funding that we had from the BIOT agreement?

Catherine Turner CEO EHRC
Yeah, that has clearly made a difference. I don't know if it's that money that's been spent or how it's been dealt with. I, until Peter Moss unfortunately had to leave, I was in regular communication with him, and they have been incredibly helpful with trying to explain to clients what the issues are prior to getting the funding and trying to keep them informed, and once

money started to be available, most of our clients on our list have either gone or know that they are going in the very, very near future. So we have not had any further people come along since the BIOT money was introduced, which is fantastic news.

The Hon Ronald Coleman -
Thank you. The report also made reference to the concerns about the MSO services. Can you say whether this has improved with the new service provider?

Catherine Turner CEO EHRC
I can, and up until this morning, we've not had any complaint about the new service provider. Unfortunately, coincidence being what it is, we have received one this morning, which I haven't looked into yet, and it may be that it's not an issue, or it may be that it is, so I don't want to, but the feedback we've had up until now has been absolutely brilliant.

The Hon Ronald Coleman -
Thank you. Also, in the report, you identified that you had had some medical referral complaints where patients have been sent overseas for professional help, and when procedures had been recommended by the professionals, the patients were called home without the procedure being carried out. In the cases such as this, what follow up actions is taken by the Equality and Human Rights Commission on behalf of the complainants?

Catherine Turner CEO EHRC
We dealt with it by first of all speaking to the director and the senior medical officer and asking for some explanation as to why it happened, to satisfy the client, so the client could understand. That was limited, it was basically that we were just told there was insufficient budget, but that's hard to understand when you're already down there and the doctor is telling you, you can be treated tomorrow, and then you're flown back until you've got to wait until next time. There were several meetings with senior medical officer. The family were also quite, the families in both cases were very keen to raise it. We did also raise it with the PAC to ask them if they could look at whether that they felt that was a suitable use of money, because it, to us, it didn't seem logical, but there may be a good explanation. We never got it.

The Hon Ronald Coleman -
Thank you. So has the situation improved now?

Catherine Turner CEO EHRC
For one of them, they have gone down recently. For the other one, it's too late.

The Hon Ronald Coleman -
Okay. Also, in your report, you stated that you have had many complaints about the costs involved in visiting the General Hospital. Can you say what follow up actions is taken by the Equality and Human Rights Commission on behalf of the complainants about the costs involved in visiting the hospital, and what recommendations can you suggest in terms of what could be

provided to alleviate these concerns? This is, you know, in the form of help or assistance available within the wider community, yeah, or civil society to help older persons or those who are vulnerable when making multiple trips to the hospital on different days to keep appointments such as blood tests and X rays, etc.

Catherine Turner CEO EHRC
Yes, we've had this crop up several times, and I can speak from personal experience. It is the fact that you go to see the doctor and then you need a scan, and you need an X ray and you need, and all of these require trips to the hospital. Now that is not the issue, really, the issue is that people on benefits, people who are living on pensions and very limited income, people that live out in Levelwood and Longwood and out in the districts, it can be 20 pounds for a taxi, certainly to Blue Hill, I know it's 20 pounds for a taxi, and, and therefore, if you have to come in three or four days, it's a lot of money, particularly if you're on benefits. So yes, we have reached out to people at Making Ends Meet to get help for individuals, and they have, where they've had the money and they have, they have helped. We have even gone so far as picking people up, because if they live local to one of our members of staff, and we can, we can do that. It's not a service we can offer, but we have picked things up for people, but dropped them off and that sort of thing. The other thing we have done is that we have taken out and we give; we've taken out to all the old people. In October, we did a breakfast pack for the elderly and people with, on low, well, elderly people on low incomes, where we take milk and cereal out to them, and been doing that for the last two years, we have also taken them out a leaflet and an application form for the medical fees exemption policy, because although that doesn't help with the taxi fares, it does mean that they, if they qualify, they don't have to pay for the scan, the X ray, the dental appointment or whatever. So we take those out, anybody who comes into the office who we think may qualify, we also give them a leaflet for that, so we do try and get them help. We look at their benefit situation and see if they're perhaps missing out on Better Life Allowance or Carers Allowance that they may be entitled to, and we refer them then for an assessment for that.

The Hon Ronald Coleman -
So what about the improved public transport system? Is that any help to the people?

Catherine Turner CEO EHRC
Again, we, it's early days. The feedback we have had has been quite negative about the new busses. Elderly people are struggling with the step that apparently, haven't been on one yet, but there's a step just inside the bus, and older people are really struggling with the bus. I don't know if the times are better for them, but we've certainly had people say that they are struggling to get on and off the bus, but that doesn't affect them going to the hospital. I don't know what the public transport system is like out in Blue Hill. Now I haven't looked, but up until the change, it was the last Thursday of the month from, you got into town at 10 o'clock and you left again at one. That doesn't give you time to shop and go to the hospital, let alone have scans and X rays and all of those things. So it may have changed. I believe there has been some change, but I don't know what it is.

The Hon Ronald Coleman -
Thank you. So what about the public health itself? Do they still assist with transporting elderly folks?

Catherine Turner CEO EHRC
Not as far as I'm aware. No, okay.

The Hon Ronald Coleman -
Thanks for that. You also mentioned in your report the reference to litigation clients who are awaiting outcome of litigation cases. Can you elaborate on how this is affecting the client, the complainants and the families?

Catherine Turner CEO EHRC
Yes, these are the medical negligence cases that are waiting to go through. For some of them, the negligence or the event happened as much as nine years, eight, or nine years ago, 2016/17, and so they've been waiting a very long time, and for the most serious ones, the level of care that is now needed is way beyond what it used to be. It has meant people taking early retirement to assist the other partner who was, who has been at home with the person. It's meant mental health issues, dealing with scars, those sorts of things, and the stress of just knowing this needs to happen and it hasn't happened yet. You know, not knowing when it's going to end, you can't put it behind you if it's still in front of you. So there is a lot of stress around waiting for the cases to be heard, not knowing what's going on, delays with court procedures and things.

The Hon Ronald Coleman -
Thanks. The other thing is, there in the report is the fact that in 22/23 there were contacts requesting help in obtaining pain relief, like the CBD oils. So now that we've revised the legislation and that's been passed, can you say whether this is still a case, or less people?

Catherine Turner CEO EHRC
Those that have that wanted access to it, have got it. They are benefiting from it, and in fact, there was a Facebook group for those in pain that I was joined in on that has closed because they don't feel they need to support each other in the same way anymore. So I think that's a really positive outcome.

The Hon Ronald Coleman -
Thank you. Your report referenced that some patients experienced delays, even in chemotherapy treatment to arrive on island, is this still the case?

Catherine Turner CEO EHRC
We haven't had anything for about three, four months now.

The Hon Ronald Coleman -
Did the EHRC did anything about it?

Catherine Turner CEO EHRC
What always happens with all of these is that we write to the senior medical officer and ask if there's an explanation we can pass on to our client, or if he doesn't want to discuss our client's case, then would he contact them direct and let them know what the situation is, and we, almost without exception, get that help.

The Hon Ronald Coleman -
The final question is about medication. Your report also referenced the concerns some patients were having with out of date or expired medication. Have these concerns been raised with Health and Social Care, and what responses did you receive?

Catherine Turner CEO EHRC
Yes, they'd been raised. We were told they were aware of the situation, that they were resolving it. The one I know most about was the insulin, which clearly had come down to poor stock rotation, because some that we had in stock at home, I will be personal about this, was even actually a newer date than the one we were given that was out of date at a later time, but that has now been resolved, and in fact, the stuff that was out of date as soon as the good stuff, the in date stuff arrived, was swapped, and you've not paid any more. Concerns, not had any more concerns since was probably about two months ago.

The Hon Ronald Coleman -
Thank you. Thank you very much.

The Hon Robert Midwinter -
Okay, thank you very much for that. So I will now hand over to the Honorable Elizabeth Knipe.

The Hon Elizabeth Knipe -
Thank you Chair. Good morning, Mrs. Turner, your report states that there's currently no support or refuge for men suffering domestic abuse. As the EHRC is a member of the Safeguarding Board, has this been raised as a concern with the Board? Can you say what support you would see being put in place for men, and should this be the same level of support that is currently provided to women?

Catherine Turner CEO EHRC
Yes, it has been raised with the Safeguarding Board, probably two years or more ago, and it is something that I know they want to review, and we have had difficulty getting statistics on domestic abuse in general, but then disaggregated for male and female. So that is now available, and we're hoping, now working with the police, to get some figures together so we can see what the demand might be for a male place of safety. I mean, clearly there is a need, whether it's, it can't be where the existing safe haven is because the women in there have, on

the whole, not always, but usually, been abused by a male partner. So putting a man in there would not be appropriate on either side and also we could be open to all sorts of accusations and unsafe sort of practices. So it does need to be somewhere separate, and there has been talk of looking at various places. It's a matter of police oversight as well being able to get there easily, so not easy, but it does need to be done. But again, we need in terms of getting funding, we actually need to have the figures and the evidence to show that it's needed. So that is what we are working on right now.

The Hon Elizabeth Knipe -
The report states that there is a desperate need for robust anti domestic abuse legislation, which makes coercion and other non-physical abuse a crime, noting that we have a Domestic Abuse Ordinance in place already, what areas do you feel are deficient, and is it that the legislation needs strengthening, or are there other areas that need support, for example, encouraging people to come forward who have been subjected to domestic abuse, training and awareness raising programs, etc.?

Catherine Turner CEO EHRC
All of the above. The current legislation allows for an exclusion order, or an order to stop the abuser going near the survivor, and that in itself is good, but it usually relies on an assault or something to happen if you want to take criminal action. So if a partner beats their other half, blacks their eye, breaks their arm, those sorts of things, it's that can be taken to court and it can be prosecuted and it can be dealt with. However, if the abuser takes away my money so I can't go out, or stops me going to see my family and my friends, or takes away my contraception so that I have no choice about whether I get pregnant or not, those things are not covered by the law at all, and what we would like to see is law that makes those types of abuse, because they are controlling abusive behaviors, that makes those illegal so that they can be prosecuted. At the moment, there is nothing that can be done other than getting one of those orders and having the person removed from the house not allowed to come within 100 yards, but unless you have legislation that clearly states that something is illegal, it's very hard to get people, the perpetrators, to understand that what they're doing is wrong. The answer we tend to get back is, well, you know, that's its normal, everybody does that. I don't want my wife, husband going out in a short skirt or tight trousers or whatever it happens to be, but actually they have a choice about what they wear and what they do and where they go, and if they want to go, then nobody has the right to stop them, and it is important that that sort of behavior becomes understood, but it's hard to get people to understand it's wrong, if nothing says it's wrong apart from me or somebody standing there on White Ribbon Day or throughout the year, saying it's wrong. And I can write articles in the newspaper, which we do, we can go out and march down the street, but until people understand the behavior, even the survivor, the victim, doesn't know that it's wrong. I had somebody come into me two weeks ago and say, well, they haven't actually touched me, so I don't really know that, and I'm saying it doesn't matter whether they've touched you, but they didn't understand that what was happening was domestic abuse. They knew they didn't like it, but they didn't understand what it was. So there's a lot to do in terms of education. There's a lot to do in terms of public awareness, but yeah.

The Hon Robert Midwinter -
If I can just jump in here, Betty. So in the existing Domestic Abuse Ordinance, 2017, in the definitions, it actually defines domestic abuse means "any controlling or abusive behavior that harms the health, safety or wellbeing of a person or any relevant child in the care of the person, and includes", and then it lists, not only physical abuse, sexual abuse, but also, for example, economic abuse, intimidation, harassment. So economic abuse is identified and it is listed.

Catherine Turner CEO EHRC
It is there, but the police don't feel that it's enough for them to act with okay, and the police feel that it's not sufficient, and certainly, when you look at what the UN recommend as being the legend, the level of legislation that's required, it does not meet that standard.

The Hon Robert Midwinter -
Okay, so as well as coming from, you've actually discussed that with the police, and they feel that there needs to be some strengthening?

Catherine Turner CEO EHRC
As have previous Attorney Generals as well. I've met with just about every Attorney General, apart from the most recent one, okay.

The Hon Robert Midwinter –
Thank you very much. Sorry about that, Betty.

The Hon Elizabeth Knipe -
If it is that legislation is deficient, would there be an opportunity here for the EHRC to work with Councillors to perhaps assist with developing private member bills on particular areas of concern, such as anti-domestic abuse legislation?

Catherine Turner CEO EHRC
We'd be delighted. Yes, absolutely, it's what we're here for.

The Hon Elizabeth Knipe -
Thank you. Your report suggests that the provision of respite care is lacking in several ways, mainly through the lack of resources available to the Health and Social Care portfolio and difficulties faced in recruiting, retaining and training sufficient carers, particularly within a small but aging population. To what extent do you believe the responsibility for this provision sits with the portfolio, and to what extent would you say that there is a wider community based social responsibility? As an example, should more effort be put into working with Civil Society Organizations, local charities and possibly the private sector, in order to develop opportunities for respite and other care services?

Catherine Turner CEO EHRC

Again, yes it is a really difficult one. As I've already said, there's approximately 4000 of us, and a lot of that population that we do have are the ones that need this care. So it is difficult for NGOs to be established and to function and to raise funds when there's only 4000 of us. With the difficulty we have getting funding from overseas, because we're not Commonwealth and we're not a poor country, because we're British, anytime you apply overseas for funding to try and address these situations, you're rejected on the ground you don't qualify, and we have made several attempts to do this. The Community Development Organization was established back in about 2010/11, with a remit of developing the capacity of the local NGOs, the local community groups to get them to a place where they could look to take on some of these roles. Now that role was diluted when funding was given to them to hand out in grants, and then the Community Development Organization became synonymous with the grants, but actually that was not their original role. Their original role was to develop this capacity, but that organization has now disappeared completely, it lost its funding. It did have a full time officer that has now all gone, and I deeply regret that, because there is nobody supporting the NGOs. Most of these groups are run by retired or semi-retired people. They are run by people who give up hours and hours of their personal time to do things, but there is not the capacity there in terms of finances and in terms of expertise to actually recruit and train or recruit and employ people. Take Macmillan and nurses, which would be an absolute Godsend on the island. People could die at home instead of having to be in hospital or wherever, but we do not have the funds to pay Macmillan nurses, and how those funds would be raised, I don't know, because with 4000 people, we've only got so much we can give to charity every year, and so many charities competing. There are children's charities, charities for the aged, people with cancer, domestic abuse, disabilities, they're all pulling at that same pot, and if there was an answer to that, I would be really interested in helping do something about it, because the more capacity we have outside and the more work we can generate through getting involved in these sorts of things, strikes me as being yet another way of boosting the economy that would actually benefit people. But it is that, it's that pump priming money, it's that beginning, it's that how do you do it? Can you charge for those services? What happens if people can't pay, does government pay for those services where people can't pay? And if that setup is there, then it can be done. But again, we have a limited number of people who can take on those roles, but it would be wonderful to see it happen, it's what should happen. It shouldn't all be government, but in the absence of anybody else, it has to be.

The Hon Elizabeth Knipe -
Thank you. Has the EHRC undertaken any assessment of what is being provided on Island outside of the Health and Social Care portfolio, for example, by Happy Hearts, SHAPE, etc.?

Catherine Turner CEO EHRC
Yes, and we work quite closely with SHAPE, where we, in terms of disabilities and activities and things like that, and so yes, there is a lot done. When I say, you know, we need more, we do need more, but I shouldn't, I'm not criticizing the people who are already here. Happy Hearts has got to be one of the best things that's ever happened, you know, to give a bit of social life to

people on a regular basis is wonderful, and SHAPE do an excellent job. I would just, it would be wonderful if that was a bigger, more thriving sector of our society. That's really what I'm saying.

The Hon Robert Midwinter -
Thank you, Catherine. I'm going to pick up a couple of points from Councillor Knipe, and first before doing so, obviously, declare that I am on the Board of Directors of SHAPE, seeing as we just mentioned SHAPE. So in terms of the private sector and opportunities for respite and other care services, and there's two questions in this regard I would have, one is around, say, the domiciliary care and things that could necessarily be provided. For example, if you've got home help, there was at one point a suggestion that some of the home help services could be expanded to include some of the basic care that would be provided by visitors from Social Care, and I know at one point there was actually adverts going out when they were looking at the cleaning services contracts, the possibility of including those elements within, and I know at the time it didn't actually go anywhere, so do you think there might be some more scope for Health and Social Care to look at those aspects again?

Catherine Turner CEO EHRC
Yes, I think everything and anything should be looked at in terms of getting people the help that they need, and I specify need rather than want, but so long as the usual checks and things are done, I don't think it makes any difference who does it. So long as they're trained, they know what they're doing and they're vetted, and if it means that a business can expand and perhaps take on more staff and be, you know, offer more services then that there's no reason why that couldn't happen.

The Hon Robert Midwinter -
And in a similar vein, and as you mentioned, the Community Development Organization was supposed to originally help to strengthen civil society bodies and not just hand out grants, but has since effectively come to an end in its, in terms of its own funding streams, and now only has a limited number of funds available for legacy grants, as it were, but looking at examples, for example, the Happy Hearts and what they do. And obviously in other countries, in the UK, they have organizations that do have similar goals. They'll take people on bus trips, you mentioned about people having been brought down historically, to town for St Helena's Day. Do you think that the Health and Social Care portfolio should be looking to try and do more things through civil society, through the charities, to reinvigorate some of those aspects?

Catherine Turner CEO EHRC
So long as the charities have the capacity, yes. Where the charity is, you know, a few retired people, perhaps, of an age where they can't manage to do those sorts of things, then I don't think it would be feasible. But if the charity like Happy Hearts, well, Happy Hearts is really Social Services anyway, I mean groups like Ageways, the Disabled Persons Aid those, oh, sorry, Saint Ability, let's get the name right, because it's a positive change, and those groups, I think I would like to see them in a position where they can do things like that. And certainly, I mean, my UK experience is that when I grew up, my mother was matron of a Cheshire home, which was a

private charity that was there for people originally injured during the war and disabled, but obviously, as time has passed, then people in wheelchairs in general, and groups like rotary and lots and lots of different groups would come along and do something, and, you know, they'd have a bingo night, or they'd take people out, there'd be trips to the seaside, and those things were all provided by local charity groups of one sort or another, and it wasn't down to the Government. The whole thing was privately run on a charity basis, and I would love to see that happening, but without trying to be negative, the number of people we have that are in a position to be able to give that sort of time, and the amount of money available on island for donations is very, very limited.

The Hon Robert Midwinter -
So one thought that crosses my mind, and you talked about Saint Ability before, talked about disabled vehicles and transportation, is whether if an organization such as Saint Ability had a disabled vehicle, that they could then, this could be operated to pick up people, take them from one place to another?

Catherine Turner CEO EHRC
I think that would be great. Again, as much as it can be provided outside of Government, the better, because it leaves Government providing. I mean, I see Government as providing the basics, the absolute necessities, but the community groups are the icing on icing, maybe the jam in the middle, not quite the icing, but they're the next stage on, the little bit extra that people can't have, and it will be good to have those, those abilities and the capacity here to do that okay.

The Hon Robert Midwinter -
And I think, I think I should, I think I should actually leave it at that for now. Thank you. So does either of, any of my colleagues have anything further that they wish to raise? Is there anything else before we do wind up? Catherine, is there anything else that you wish to add?

Catherine Turner CEO EHRC
I don't think so. I think we've seen significant improvements over the last year or so, and I would like, I'm sorry that the Minister has left actually, because I would like to say thank you to all involved in the improvements that are now becoming visible. If I have one comment, it would be that it would be nice to know more about them, and to know they were happening a bit more easily. I think there's a lot happening that isn't out there in the public domain, which, if it was in the public domain, people would perhaps be happier about the improvement in the doctors recently, those things; I didn't know the recruitment had changed until last week, so it's just those things. It'd be nice if there was more out there for people to understand, and if they understand the problems, I think, be more sympathetic as well sometimes.

Summing Up

The Hon Robert Midwinter -
Okay, thank you. So that concludes the Select Committee's questions on our program of business for today, and I would like to thank Mrs. Catherine Turner of the Equality and Human Rights Commission for attending and giving responses to the questions asked in respect of their written submission to the Committee. The Committee will now evaluate today's proceedings and feed this into our inquiry as we deem appropriate, we will be holding further live evidence sessions, particularly with the portfolio officials, and will ultimately submit a report to the Legislative Council, together with any recommendations shortly thereafter. In closing, we thank you the listening public for your interest in the work and activities of the Select Committee, and we express our gratitude to the South Atlantic Media Services for providing this live radio coverage and, in closing, take care and enjoy the rest of your day. Thank you very much.

Approved by Select Committee:

Councillor Robert Midwinter
29 April 2025