

The British Institute of Human Rights

**THE DIFFERENCE IT MAKES:
PUTTING HUMAN RIGHTS
AT THE HEART OF HEALTH
AND SOCIAL CARE**



HOW TO GET THE MOST OUT OF THIS GUIDE

Drawing on over ten years of BIHR's practical partnerships with the public and voluntary sector, this guide is about why and how we take human rights out of the law books and into the heart of healthcare. To "bring to life" such a human rights approach we have included a range of real-life examples of what human rights in practice looks like, including lessons learnt and top tips.

Is it for you? (Yes!)

This booklet is for **people working in public sector and voluntary sector organisations** at all levels, from leadership to front-line delivery. It aims to help you to think about applying a human rights approach to *your* work. It will also be helpful to people accessing health and social care, showing how services can make sure your human rights are respected, protected and fulfilled in practice. Whilst there is a **health and social care focus**, the **key messages and tips and tools** will be **relevant beyond those sectors** and helpful for anyone who wants to find out more about putting human rights into practice.

When we use the terms 'you' or 'your' we are referring to people working in the public sector or voluntary and community sector organisations. Because human rights are about all of us, the information in this booklet will also be **helpful for individual service users / patients and their families**, in particular the sections on Law on page 19-22 and Resources on page 26. If you are an individual who wants to find out more about human rights you can also check out some of our other resources including "Make Human Rights Happen", "Raising a Human Rights Issue: Tips and Tools", "Your Human Rights: A Pocket Guide for Carers" and "Mental Health Advocacy and Human Rights: Your Guide" all available from www.bihhr.org.uk or by calling us on 0207 882 5850.

No **knowledge** of human rights or the Human Rights Act is assumed, so we provide some useful background information on these issues, especially at pages 19-22. Even if you know about human rights, there is a still lot for you, particularly the real-life examples covering a wide range of issues, which will help you to think through how to use your human rights knowledge at a practical level.

Finding your way around

This booklet is structured around the '**PANEL principles**'. The PANEL acronym is a short-hand for remembering the key factors for taking a human rights approach in your work. The PANEL principles are **P**articipation, **A**ccountability, **N**on-discrimination, **E**mpowerment and **L**aw. Using PANEL as the foundation for your human rights practice is explained on page 10. However, PANEL should not be thought of as a pick and choose activity, or a tick-box exercise. Taken together PANEL helps you think about the **totality of your approach** and the key things to think about to use human rights across your work.

Who is featured in this booklet?

This booklet showcases our work with a range of service providers and voluntary sector groups working in the healthcare sector. In particular we feature our Human Rights in Healthcare Project with voluntary and community sector groups ("BIHR VCS Project"), an exciting project working with 20 locally-based 'partner organisations' to make human rights happen as part of their everyday practice in healthcare. We have also flagged our work with the two-stage Human Rights in Healthcare Project undertaken with the Department of Health and more recently Mersey Care NHS Trust. The examples in this booklet look at human rights practice in two key contexts:



Individual Stories: where human rights have been used in advocacy to help improve a situation for a person receiving healthcare services



Organisation Journeys: where human rights have been used to transform the internal culture and external approaches within organisations delivering healthcare or advocacy services

Explaining some terms we use

BIHR VCS Project: the Human Rights in Healthcare Project 2010-2013 run by BIHR in collaboration with 20 'partner organisations' from the voluntary and community sector. This project was funded by the Department of Health Third Sector Grants Programme.

Organisations: we use the term 'organisation' to mean public sector bodies (including regulators) and voluntary and community groups.

Healthcare providers: we use the term healthcare providers or service providers as shorthand to mean any organisation providing healthcare services. It is important to remember that healthcare services are now being provided by public, private and voluntary sector groups – these types of organisations need to think about human rights. See page 20 for more information.

Healthcare services: we use this term to mean providing services but also ensuring fair access to those services.

A MESSAGE FROM...



Stephen Bowen

BIHR'S DIRECTOR

"Human rights are about the basics we should all have to live dignified lives. These universal minimum standards about treating us all as humans are expressed in laws such as the Human Rights Act. This sets down legal rules for the behaviour of public authorities, such as NHS healthcare organisations. As BIHR's work shows, human rights, when properly understood, can help deliver the dignified, accountable and respectful healthcare services we all cherish.

Yet, the idea of human rights as a means of achieving good quality healthcare – experiences as well as outcomes – has not yet fully taken

root in the UK. This guide provides a powerful bank of evidence, which we hope will support even more decision-makers to join us in the journey of putting human rights at the heart of healthcare. There have been too many recent reminders of the tragic human cost of losing sight of our humanity when delivering healthcare (never mind the financial, legal and reputational risks).

All too often, tragic failures of care hit the headlines, from the Mid-Staffordshire scandal to Winterbourne View, raising issues around the right to life and the right not to be treated in inhuman and degrading ways. The challenge now is to eliminate poor practice and ensure healthcare services are designed and delivered with the person and their rights at the core.

We need to get proactive and be thinking about prevention not only cure,

and that is the helping hand a human rights approach offers; fresh-thinking, a framework for action, and one which places our human dignity right at the centre of services.

As BIHR's collaborations with healthcare services shows, the green-shoots of good practice are growing. This guide provides an array of practical examples showing how and why a human rights approach to healthcare should be prioritised. The next stage in the journey is ensuring work to put human rights at the heart of health and social care is nurtured, developed and spread. Then we truly will have an NHS that delivers on the NHS Constitution and the basic promise of human rights of treating people with equal dignity and respect, not only in spirit but in substance."

Stephen Bowen



Norman Lamb

DEPARTMENT OF HEALTH MINISTER FOR CARE AND SUPPORT

We were pleased to receive a statement of support for the BIHR VCS Project from Norman Lamb, Department of Health Minister for Care and Support:

"I sincerely thank you for the excellent work that the BIHR, and its 20 partner organisations, have completed over the last three years on behalf of the Department of Health. It is crucial that the NHS and care services take time to consider human rights and how they must underpin the way in which patients, carers and clients are treated, as well as understanding that their views and experiences are crucial in shaping our care systems."

Norman Lamb

CONTENTS

- 2** How to get the most out of this guide
- 4** Introducing Human Rights in Health and Care
- 6** BIHR's work on human rights in healthcare
- 8** What's in it for you?
- 10** Using a human rights approach to your work: the PANEL principles
- 11** Participation
- 12** Accountability
- 15** Non-discrimination
- 16** Empowerment
- 19** Law
- 23** Building a Community
- 26** Resources
- 27** Useful contacts
- 28** The rights contained in the Human Rights Act

INTRODUCING HUMAN RIGHTS IN HEALTH AND CARE

Healthcare which respects, protects and fulfils our human rights has an important role in ensuring we can all live dignified lives and participate as active members of our communities. Human rights are about each and every one of us, no matter who we are or where we are from. Human rights are the hallmark of a democratic and fair society; providing the rule book for how public authorities, such as NHS healthcare organisations, should treat us. In this way human rights provide a vital safety-net for us all, setting down in law the basic minimums that everyone should have simply because we are human.

A human rights approach means putting the human being and their legally protected rights at the centre of policymaking and day-to-day practice. It can be applied to all areas of public life that affect human rights, including housing, education, policing, social care and (the focus of this guide) health.

Healthcare and human rights: a shared history

Healthcare and human rights have always had a close relationship. In 1948, following the horrors of World War II, the UK championed international human rights laws whilst at the same time creating the NHS here at home. So it is hardly surprising (though sometimes forgotten!) that human rights values such as fairness, respect, equality, dignity and autonomy underpin our public healthcare service ethos, as well as the NHS Constitution, professional codes of conduct, and various healthcare laws and policies.

“Principle 1: The NHS provides a comprehensive service, available to all... It has a duty to each and every individual that it serves and must respect their human rights”

NHS Constitution

Human rights - it's about healthcare practice

Putting human rights into practice – a human rights approach – means moving beyond the spirit of values and expressly using the language of the law to help achieve positive change. The Human Rights Act (HRA) is one of the most important laws protecting our rights here at home. The HRA is a “framework law”, with legal duties on public authorities, such as healthcare services, designed more for culture change than rafts of litigation. The HRA offers fresh ways into the age-old problem faced by healthcare services - how to keep human beings, rather than systems or targets, at the heart of delivery. As the real-life examples in this booklet show, looking at issues through a human rights lens can help:



Healthcare staff see things from a different perspective; improve attitudes and practices and provide a useful framework for making (often difficult) decisions at policy and day-to-day service levels (what we've called Organisation Journeys in this guide)



Empower patients and families/carers (and their advocates) to speak up when things are going wrong and help find an appropriate and fair solution (what we've called Individual Stories in this guide)

Whilst there is much to celebrate in the NHS, there are also some stark reminders that things do go wrong and much needs to be done to address these failures in care and to prevent repeating the mistakes of the past. For example, a human rights approach means seeing recently reported avoidable deaths due to dehydration, malnutrition and poor care as a right to life issue. Thinking about these legal (not simply moral) duties can lead to better enforcement.

Human rights can be a **practical tool**, providing a framework which helps organisations to **make decisions** and help **mitigate risk**. Using this framework can help ensure the **process** of decision making - in the often busy fast-paced environment of healthcare services - is a fair one, with the individual at its centre. It's important to remember that human rights are not always about a 'right or wrong' answer. Using a human rights framework should help you to make the best decision in the circumstances. It helps to move a decision away from an individual judgement of what is morally best, to one framed in universal legal standards.

**“PROMOTING AND PROTECTING HEALTH AND RESPECTING,
PROMOTING AND FULFILLING HUMAN RIGHTS ARE
INEXTRICABLY LINKED.”**

WORLD HEALTH ORGANIZATION

THE CHANGING LANDSCAPE: ECONOMICS AND POLICY REFORMS

Healthcare services are grappling with reforms and with meeting increasing needs in tighter economic times. A human rights approach does not eliminate hard choices about where to spend resources, but it does help ensure fair decision-making to guide policy development, service redesign and resourcing decisions.

Using a human rights approach can help clarify expectations of fair and dignified treatment, and provide redress when standards fall short.

Human rights approaches can provide the basis for ensuring and driving up quality as well as a tool to change the culture of services towards one that supports person centred approaches, co-production, safeguarding and personalisation. Making this shift requires increased understanding – particularly among those using and delivering services – of how human rights can be put into practice.

At the end of the day, putting human rights at the heart of healthcare not only ensures NHS organisations are meeting legal obligations, it can also deliver much-needed improvements in the quality and accountability of healthcare services.

Addressing quality of care and accountability

There have been many recent reviews addressing the need for accountability and better quality of care within health and social care services, particularly in light of the tragic loss of life and inhuman treatment at Staffordshire Hospital, and the abuse and neglect at Winterbourne View:

“Services should focus on individual dignity and human rights...Workforce should demonstrate that they are providing quality care and support which includes... good understanding of the legislative framework and human rights” (Department of Health Review Final Report, “Transforming care: A national response to Winterbourne View Hospital” 2012)

“Patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.” (The Mid Staffordshire NHS Foundation Trust Public Inquiry, the “Francis Report” 2013)

“People who use health and care services have the right to be treated with respect, dignity and compassion by staff who have the skills and time to care for them.” (Department of Health Policy “Treating patients and service users with respect, dignity and compassion” 2013)

“Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times. Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work. Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge.” (A promise to learn – a commitment to act: Improving the Safety of Patients in England, “Berwick Report”, 2013)

At their core what these reports and reviews reveal is the need for a human rights approach, namely a shift in culture and delivery focused on accountable services, underpinned by fundamental principles, which empower staff, patients and families. Such an approach can help improve patient outcomes and respond to wider systemic issues, identifying risks, taking appropriate action and practice prevention rather than cure.

“WE WILL PROMOTE A RIGHTS-BASED APPROACH IN EVERYTHING WE DO, WITH A FOCUS ON OUTCOMES FOR PEOPLE...THIS IS MORE THAN JUST ENSURING COMPLIANCE – IT IS ABOUT CHANGING ATTITUDES AND BEHAVIOURS, ORGANISATIONAL CULTURES AND PRACTICES”

CARE QUALITY COMMISSION, EQUALITY AND HUMAN RIGHTS SCHEME, 2010-13

BIHR'S WORK ON HUMAN RIGHTS IN HEALTHCARE

Since Parliament passed the Human Rights Act in 1998, BIHR has been working with service providers and advocacy groups to help translate the law into practical tools for change. A key programme of work for BIHR over the last ten years has been Human Rights in Healthcare, where we have worked both with:

-  those who have human rights duties (healthcare service providers, Government and regulators)
-  advocacy services working with individuals whose human rights should be respected (patients, families and carers).



BIHR'S WORK WITH THE PUBLIC SECTOR

BIHR has pioneered work on a human rights approach to healthcare, in partnership with the Department of Health (DH) and five NHS organisations. In 2008 we published the 'Human Rights in Healthcare Framework'. The ethos behind the project was to take human rights out of NHS legal departments and apply them in the day to day running of NHS organisations, to help make improvements to services and to people's lives. The Framework captures some of the learning from the five NHS Trusts involved and offers practical lessons for anyone working in health and social care about how human rights is relevant to their work, understanding the obligations NHS organisations have under the Human Rights Act, and how human rights can be used to deliver better services. For more information on the Framework, see page 26.

Since developing the Framework, one of the Trusts has gone on to champion this work within the NHS, with the support of BIHR. Mersey Care NHS Trust have implemented a human rights approach in various parts of their mental health and learning disability services, and are now working with BIHR to look at how a human rights approach can improve care in an acute mental health inpatient unit. They have also supported four other NHS organisations to implement a human rights approach in different parts of their services. More information on all this work is included throughout the guide.

BIHR'S WORK WITH VCS GROUPS

Voluntary and community sector organisations are increasingly playing an important role in health and social care – both as providers of services, and as advocates and campaigners on behalf of those in need of better care. Most are working on human rights issues, such as quality of care and treatment, but relatively few are using human rights to support their work. BIHR's Human Rights in Healthcare Project (BIHR VCS Project) is funded through the Department of Health's "Voluntary Sector Investment Programme: Innovation, Excellence and Strategic Development Fund". Since 2010 this Project has been exploring ways of assisting voluntary sector organisations working in or on health and social care issues to use human rights to provide and advocate for better services. BIHR has worked closely with 20 organisations across England, with a sub-group focused on mental health. Together we have explored how human rights approaches can lead to changes in health and social care practice, including through:

-  **Organisation Journeys:** transforming the internal culture of organisations and forming the basis of partnership working with services
-  **Individual Stories:** securing good outcomes for service users, their families and carers

The organisations involved in this practice-based project have used the rights in the HRA, and the duties it places on providers of healthcare services, in innovative and exciting ways to assist the individuals they work with. Much of this work is featured in this guide, providing important evidence of how to develop and nurture a culture of respect for human rights in healthcare.

ALL THE THREES

 3 open events on health and human rights (Liverpool, Birmingham and London)	3 open events on mental health and human rights (Manchester, Bristol, London)	 3 roundtables on human rights in healthcare (Birmingham, Liverpool, London)	 3 joint resources
 368 bookings	329 bookings	 13 meetings of the partner organisations	 3 joint letters
			 3258 cups of tea made!
			 3 years the project ran



SUNDERLAND

City Hospitals
Sunderland
NHS Foundation Trust

LANCASHIRE

n-compass North West Ltd

MERSEYSIDE

Alternative Futures Group
Asylum Link Merseyside
Wish
Mersey Care NHS Trust
Learning Disability Service
Dementia Service
Mental health services

BLACKBURN

Healthwatch Blackburn
with Darwen
NHS Blackburn with Darwen
Teaching Care Trust

MANCHESTER

BHA

LONDON

Age UK (national)
Age UK East London
Look Ahead Care and
Support
Manor Gardens
NSUN network for
mental health
Project: London (Doctors
of the World UK)
Rethink Mental Illness
Advice Service
Southwark Health and
Social Care
Wish

NORTH WALES

Betsi Cadwaladr
University Health Board

WEST MIDLANDS

BIRMINGHAM

Birmingham Solihull
Women's Aid
POhWER
Heart of Birmingham
Teaching Primary Care Trust

SUTTON COLDFIELD

Advocacy Matters

SURREY

Surrey and Borders
Partnership NHS
Foundation Trust

BRIGHTON

Mind in Brighton and Hove
Friends, Families and Travellers

WHAT'S IN IT FOR YOU?

What 10 years of work on human rights in healthcare has revealed

It's the law: all public authorities, including NHS organisations, have legal duties under the Human Rights Act (HRA) to respect, protect and fulfil people's human rights. This is not something to be frightened of; it is something to embrace. For organisations, especially those providing healthcare service, human rights law can be a powerful driver and useful decision-making framework. For individuals, human rights law provide a means for ensuring services are accountable. But it's also about so much more...

FIVE KEY REASONS FOR PUTTING HUMAN RIGHTS AT THE HEART OF HEALTHCARE

1

Better services and outcomes: armed with knowledge about what human rights really are and the confidence of expert guidance on putting them into practice, human rights **can help drive up quality and improve outcomes** for service users, service providers, their staff and the wider community. Poor services are never cheap in the long run, and can have very serious human, financial and reputational costs.

Helping oil the wheel, not reinventing it: using a human rights approach is not about completely changing the way your organisation works, it's about bringing together all the things you do and providing a **coherent, practical framework**. You may already be doing human rights work but without making explicit reference to human rights, or knowing which can help universally-agreed legal standards which can help you with your work.

3

5 PRACTICAL BENEFITS FROM ADOPTING A HUMAN RIGHTS APPROACH

- + More person-centred care
- + Reduced risk of complaints and litigation in the long-term
- + Improved decision making
- + Broader range of marginalised groups involved and considered
- + More meaningful engagement

More details on these later in the guide...

There is a huge willingness out there: through our work, BIHR has seen a **huge appetite for accurate, accessible information and practical guidance on human rights** and a willingness to apply human rights, from organisations across different sectors.

5

Familiar shared values: human rights are not new to the work of organisations. The core values which underpin human rights – **dignity, respect, fairness, equality and autonomy/choice** – are shared public service values. Human rights, which are backed up by the law, can transform these values from concepts into practice that achieves positive change.

2

Power not pity: Accessing public services often involves an imbalance of power between those providing services (such as medical professionals) and those using them (such as patients and families). These imbalances of power can be keenly felt in healthcare situations, when we are often at our most vulnerable. **Human rights can provide a powerful language** for the conversations that need to take place, moving away from needs or charity to fulfilling rights and duties. This can be empowering for all involved.

4

It's about day-to-day practice (not theory!): human rights are not only about the organisation's legal team – as the examples in this guide show – they are about a whole approach to your work. **Human rights can be a practical tool**, providing a framework which helps organisations to make (often difficult) decisions. Human rights focus on placing the individual at the centre of decisions, whilst taking into account the rights of others and the wider needs of the community.

TOP TIPS FOR MAKING IT HAPPEN!

1

Leadership from the top, engagement from the ground:

As with any transformative work, to be successful a human rights approach needs **buy-in from the top** and the **engagement of those doing the practical work on the ground** (and all the layers in-between!). This means leaders demonstrating their commitment to human rights through strategy, policy and communications. It also means that those on the front line of service delivery, advocates and others need to know about human rights and most importantly how to apply human rights.

2

Make it real and relevant: The tools for putting human rights into practice need to be **accessible, non-technical** and **relevant** to people's everyday experiences. This requires an understanding of human rights laws and the ability to translate it into tools for change.

3

Get expert advice and collaborate: when starting out, rather than "going it alone" it is important to **seek expert advice** and **work with others** to build human rights capacity and confidence. See the Building A Community section on pages 23-25.

4

Be ambitious but realistic: Think big and **create a bold vision** of a human rights approach which sets out where the organisation needs to go and why. **Set a clear plan** which includes quick wins and longer term goals, with ways to **measure progress** to keep improving and don't forget to **celebrate success!**

5

Remember it's a marathon not a sprint: using a human rights approach to your work is about **transformation**, and we all know this **doesn't happen overnight**. Whilst human rights can help negotiate better treatment for individuals, influencing organisational culture is a longer-term goal.

INDEPENDENT EVALUATION OF HUMAN RIGHTS IN HEALTH CARE WORK SHOWS...

BIHR's work with Mersey Care NHS Trust shows that a human rights approach can make a powerful difference, for example in relation to right-based participation:

"78% service users and carers say it has a positive impact on their mental health. 96% managers say it has positively changed them as a person, 68% say it has changed their attitudes and 74% say it has changed their practice." (Service User Research and Evaluation Group, 2011)

More broadly, evaluation of BIHR's work on a human rights approach with a range of NHS organisations found this approach:

"goes above and beyond good practice in providing renewed quality of care for service users, and staff are empowered to challenge care decisions...it defines a common shared value base more effectively than other guidelines about standards of care... [and is] an empowering tool for service users to hold organisations to account." (Human rights in healthcare evaluation' Ipsos Mori 2008)

Work done by others, including at the State Hospital in Scotland, has found that a human rights approach:

"was successful in supporting a cultural change from an institution where rights were largely 'left at the door', and with a 'them and us' culture, towards an organisation with a more positive and constructive atmosphere with mutual respect between staff and patients. This had led to increased staff and patient engagement, increased work-related satisfaction amongst staff and increased satisfaction amongst patients over their care." (Scottish Human Rights Commission, An evaluation of a human rights-based approach at The State Hospital, 2009)

+ Remember

Using a human rights approach can result in better treatment for individuals and better services for us all, but human rights are **not a magic wand, or a silver bullet**. Simply citing the HRA, or using human rights language, may not necessarily change a decision or situation. However, human rights can still be a useful framework for making such decisions fairly and be an important check on state power. It's also important to remember that other laws and policies may be more relevant in some situations (such as the Equality Act, Mental Health Act etc.) – but don't forget human rights can be a 'lens' to help us apply these laws (see Law section on pages 19-22).

USING A HUMAN RIGHTS APPROACH TO YOUR WORK: THE PANEL PRINCIPLES

Put simply, a human rights approach is the explicit use of human rights values and standards in policy, planning and delivery. The PANEL principles are an easy short-hand for the key things to think about when putting human rights into practice in your work. More detail on each of the PANEL principles is explained in the following sections, with practical examples from the partner organisations BIHR has been working with in health and social care over several years.

Health warning on PANEL principles

The PANEL principles are designed to be a simple way to think about how you can put human rights into practice. However, they should not be thought of as a tick-box exercise, or as a 'pick and mix'. In particular it is **explicitly linking the principles** of Participation, Accountability, Non-discrimination and Empowerment **to human rights Laws** which makes your work a human rights approach. PANEL should help you think about the **totality of your approach** and the key things to think about to use human rights across your work.

- P** enabling meaningful **participation** of all key people and stakeholders
- A** ensuring clear **accountability**, identifying who has legal duties and practical responsibility for a human rights approach
- N** **non-discrimination**: discrimination avoided, attention paid to groups made vulnerable
- E** empowerment of staff and service users with knowledge, skills and commitment to realising human rights
- L** expressly apply human rights **laws**, particularly the Human Rights Act



PARTICIPATION



Participation in a human rights approach is about enabling meaningful involvement of all key people and stakeholders. This means not just the individual concerned, but wider participation of their family members, carers, advocates etc. Meaningful participation is about ensuring that the individual understands the situation (for example, a decision about their care or treatment), that they have been consulted about this and the other alternative options available, and that they have a say in decisions that affect them.

Participation is a key human rights principle. The right to respect for private and family life (protected by Article 8 of the Human Rights Act) includes respect for individuals' physical and psychological integrity. An important element of this is ensuring individuals have control over their own lives and bodies and a say in what happens to them. More information on this can be found in the Law section on pages 19-22.

Examples from practice

INDIVIDUAL STORIES



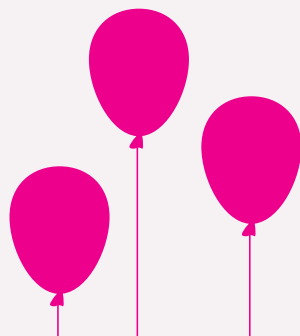
Paul is a young person who has been involved in a protracted legal battle, which has included him seeking to be rehoused in a new borough due to traumatic experiences that had taken place over 14 years. Paul took part in a project run by Look Ahead, which involved teaching young people about human rights. As a result, Paul decided to write the court a letter during his legal battle, to explain the way he felt his human rights had been interfered with and the impact this had, especially in relation to his mental and physical well-being (protected by Article 8 HRA). Paul was subsequently provided with safe housing outside of the borough. He said that the most important outcome of this was not just the decision to rehouse him, but that he felt as if he had a right to a voice and to be heard. [Source: Look Ahead, partner organisation on the BIHR VCS Project. Name changed to protect anonymity]

Examples from practice

ORGANISATION JOURNEYS



The Mersey Care Learning Disability Service has developed a human rights approach to risk assessment and management, following involvement in the Department of Health Human Rights in Healthcare project, supported by BIHR. In the first phase of the project we developed a number of practical resources to support this work including the 'Keeping Me Safe and Well' risk assessment manual. This was designed in collaboration with service users using stories and pictures to explain situations and a simple traffic light system for risks, to ensure risk assessment was "done with" rather than "done to" people in contact with the service. The tool ensures that any risks that are identified are discussed with service users, and that any restrictions on a person's rights as a result of these risks are lawful, legitimate and proportionate (key human rights principles – for more information see page 20). Staff now often refer to 'rights maximisation' rather than 'risk assessment'. See the Resources section on page 26 for details of where to find Keeping Me Safe and Well.



“A HUMAN RIGHTS APPROACH IS ABOUT ENSURING STAFF SUPPORT SERVICE USERS TO MEET THEIR OPTIMAL LEVEL OF RECOVERY BY PROMOTING AND RESPECTING THE INDIVIDUAL’S VIEWS AND DIGNITY... IT IS ABOUT ENSURING THAT WE TAKE ACCOUNT OF ALL ASPECTS OF THE PERSON AND THAT WE DELIVER CARE TO A HIGH STANDARD WHILE INVOLVING THE PERSON IN CHOICES ABOUT THEIR CARE, AND THAT WE STAND UP FOR PEOPLE WHEN WE SEE INAPPROPRIATE CARE OR PEOPLE NOT BEING CONSULTED OR BULLIED BY SERVICES TO ACCEPT THINGS THEY DON’T REALLY WANT.”

EQUALITY AND HUMAN RIGHTS ADVISER, NHS TRUST

ACCOUNTABILITY

To adopt a human rights approach to your work, it is essential to ensure clear accountability throughout the organisation. Without clear lines of accountability, it is easy for individuals to ‘slip through the net’. The Human Rights Act (HRA) provides a vital safety net for us all and sets minimum standards below which no-one should fall. This only works if organisations are clear about who is responsible for holding their end of the net and ensuring no-one falls through it. There are two elements to this:



Organisations – it is important to be clear who is responsible for ensuring human rights are mainstreamed across the organisation and about the individual staff roles/responsibilities for making sure that takes place. In addition, if your organisation is providing a public service and has duties under the HRA, it is important that clear lines of accountability are in place to ensure you meet these duties.



Individuals / advocacy – it is important that those who are helping a person at risk of falling through the net can spot a potential human rights issue and identify the public authority that has human rights duties in the situation. This means advocates (or people themselves) can negotiate with service providers to find a solution.

Examples from practice

INDIVIDUAL STORIES



Balbir, a 48 year old, had suffered a major stroke which left her with severe physical disabilities. She was unable to climb the stairs to use the bathroom and toilet in the small house she shared with her two teenage sons, so had to place her bed and commode in the downstairs living room. The local authority refused to build her a downstairs bathroom and toilet, saying she could have a strip wash in the kitchen and use the commode. Balbir has IBS and has to wait for her carers to come to empty the commode. As a Muslim she prays five times a day and has to rely on her carers to bring her a bowl of water to perform ablution. She lived in these circumstances for over a year. Her advocate wrote a letter to the local authority, explaining that this was humiliating and degrading to Balbir, referring to her right to be free from inhuman and degrading treatment (Article 3 HRA). As a result the local authority carried out an assessment and adaptations were made to her home, including an accessible downstairs bathroom with walk-in shower. (Source: Advocacy Matters, partner organisation on the BIHR VCS Project)

An advocate at Mind in Brighton and Hove challenged a doctor who persisted in contacting a particular relative of a client detained in a mental health hospital, even though the client repeatedly requested that no contact was made

with this relative, due to a very difficult relationship. The advocate was able to refer to the right to respect for private and family life (Article 8 HRA) in their negotiation with the doctor, who then stopped contacting that particular relative. (Source: Mind in Brighton and Hove, partner organisation on the BIHR VCS Project)

Mary is 87 years old and has dementia. She was experiencing post-menopausal bleeding and her consultant suspected that she may have cancer. He felt that Mary did not have capacity to consent to medical investigations or treatment. Mary’s family were unwilling for her to undergo investigations and her son had threatened the staff at her residential home with court action if treatment went ahead. POhWER’s Independent Mental Capacity Advocate (IMCA) visited Mary and accompanied her to two clinic appointments with the consultant. The IMCA decided that Mary understood that she needed treatment but was unwilling to be examined. The IMCA reported that consideration should be given to Mary’s right not be discriminated against in accessing services due to age or her dementia diagnosis (Article 14 HRA); Mary’s right to be free from inhuman and degrading treatment if without treatment her health were to deteriorate (Article 3 HRA); and her right to respect for her home if, without treatment, Mary’s health deteriorated and meant she had to move from her residential home due to its lack of nursing facilities (Article 8 HRA). The advocate concluded that on balance, Mary would benefit

“A HUMAN RIGHTS APPROACH WHICH IS
‘JUST ANOTHER POLICY’ MISSES THE POINT – A
COMMITMENT TO HUMAN RIGHTS HAS TO BE PART
OF THE ESSENCE OF THE ORGANISATION.”

CHIEF EXECUTIVE, NHS TRUST



“IDENTIFY WHICH RIGHTS FIT INTO YOUR STRATEGY. YOU HAVE TO BE ABLE TO NAME THE RIGHTS YOU’RE WORKING WITH, GET THE BOARD TO SIGN UP TO THIS, AND LINK THIS TO PERFORMANCE.”

SENIOR MANAGER, NHS TRUST

from establishing what was causing her symptoms. As a result, an application was made to the Court of Protection for a decision on what was in Mary’s best interests. The Court ordered that preliminary investigations should go ahead, during which cancer was found. The Court ruled that it was in Mary’s best interests to have a hysterectomy. Mary recovered well from the surgery. [Source: POHWER, partner organisation on the BIHR VCS Project]

Amina had concerns about her brother’s care in a nursing home but did not want to raise these concerns directly. Amina spoke to BHA, which ran her Local Involvement Network (LINK, now replaced by Healthwatch). Following involvement in BIHR’s VCS Project, BHA recognised that this situation raised issues about Amina’s right to respect for private and family life (Article 8 HRA). In order to protect her anonymity, they arranged an ‘Enter and View’ visit to the nursing home. The LINK volunteers focused on the care concerns raised by Amina and were able to report back, which gave necessary reassurance to Amina. (Source: BHA, partner organisation on the BIHR VCS Project)

Three adults lived in residential accommodation in Newport Pagnell but were funded by Hackney, their home authority. Hackney were going through a budget cuts exercise and felt it would be cheaper to bring people to units in their area, even though the residents had been settled outside Hackney for several years. An Independent Mental Health Advocate worked with one of them to offer support with mental health issues. The advocate argued that this re-location might interfere with their right to respect for home and family life (protected by Article 8 HRA) as the residents were a community or ‘family’ together and had a right to be consulted. Following negotiation using human rights based language, Hackney Council decided not to move the residents. (Source: NSUN, partner organisation on the BIHR VCS Project)

Examples from practice

ORGANISATION JOURNEYS



The training and support provided by BIHR to Mind in Brighton and Hove, through the BIHR VCS Project, has meant that they can identify human rights issues in the course of their advocacy work, negotiate better outcomes and when necessary challenge NHS service providers. For example, an advocate cited the HRA when they were supporting a client detained in a mental health hospital who reported that she had experienced physical abuse and neglect at the hospital. The advocate was able to refer to the right to be free from degrading treatment (Article 3 HRA) and the lack of respect for physical and psychological integrity (protected under Article 8 and respect for private life). Mind report that

“being able to state what the client’s human rights are, with knowledge and authority, lent more weight to the complaint, rather than simply stating that the treatment was unfair or cruel”. (Claire Davidson, Community Advocate, Mind in Brighton and Hove)

The Carers Federation, successfully tendered for the contract to host the new Local Healthwatch Blackburn with Darwen (which became operational at the beginning of April). Following involvement on the BIHR VCS Project, the Carers Federation encouraged the council to insert a commitment to a human rights approach to healthcare in the contract for the Local Healthwatch. This was because they saw Healthwatch as sitting at the “cornerstone of human rights”. This became a “key influencer in terms of recruiting the new board and chair in carrying the human rights perspective with them in all their work”. They included a question on human rights in the interviews for new board members, asking ‘What do you think are the key human rights challenges and opportunities for Local Healthwatch Blackburn with Darwen?’. They will also be incorporating human rights into the training for the new Board. [Source: Andy Harrison, Project Manager, Healthwatch Blackburn with Darwen]

Look Ahead re-wrote their Equality and Diversity Strategy to include human rights, following involvement with the BIHR VCS Project:

“It was appropriate to incorporate human rights in our revised equality and diversity strategy because Look Ahead supports vulnerable individuals, who may not have experienced equal or fair access to local opportunities. We focus on delivering high quality, personalised services that provide our customers with genuine choice and control and ensure everyone is treated with dignity and respect...feedback from individual services where human rights awareness sessions have been held has had a positive impact. Staff and customers feel more confident and empowered. Knowledge of human rights is used by staff advocating for customers, for example, in pressing practitioners for customer medication reviews, ensuring individual’s rights are taken into account during reviews with professional agencies about the services they receive, when discussing and following through outcomes for customers.” (Source: Look Ahead)

Wish introduced a new item in their Advocacy Supervision form about human rights, following involvement in the BIHR VCS Project. This works to act as a reminder to advocates to think about their work in terms of human rights. When a woman using Wish Advocacy Service raises an issue with an advocate,

ACCOUNTABILITY

the advocate discusses options with her and then, if instructed to do so, approaches the mental health service provider to raise her concerns, to try and ensure her rights are respected. Wish report that hospitals are often responsive and it is not always necessary to cite the HRA in these negotiations. But, importantly, advocates have the back-up of the law when they need it and where a human rights element becomes particularly important, advocates will use the HRA. For example, where a woman with mental health problems was not having her disability needs met, her advocate used the HRA in her intervention and ensured the hospital met her needs.

n-compass North West Ltd (which provides Advocacy, Carers Services and Health and Wellbeing Services), through involvement with the BIHR VCS Project, have increased the use of human rights within the Advocates casework and now include human rights as a discussion point within their case reviews and knowledge cafes. n-compass Advocacy Service now include training on human rights as part of the induction of new staff/volunteers and ensure that human rights is an element included within awareness and promotional sessions provided for community groups and professionals. The Advocates have reported an **"increased knowledge and understanding of when, how and where they can utilise human rights to support clients; empowering their clients to utilise these rights to champion their own views, wishes and needs and challenge/seek justification for important decisions made about their lives by professionals."** (Source: Jo Pearson, Advocacy Development Manager, n-compass North West, partner organisation on the BIHR VCS Project)

Advocacy Matters appointed a human rights champion when they became involved in the BIHR VCS Project, to act as a single point of contact for advocates to discuss human rights issues, to provide the staff team with information and updates on human rights and "keep the human rights momentum going". As a result, most of their advocates have brought at least one example each to the human rights champion to discuss whether there is a human rights issue in their case or if they could use human rights arguments to try and achieve the outcome the client wants. (Source: Martin Watson, Advocacy Matters).

Following involvement with the BIHR VCS Project, the **Royal College of Nursing** have encouraged joined up thinking internally on human rights issues, , and are positioning some of their key issues in the language of

human rights, e.g. dignity and nutrition in the NHS). The RCN have aligned their 'principles of nursing practice' to human rights, published as 'Human Rights and Nursing: RCN position paper', in which they state:

"The RCN is committed to supporting and advocating human rights for the positive and practical difference they make to people, patients and nursing... The RCN believes that a human rights-based approach is essential, both in developing health policies and services and in individual practice, and that nurses have a particular obligation to safeguard and actively promote people's health rights at all times and in all places."

Human rights are also being mainstreamed through **RCN** processes that reach the membership, such as Congress. In 2012 two resolutions on human rights were submitted to the RCN Congress Agenda Committee including one that would have called on the Government to clarify that private and voluntary providers of health and social care carry the same obligations under the HRA as providers in the public sector. In addition, a fringe meeting was organised on how nurses can incorporate an awareness of human rights issues into their day-to-day nursing practice, in conjunction with the National Council of Women and BIHR.

For Rethink Mental Illness Advice Service, involvement in the BIHR VCS Project has made them "more conscious of human rights when advising clients and...our advice service now considers human rights at every team meeting". For example, one of their clients, a 65 year old woman who cares for her husband, faced separation from her husband when he was going to be placed in a care home 30 miles away. Rethink Mental Illness advised her to raise their right to respect for family life (Article 8 HRA) when writing to the local authority asking that the placement be reconsidered. [Source: Daniel Parry, Rethink Mental Illness Advice Service]

Betsi Cadwaladr University Health Board (BCUHB) developed a nutrition and hydration toolkit for ward sisters and charge nurses based on a human rights approach. The toolkit, which focuses on six key areas, safety, environment, audit, meal times, choice, and empowerment, takes a human rights approach to nutrition and hydration by making explicit links between nutrition and hydration and the obligations NHS providers have under the HRA. This was part of the Human Rights in Healthcare project 2011-2012, lead by Mersey Care NHS Trust, with support from BIHR.

NON-DISCRIMINATION

A human rights approach is one which aims to see discrimination eliminated and pays particular attention to groups who have been made vulnerable. Equality is a key human rights principle. The Human Rights Act (HRA) protects our basic rights and freedoms in UK law and includes the right to be free from discrimination when exercising these rights (Article 14 HRA). For more information on this, see the Law section on pages 19-22.

Examples from practice

ORGANISATION JOURNEYS



BHA run a network to support service users living with HIV (called Arise). They arrange monthly information sessions where service users are informed of their human rights. For example, information is given on the right to be free from degrading treatment (Article 3 HRA) and how this can be used when individuals face stigma attached to HIV and are denied access to services. Around 20-25 people attend each session and it has a total membership of 100 people. (Source: BHA, partner organisation on the BIHR VCS Project)

BHA has delivered a presentation skills and confidence building workshop to 10 young members of the Roma community which included information on their human rights. A pupil who attended the course said:

“We now know that going to school is important and gives us a good education ... going to school and getting qualifications has enabled me to go on to university.”

A family member of one of the pupils spoke about the impact of the course on the family:

“We have been helped to integrate, we talk to our neighbours and are not marginalised. We are respected – when you give respect you are respected. We have to learn how others live and be able to live in that environment.”

BHA also drafted a section on equality and human rights in ‘State of Health: Black and Other Minority Groups’, which was BHA’s contribution to the development of a Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy. This report aimed to “encourage commissioners [such as CCGs and NHS England] to consider the impact of health inequalities on their legal obligations to protect human rights”.

The Royal College of Nursing have an Older People Advisor. Following involvement with the BIHR VCS Project, they developed a master-class on caring for older people, including how to protect human rights.

Age UK held a workshop on ‘Challenges in Safeguarding Practice – are you vulnerable?’ in February 2013 including a session on the importance of human rights in safeguarding practice. The workshop was attended by around 40 people, from local Age UK branches and public sector service providers with responsibility for safeguarding vulnerable adults. The feedback from the session was positive with a key learning point being increased awareness of the ‘potential of human rights in helping to improve safeguarding practice’. (Source: Age UK, partner organisation on the BIHR VCS Project)

Alternative Futures Group’s ‘Equality of Access to Healthcare’ work involved consulting learning disability liaison nurses in how they can assist and support people with a learning disability to get equal access to healthcare and to ensure that they have a positive experience when accessing healthcare. (Source: Alternative Futures Group, partner organisation on the BIHR VCS Project)

Patients with dementia can often experience discrimination in healthcare as judgements are made about their quality of life by healthcare professionals. To help tackle discriminatory attitudes in dementia care **Mersey Care NHS Trust Dementia Service**, with support from BIHR, developed a human rights based assessment of quality of life within their service. Their staff received training on human rights from BIHR, and they carried out a literature review and held focus groups to gather information about what human rights based assessment process should look like. They developed a ‘Getting it Right’ person held risk assessment document, accompanied by a staff manual and resource pack to support staff carrying out risk assessments with patients. The resources encourage a human rights approach to risk assessment by ensuring patients are involved in decisions about their care and staff are considering the human rights of patients. These are practical steps to ensure patients with dementia have their rights respected and protected in healthcare.

“WHAT HAS WORKED WELL IS CONTACTING PEOPLE WHO ARE MEMBERS OF SOCIALLY EXCLUDED GROUPS AND GETTING THEM ON BOARD. IF WE HADN’T GONE OUT IT WOULDN’T HAVE HAPPENED. IT MEANS THAT WHEN WE GO FOR FOUNDATION STATUS, WE HAVE A BROADER BASE OF PEOPLE WITH A MORE POSITIVE VIEW OF THE ORGANISATION. IT’S A WIN WIN FOR US AS AN ORGANISATION AND A WIN FOR SERVICE USERS AND CARERS FROM SOCIALLY EXCLUDED GROUPS.”

STAFF MEMBER, NHS TRUST

EMPOWERMENT

To use a human rights approach in your work, empowerment is fundamental. It is essential that staff and service users are equipped with knowledge of human rights, with the skills on how to use them and the confidence/commitment to realise them. This has two elements:



Organisations: empowering staff and volunteers with knowledge, skills and confidence on human rights to be able to use human rights in their work and ensuring they are committed to realising them in practice.



Individuals: empowering service users (and their families/carers/advocates etc.) to know what their rights are, how to access them and giving them the confidence to realise them.

Examples from practice

ORGANISATION JOURNEYS



Blackburn with Darwen LINK (now Healthwatch)

decided to produce some human rights cards, following their involvement in the BIHR VCS Project. The aim was to help educate their volunteers on human rights, some of whom were struggling to see the relevance of human rights to their work, but also for the volunteers to hand the cards out to service users when carrying out 'enter and view' visits to hospitals and care homes. One card set out six basic rights patients are entitled to in hospital and another explains 'Your Rights as a Care Home Resident'. Blackburn with Darwen LINK report that the cards are very helpful and that the volunteers who were most sceptical about human rights became the most vocal in raising and defending human rights at public meetings.



Mind in Brighton and Hove, since involvement with the BIHR VCS Project, has now added human rights to the agenda of all advocacy team meetings. This allows advocates to raise cases, discuss the human rights implications and how to use human rights language to challenge decisions. It helps advocates to identify what can be raised as a human rights issue, and what might be best addressed via other routes (such as via the Equality Act etc). In addition, office discussion now regularly addresses questions about human rights, and when to use human rights language and cite specific Articles of the HRA. For example, a recent discussion resulted in a decision to quote an NHS Trust's own policies, rather than the HRA, in order to challenge poor practice. But Mind in Brighton and Hove report that **"our improved understanding of human rights issues meant that this was an informed and considered decision, not one made out of ignorance, or fear of getting 'out of our depth'...regular discussion serves to raise awareness, familiarity with issues, and confidence in using human rights language"**. [Source: Claire Davidson, Community Advocate, Mind in Brighton and Hove]




"WE NEED TO VISIBLY IDENTIFY, FOR A RANGE OF OUR SERVICES, THE RIGHTS HOLDERS, THE HUMAN RIGHTS INVOLVED AND HOW OUR STAFF IMPACT ON THESE WITH THEIR ACTIONS."


HEAD OF INCLUSION AND DIVERSITY, PRIMARY CARE TRUST

“IT IS VERY IMPORTANT FOR STAFF TO IDENTIFY THEMSELVES HOW HUMAN RIGHTS CAN BE USED IN THEIR WORK.”

PROJECT LEAD, NHS TRUST

Several organisations have spread knowledge on human rights developed in the BIHR VCS Project through their websites. For example:

 **POhWER** created an equality and human rights section on the Resource Centre on their intranet, to help support the work of their advocates and support officers. This contains important documents (such as the HRA), useful links, case law and case studies. In one six-month period, they included 20 human rights themed news stories in their weekly news email to staff, covering human rights and health legal cases, reports, polls etc.

 **BHA** has posted information on the HRA, caselaw and case studies on the managers' section of their intranet. They also introduced a human rights section on the website of the Manchester Race & Health Forum and the Manchester Local Involvement Network (LINK). They published an article on their website to mark Human Rights Day, setting out key rights in the HRA relevant to healthcare and examples of case studies to show how these rights have been used in healthcare settings. An article on 'Health and Human Rights: the status of human rights in the UK' was also published in BHA's Health Equalities magazine and human rights was incorporated into the training for volunteers of LINK (how Healthwatch) including the process for conducting visits to health and social care bodies.

For Manor Gardens, the BIHR VCS Project has “helped us to think about how to make human rights meaningful for our clients and our volunteers. Often our client group (refugees, asylum seekers and migrants) are marginalised and disempowered so it was important for us to explore how to relate human rights to their experiences and the issues that they face. As a project we were particularly keen to bring a rights-based approach to the work we do to tackle Female Genital Mutilation and to support women who have experienced sexual and domestic violence. The training that BIHR provided on Human Rights and Violence Against Women, for our female sessional workers and volunteers, was extremely useful for them to understand how human rights can be relevant to women they know and work with. The feedback from the workshop showed that it had helped them to move from vague theory and in to reality in a meaningful way”. (Source: Eleanor Tomlinson, Project Manager, Manor Gardens Health Advocacy Project)

Alternative Futures Group have put together key documents on human rights for team leaders to access for their service users and staff teams. Their 'Equality of Access to Healthcare' work produced staff newsletters and guidance for staff on human rights. That work also engaged 10 service users, providing them with updates on human rights, and will provide advice to other service users experiencing poor treatment on the HRA.

Look Ahead have reported that their “**staff feel empowered to speak up for their customers, especially if they are not able to speak up for themselves... understanding more about human rights helps them feel confident**”. For example, when customer's medication is being reviewed and they don't want it increased, but their medical professional does as its easier for them, the staff now feel empowered to ask for a proper assessment. (Source: Look Ahead, partner organisation on the BIHR VCS Project)

Mersey Care NHS Trust identified a lack of engaging human rights materials available to, or produced by people, with learning disabilities. To address this gap and empower their service users with knowledge of their rights, the learning disability service, with support from BIHR, developed some human rights resources made by and for people with a learning disability. Nine service users and five staff formed the FREDAs fighters group (named after the key human rights principles of Fairness, Respect, Equality, Dignity and Autonomy) and developed a DVD and a 'FREDAs Challenge' human rights board game. The resources are designed to increase knowledge of human rights amongst people with a learning disability, their carers, and healthcare professionals. For more information, see the Resources section on page 26.



EMPOWERMENT

Examples from practice

INDIVIDUAL STORIES



Manchester LINK (which was hosted by **BHA**) produced a guide on 'Your Homecare, Your Rights', which advises on the human rights of those receiving personal care. 700 copies of the guide were circulated to care providers and advice agencies in Manchester. The content of the booklet was subsequently used by Lancashire County Council who produced a similar publication. (Source: BHA, partner organisation on the BIHR VCS Project)

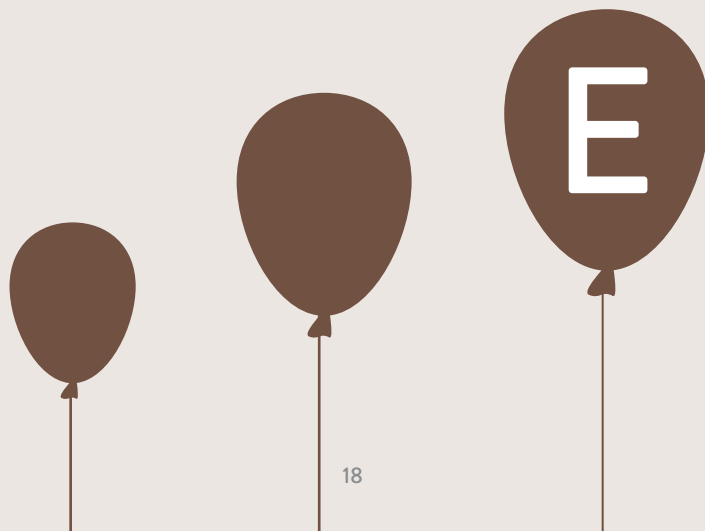
Look Ahead ran a human rights awareness project with around 20 young people with varying backgrounds; one group from Look Ahead services and another group from the Youth Council. This included four workshops on human rights with interactive sessions, role play and a debate day with local police officers on rights. Importantly, much of the agenda was driven by the young people themselves. The workshops led to good debates and discussions on human rights and increased confidence by the young people involved. Whereas the young people from Look Ahead services began the sessions with less confidence in themselves and their education than the Youth Council group, there was a noted shift during the workshops. The project lead reported:

"The change in postures and attitudes of the young people was clear and visible, and has emphasised the importance of this project...All of our customers will have had experience, but what a lot of them have not been fortunate enough to have is specific education about 'rights' and 'entitlements'...I think that it was vital for them to be in this situation, discussing something as empowering as rights." [Source: Chiki Onwukwe, Look Ahead, partner organisation on the VCS Project]

Advocacy Matters trained local carers in Sutton Coldfield on the HRA. They also offer regular training sessions on the Deprivation of Liberty Safeguards (DoLS) and wider human rights issues to hospitals, care homes and nursing care homes within their local authority area. This proved to be a very effective course and there is some anecdotal evidence that this has led to an increase in requests by those bodies for DoLS authorisations, which Advocacy Matters saw as evidence of care managers recognising human rights issues. [Source: Martin Watson, Advocacy Matters, partner organisation on the VCS Project]

Remember

One of the benefits of a human rights approach, as we listed on page 8, is a reduced risk of complaints and litigation in the long term. However, it is important to remember that as you empower individuals to know and use their human rights, and empower staff to apply them, it is likely that this will lead to an increase in complaints/referrals in the short-term. As one of the delegates at our Human Rights and Healthcare roundtable in Liverpool (as part of the BIHR VCS Project) pointed out, this should not be seen as negative but rather an inevitable result of empowering people. It means that more people are claiming their rights and more staff members are considering them. It is important that this is understood by other staff members and regulators and not to get 'put off' by an increase in the short-term. The more you 'get things right' in the beginning, the less likely you are to have more complicated problems/complaints further down the road. Through our work, we have seen that a human rights approach leads to reduced risk of complaints and litigation in the long-term.



LAW



A defining feature of a human rights approach is the explicit reference to human rights law. A human rights approach is not only about the spirit or values of rights, but about using the substance and power of legal standards to help drive change.

The Human Rights Act (HRA) is one of the main laws protecting human rights in the UK. It contains a list of 16 rights (called Articles) which belong to all people in the UK. As you will see from the list of rights on the back page, there is no free-standing right to healthcare. But this does not mean that the HRA is not relevant to healthcare – far from it! Many of the rights in the HRA are particularly relevant in healthcare settings – as set out below. The legal duties in the HRA apply to healthcare services, and in this way the HRA provides the legal anchor for a human rights approach to healthcare.

There are other international human rights laws which may also be relevant to healthcare services. However this guide focuses on the HRA, because this is our domestically enforceable law, which means it contains legal protections and duties which individuals can rely on inside and outside of courts, and if necessary enforce, in their day-to-day lives. If you are interested in learning more about international human rights check our resource 'A Voluntary and Community Sector Guide to Using International Human Rights.'

HOW THE HUMAN RIGHTS ACT WORKS

The HRA outlines several ways that the rights should be protected. These will all be relevant when we are accessing or delivering healthcare services, including:

1 Public authorities must act "compatibly" with the rights in the HRA in all that they do: Put simply this means public authorities, including healthcare services, have duties to respect, protect and fulfil people's human rights in their day-to-day business (sometimes called the 'Section 6 Duty', because the duty is contained in section 6 of the HRA). This is especially important to putting human rights into practice as this duty is the **legal anchor which can drive change**. In this way the HRA is a framework law designed to help authorities and individuals negotiate better outcomes, and hopefully avoid court action.

This legal duty underpins all of the practical examples featured in this guide.

2 Everyone in the UK can access their human rights through UK courts and tribunals: This means if a person believes a healthcare provider has not been behaving compatibly with the HRA, then they can take legal action.

✎ For example, Dianne Blood was not able to register her deceased husband as the father of her two children conceived by IVF on the children's birth certificates because of provisions in the Human Fertilisation and Embryology Act 1990. When she challenged this, the court ruled that the law did not respect Dianne's children's right to respect for private and family life (Article 8). Parliament then introduced changes to the law which respected human rights.

3 All UK laws should be compatible with the rights in the Human Rights Act: The HRA is like the umbrella under which all other laws sit. The courts will interpret all laws to be compatible with the rights in the HRA where possible. Where this isn't possible, the courts don't have the power to 'strike down' laws, but instead can issue a 'declaration of incompatibility', which is a strong message to Parliament that a law needs updating or amending.

✎ For example, a woman who was detained under the Mental Health Act challenged the part of that Act which automatically named her adoptive father as her "nearest relative", as she had been sexually abused by him as a child. The court made a 'declaration of incompatibility' that the law breached her right to respect for private life (Article 8 HRA). The law was later amended by Parliament.



LAW

WHO HAS LEGAL DUTIES UNDER THE HRA?

Only public authorities or bodies exercising public functions have legal duties under the HRA. In a healthcare context this includes: NHS organisations; local authorities (e.g. social services, housing etc.) including commissioners of services; private nursing and care homes arranged for out of public funds; Courts and Tribunals, including Mental Health Tribunals; Central Government departments (such as the Department of Health); the police and prisons. Importantly, the staff at these organisations also have duties to protect human rights (although it is the organisation that would be legally accountable under the HRA, not the individual staff members).

Commissioned and contracted services: When the HRA was being made law it was intended to apply to a wide range of organisations, recognising that lots of public services are now performed by private organisations and charities. Taking into account the current changes to the health care sector, the Government has said all publicly funded health and care services, including contracted and commissioned services, should consider themselves bound by the HRA.

Can human rights be restricted?

Only a small number of human rights are absolute, meaning that they cannot be restricted under any circumstances or for any reason (such as the prohibition on torture and slavery, Articles 3 and 4 of the HRA). Most human rights are non-absolute and can be restricted, provided certain tests are met. For example, a restriction on rights must be

- + **lawful** (there must be a law which allows the restriction),
- + for a **legitimate reason** (e.g. to protect you, other people or the wider community),
- + and **necessary**: this means the restriction must be **PROPORTIONATE**.

Proportionality and balancing rights in practice

Applying the principle of proportionality (to non-absolute rights) is central to considering and respecting human rights in the day-to-day provision of healthcare. It is an important mechanism to ensure any restrictions on people's rights are kept to a minimum and when they do happen it is justifiable. Proportionality also helps balance competing interests, e.g. the rights of one patient and the rights or needs of others (such as other patients, staff or the wider community). When staff, patients or carers think a restriction of their human rights is too heavy-handed they can use the idea of proportionality to negotiate a more appropriate action.

EXPLAINING PROPORTIONALITY IN EVERYDAY SITUATIONS

Decision: a care home has a blanket policy of placing CCTV in the bedrooms of all residents for safety reasons.

Outcome: This restricts the right to respect for private life of all residents.

Proportionate decision: Only residents who pose a risk to themselves and/or others will have CCTV placed in their rooms. This decision will be made on a case-by-case basis.

Outcome: Some residents have their right to respect for private life restricted for their own safety or the safety of others; other residents do not have their right to respect for private life interfered with.

In other words, don't use a sledgehammer to crack a nut!



“ONE OF THE BENEFITS OF ABSOLUTE RIGHTS IS THAT WE DON'T HAVE TO HAVE A MORAL DEBATE ABOUT WHETHER TO ACT OR NOT WHEN THERE IS AN EMERGENCY.”

HEALTH SERVICE PROVIDER

WHICH HUMAN RIGHTS ARE PARTICULARLY RELEVANT TO HEALTHCARE?

Many of the rights in the HRA can have a significant impact on the quality, provision and access to services. Some of the key rights are outlined here, such as the right to life, freedom from inhuman and degrading treatment, liberty, private and family life and non-discrimination. These are just a selection of rights; the full list of rights can be found on the back page.

THE RIGHT TO LIFE (ARTICLE 2)

This should be thought of as an absolute right; the taking of life is only lawful in three situations set out in the right (such as defending someone from violence). There is a **negative** obligation on healthcare providers to not take life and a **positive** obligation to take reasonable steps to protect an individual where there is a known and immediate risk to their life, from officials or others. There are also **procedural** obligations to investigate deaths, especially where public officials may be implicated or involved.

ⓘ Potential issues in healthcare

- + Placing Do Not Resuscitate (DNR) orders on patient files where there is no advance directive or discussion with the patient or their advocate/family
- + Refusing to give lifesaving medical treatment on the basis of, for example, someone's age or disability
- + Avoidable patient deaths, for example due to dehydration or lack of nutrition
- + Failing to take steps to protect a staff member (e.g. a nurse or doctor) from a known and immediate risk to their life from a patient

🏛️ An example from the courts

There is a positive obligation on hospitals to protect life where there is a real and immediate risk of a patient committing suicide that they know about, or should know about. (*Savage v South Essex Partnership NHS Foundation Trust*, 2009 and *Rabone v Pennine Care NHS Foundation Trust*, 2012)

THE RIGHT TO BE FREE FROM INHUMAN AND DEGRADING TREATMENT (ARTICLE 3)

This is an absolute right; it is never justifiable to treat someone in this way. This covers very serious treatment but it does not need to be deliberate; it also includes neglect. Inhuman treatment is about causing severe mental or physical suffering; degrading treatment is that which is grossly humiliating and undignified.

This right includes a **negative** obligation on healthcare providers to not treat people in inhuman and degrading ways and a **positive** obligation to take reasonable steps to protect people where there is a known and immediate risk of such treatment, from officials or others. There is also a **procedural** obligation to investigate such treatment, especially where public officials may be implicated or involved.

ⓘ Potential issues in healthcare

- + Patients being abused either physically or mentally (by other patients or by members of staff)
- + Patients being left in a soiled state
- + Patients suffering from dehydration or malnutrition, for example because they cannot reach their food or are too frail to feed themselves
- + Staff using too much force to restrain patients, locking them in or preventing them from any movement for a period of time
- + Patients in severe pain and not being given anything to help relieve this
- + Patients being 'punished' for making complaints, perhaps by making them miss meals or not washing them regularly
- + Treatment which is very painful and humiliating for which the patient has not consented
- + Failing to take steps to protect a staff member (e.g. nurse or doctor) from known abuse from a patient, or other member of staff

🏛️ An example from the courts

Imposing medical treatment on a protesting patient without consent could potentially be inhuman and degrading treatment (or violate the right to respect for private and family life under Article 8). Doctors will have to show that the treatment is a 'medical necessity'. The courts have ruled that "the position of inferiority and powerlessness which is typical of patients confined in psychiatric hospitals calls for increased vigilance in reviewing whether [their rights have] been complied with". But as a general rule, a measure which is a therapeutic necessity will not be regarded as inhuman or degrading. (*Herczegfalvy v Austria*)

LAW

THE RIGHT TO LIBERTY (ARTICLE 5)

This is not a right to be free to do whatever you want, it is a right not to be detained in a place or have extreme restriction placed on your movement. This is a limited right, which means it can only be restricted in the ways that are set out in the right itself. This includes detaining someone because they require mental health treatment or placing them in prison if they have been convicted of committing a crime. The right to liberty includes important procedural safeguards, e.g. review mechanisms, time limits etc.

ⓘ Potential issues in healthcare

- + Informal detention of patients who do not have the capacity to decide whether they would like to be admitted into hospital, e.g. those patients with learning disabilities or Alzheimer's
- + Delays in reviewing whether mental health patients who are detained under the Mental Health Act should still be detained
- + Delays in releasing mental health patients once they have been discharged by the Mental Health Review Tribunal
- + Excessive restraint of patients, such as strapping to beds or chairs for long periods

⚖️ An example from the courts:

An autistic man, who did not have the capacity to consent or object to medical treatment, was admitted as an informal patient in a mental health hospital. He was later detained under the Mental Health Act, but challenged his time spent in the hospital as an informal patient as a deprivation of his right to liberty. The court ruled that his right to liberty had been violated because UK law lacked the necessary procedural safeguards and guidelines on detaining adults without capacity. As a result of this case, the Deprivation of Liberty Safeguards (DoLS) were introduced (HL v UK, 2004).

THE RIGHT TO RESPECT FOR PRIVATE AND FAMILY LIFE, HOME AND CORRESPONDENCE (ARTICLE 8)

This right is wide-ranging and protects four interests, much of which is very relevant to healthcare:

- + **Private life** covers more than just privacy, including physical and mental well-being, having choice and control over what happens to you, participation in the community, and access to personal information.
- + **Family life** includes developing 'ordinary' family relationships and on-going contact if your family is split up
- + **Home** includes enjoying the home you already have (not a right to be given a home), which could include long-stay wards or residential homes.

- + **Correspondence** covers all forms of communications including phone calls, letters, emails, etc.

ⓘ Potential issues in healthcare

- + Lack of privacy on the wards, including respecting the privacy of medical records
- + Lack of dignity in personal care and washing
- + Patients not having information about their treatment or care, or ignoring their wishes
- + Inadequate arrangements to allow patients to remain in touch with family members, for example a very short and restrictive visiting policy
- + Reading patient letters without consent or without a legal power to do so
- + Injury to members of staff because of an inappropriate lifting policy which doesn't respect the rights of both staff and patients

⚖️ An example from the courts

A severely physically and mentally disabled child was admitted to hospital where doctors gave him a course of medical treatment (morphine) which his mother objected to. A Do Not Resuscitate order was also placed on his notes, without consulting the family. The court ruled that this was a breach of the right to respect for private and family life; the hospital should have asked a court to authorise the treatment, and its failure to do so was a breach of the child's right to physical integrity under Article 8. (Glass v UK, 2004)

THE RIGHT TO NON-DISCRIMINATION (ARTICLE 14)

This is not a stand-alone right to non-discrimination or equality. It prohibits discrimination in relation to the rights in the HRA. It is sometimes called a 'piggy-back' right because it must be attached or linked to one of the other rights in the HRA. For example, if a person in hospital is being denied contact with family members because of mental health problems, this may be discrimination in relation to the right of respect for private and family life (Article 8).

Unlike the Equality Act which prohibits discrimination on certain grounds, or 'protected characteristics' (such as gender, age etc), the prohibition on discrimination in the HRA is open-ended and can include discrimination on a wide range of grounds.

ⓘ Potential issues in healthcare

- + Bullying or harassment
- + Providing a lower standard of care to certain people, e.g. older people
- + Making assumptions about whether a person should be placed in an institution based on discriminatory attitudes about mental health.

BUILDING A COMMUNITY

So far this report has summarised some of the work BIHR and our partner organisations have been doing to use a human rights approach in their work. As well as seeing positive results for individuals (see pages 11, 12-13, 18) and the organisations themselves (see pages 11, 13-14, 15, 16-17), this has also led to partners linking up to do joint work as part of a larger network of organisations in the UK working to protect and promote human rights. Building this community of organisations supports them to have their voice heard in the wider debates taking place about human rights here at home, and to encourage the people they work with to engage too.

Creating and sustaining partnership work

Healthwatch Blackburn with Darwen,

BHA and **BIHR** produced a leaflet on 'Local Healthwatch and Human Rights', setting out what Local Healthwatch organisations need to know about human rights. Healthwatch Blackburn with Darwen distributed the leaflet at their official launch in April 2013 and received very positive feedback, particularly from a Healthwatch England non-executive board member. They also hosted a regional meeting of Healthwatch England networking event in the north-west and circulated the leaflet. BHA sent it to all Local Healthwatch organisations in their area. The leaflet is reported to be "very useful in signalling the intent of Healthwatch locally to carry out human rights work" [Source: Andy Harrison, Project Manager, Healthwatch Blackburn with Darwen, partner organisation on BIHR VCS Project] See page 26 for more information.

Following involvement in BIHR's VCS Project, **NSUN** used their increased human rights capacity in policy forums. In 2011 they conducted a service-user-led research project called 'Service users' experiences of recovery under the 2008 Care Programme Approach' across London. A number of people shared their experiences of being voluntary patients (not detained under the Mental Health Act) in mental health units but being told by staff that they could not leave the hospital, were threatened with being formally detained if they left, or were physically restricted by locked doors. This practice is out of line with the **Care Quality Commission** (CQC) Code of Practice which states that 'the threat of detention must not be used to induce a patient to consent to admission to hospital or treatment', and a potential interference with the right to liberty. NSUN shared these examples with the CQC Annual Mental Health Report Advisory Group, highlighting the need to give this sufficient attention as a human rights issue in the CQC Monitoring the Mental Health Act in 2011/12 report. (Source: NSUN)

The **Royal College of Nursing** linked up with **Advocacy Matters** (partner organisations on the BIHR VCS Project) to run training sessions at two RCN conferences, for Health Care Assistants and RCN activists. The events focused on how to use the HRA and what a human rights approach to health means in practice. Delegates were "very interested to discuss how human rights could be used to support patients in terms of the changes to the health and social care systems". (Source: Martin Watson, Advocacy Matters)

Look Ahead report that knowledge of human rights, through their involvement with the BIHR VCS Project, has had a positive impact on their relationship with external organisations. For example, some of their managers have become involved in the Hackney Dignity Champions Group to promote awareness of human rights within the borough and has contributed to a human rights-based review of the borough's policies. (Source: Look Ahead)

Heart of Birmingham Teaching Primary Care Trust partnered with **BRAP**, a local voluntary sector organisation working on equality issues, to identify key objectives for implementing a human rights approach across the Trust. Staff knowledge and awareness of human rights was identified as a key objective. With the support of BIHR, BRAP and the Department of Health, the Trust developed an Equality and Human Rights Based Strategy and a Human Rights Based Single Equality Scheme to provide guiding principles and a working document for staff and service users outlining their legal requirements under equality and human rights law, and key equality and human rights targets for the Trust.

MENTAL HEALTH ADVOCACY AND HUMAN RIGHTS: YOUR GUIDE

Produced by BIHR, **Mind in Brighton and Hove**, **NSUN** and **Wish** (partner organisations on the BIHR VCS Project), the guide sets out which rights are most relevant to those with mental health problems and tips and tools on how to spot and raise a human rights issue. See page 26 for more information.

"The guide fills a huge gap in mental health advocacy resources. Our advice service recommends it to anyone who is trying to resolve a problem using human rights arguments." Daniel Parry, Advice and Information Officer, Rethink Mental Illness Advice Service

"Very practical and accessible information that provides our members with an individual and group campaigning tool." Sarah Yiannoullou, Managing Director, NSUN

"The guide is now regularly consulted by staff, to check out the best way of addressing an issue, and working out when to refer to human rights, and how." Claire Davidson, Community Advocate, Mind in Brighton and Hove

OUTREACH

As part of the BIHR VCS Project, we ran several free-to-attend outreach events including three open courses on Health and Human Rights and three on Mental Health and Human Rights, in 5 locations across England, attended by 394 delegates drawn from the health and social care professions. An additional 300 people registered but were unable to attend (due to event capacity), showing how much demand exists for further awareness raising and outreach work on human rights in healthcare. Feedback from these events also showed the appetite from health and social care professionals for accurate and accessible information on what human rights are and how they can be applied.



WHO WE MET ON THE ROAD

The outreach events also provided an opportunity to meet professionals in health and social care organisations already using human rights in their work and hear from them about their experiences:



Chris Housden, Equalities Strategic Lead (Adults and Communities) at **Leicestershire County Council (LCC)**, attended the Health and Human Rights open course in Birmingham in February 2013. The event provided an opportunity to share with other delegates the work at LCC on embedding human rights into the council's procedures. The project at LCC has developed guidance and completed an audit to review council strategies, policies and all related documents for compliance with the Human Rights Act, and is aiming to be complete the task by the end of 2013. **"The BIHR course provided information and expertise which made a valuable contribution to getting the LCC project under way."**

Sanjay Khurmi, Chair of the Special Committee on Human Rights at the **Royal College of Psychiatrists**, attended the Health and Human Rights open course in Birmingham in February 2013. He was able to share with delegates his work on embedding a human rights approach at the Royal College of Psychiatrists. This includes plans to insert human rights into the curriculum and exams for psychiatrists and increasing knowledge of human rights amongst psychiatrists by writing articles on human rights and mental health in their journals/newsletters and including human rights sessions at their conferences.

Cheryl Farmer, Equality and Human Rights Manager at **Liverpool Women's NHS Foundation Trust** attended the Health and Human Rights open course in Liverpool in February 2013. Following the event, Cheryl invited BIHR to bring our Human Rights Tour to Liverpool. The Liverpool Women's NHS Foundation Trust partnered with us to deliver a packed Tour event in September 2013. Cheryl said: **"the previous BIHR courses I have attended really brought human rights to life for me, and by bringing the Tour here to Liverpool Women's we have been able to share that experience with many of our local stakeholders"**

What we heard on the road

"A really useful event on an area that is often not that well known/understood. It was also really good that it was free as it made it much more accessible for organisations/people working in an underfunded area." Disability Advocate

"I have realised that I can use the Human Rights Act much more in my work. I am hoping that it will be more useful and carry more weight with health care professionals" Independent Mental Health Advocate

"...gave me clearer understanding of how the principles work in practice. I feel I now have not just an abstract knowledge of human rights, but also understanding of how to identify and act on issues" Mental Health Project worker

"The PANEL principles [were] a really useful idea as a tool to support decision making" Mental Health Act Manager, NHS Trust

In addition, we ran three high-level roundtables on human rights in healthcare which provided a space for networking and dialogue between voluntary sector organisations and public sector service providers. Like the open courses, the roundtables were an important opportunity to share learning across the sectors on how to adopt a human rights approach and examples of best practice. For example, at the London event **Mind in Brighton and Hove** met a key contact from their local NHS Trust and when one of their advocates was later challenging a decision at the hospital, they were able to get back in touch with the contact. **"It changed the situation in a positive way and it was because we'd networked with [this contact] at BIHR's event."** (Source: Bill Turner, Mind in Brighton and Hove, partner organisation on the BIHR VCS Project)

HUMAN RIGHTS ON TOUR



Each autumn BIHR set off on a Human Rights Tour across the UK. So far we have travelled almost 12,000 miles visiting towns and cities the length and breadth of the UK, including Dundee, Truro, Norwich, Belfast and Mold. The free-to-attend town-hall style events provide a space to learn about human rights and how to apply them in every-day situations, as well to discuss the future of human rights protections in the UK. We invite partner organisations to talk about the work they have been doing locally on human rights. For example, at the Human Rights Tour event in Brighton in 2012, **Mind in Brighton and Hove** spoke about the work they have been doing on human rights since being involved in the BIHR VCS Project and shared examples with the audience of the positive impact this was having on service users (see examples on pages 12, 13 and 16. **Mind in Brighton and Hove** partnered up with BIHR to deliver a Human Rights Tour event in Brighton in 2013.

We ask Tour delegates to create a piece of 'human rights bunting' with a personal message of what human rights means to them. At the 2012 Tour, delegates created 264 pieces of bunting. On our Human Rights Tour 2013 we asked Tour attendees to sign up to our **Human Rights Charter**, to pledge that they are **"committed to helping build a culture of respect for human rights here at home because we believe that human rights are the cornerstone of a healthy democracy"**. For more information on the Charter and how you can get involved, see BIHR's website www.bihr.org.uk.



Human Rights Day

Each year BIHR coordinates a day of action to mark International Human Rights Day on 10 December. BIHR's Human Rights Champions partner up with us to arrange local actions in towns and cities across the UK to celebrate human rights in their area, using some of the human rights bunting created on Tour. **Alternative Futures Group**, partner organisation on the BIHR VCS Project, held an event on Human Rights Day 2012 for service users to raise awareness of human rights, and took part in BIHR's 'Big Bunting Action' where staff showed their commitment to a human rights approach and discussed human rights issues.

On Human Rights Day in 2012 **Age UK** (partner organisation on the BIHR VCS Project) hosted a 'Webinar' on 'Protecting and promoting older people's human rights: lessons from health and social care practice'. **BIHR** joined speakers from the Human Rights in Health Care programme at **Mersey Care** (see pages 11, 15 and 17) and others to share practical experience of using a human rights approach to improve health and social services and outcomes for older people with service providers, older people from local forums and local Age UK staff/volunteers. Discussion items included what can be done to counter the frequently negative coverage of human rights issues in the national press and how to disseminate human rights information, training and support to older people's groups.

Communicating nationally

In recent years we have seen all too many headlines about failures of care in hospitals and care homes, such as the tragic events in Mid-Staffordshire. To coincide with the timing of the government's official response to the Francis report on Stafford Hospital, BIHR co-ordinated a joint letter urging the Government to put human rights at the heart of compassionate health care. The letter set out:

"In our experience, health services are at their best when they are delivered in a way that respects our human rights, providing a safety net for all. A human rights approach supports the culture change needed to prioritise people over targets, empowers staff to deliver dignified services and prevent harm, and ultimately ensures patients have legal rights to seek accountability and justice."

The letter, published in the Daily Telegraph, was signed by 20 organisations, including 10 partner organisations involved in the BIHR VCS Project.



BIHR RESOURCES

All resources listed below available at www.bihr.org.uk/resources



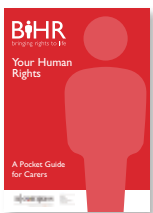
Make Human Rights Happen

BIHR's inspiring resource to help people put human rights into action in our communities, drawing on real life examples from a range of groups.



Human Rights for Community Groups: Raising a human rights issue, tips and tools

A step-by-step guide on how to identify and make a human rights challenge, such as how to write letters raising human rights concerns and practical, worked-through examples.

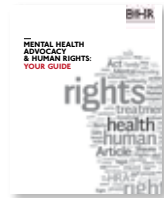


Your Human Rights Guides

A series of plain English, non-technical guides focusing on the practical relevance of human rights for people (and their advocates):

- + A pocket guide for carers
- + A guide for older people
- + A guide for disabled people
- + A guide for refugees and asylum seekers

BIHR / JOINT PARTNER RESOURCES



Mental Health Advocacy and Human Rights: Your Guide

BIHR, Mind in Brighton and Hove, NSUN and Wish collaborated to produce this guide that provides information on which rights are most relevant to those with mental health problems and tips and tools on how to spot and raise a human rights issue.



Local Healthwatch and Human Rights: What you need to know

Co-authored by Healthwatch Blackburn with Darwen, BHA and BIHR, the leaflet sets out what Local Healthwatch organisations need to know about human rights and how they could apply a human rights approach.



Human Rights in Healthcare: A framework for local action

BIHR, the Department of Health and five NHS Trusts produce this framework to

assist NHS organisations in developing and applying human rights approaches.

Human Rights in Healthcare 2011-2012

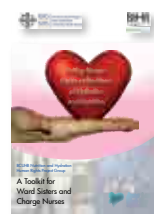
A report Summarises the work done by Mersey Care and 4 NHS Trusts, with support from BIHR, to embed a human rights approach in their work, following on from the report above.

Human Rights Guide for Health Watch

A guide is to support Health Watch to use human rights in their work. Produced by NHS Blackburn with Darwen, part of the project led by Mersey Care NHS Trust, with support from BIHR

Human Rights Survey: Hospital Patients

This survey aims to provide a practical way of ensuring that wards and departments are conforming with human rights law and principles. Developed as part of the project led by Mersey Care NHS Trust through a collaboration between BIHR and City Hospitals Sunderland NHS Foundation Trust.



Putting Human Rights at the Heart of Hydration and Nutrition: A Toolkit for Ward Sisters and Charge Nurses

A toolkit to assist Ward Sisters and Charge Nurses to develop and use human rights approaches to the

planning and delivery of care. Produced by Betsi Cadwaladr University Health Board (BCUHB), part of the project by Mersey Care NHS Trust with BIHR support.

FREDA Challenge Board Game

As part of the Mersey Care Human Rights in Healthcare project and with the support of BIHR, the Learning Disability Service developed a human rights board game and DVD, co-produced with a group of learning disabled people, to empower service users.

FREDA Fighters Speaking Up for Myself DVD

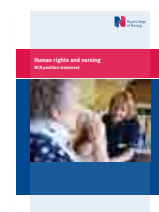
Keeping Me Safe and Well risk assessment manual:

Developed by the Mersey Care Learning Disability Service with support from BIHR

PARTNER RESOURCES

Your Homecare, Your Rights: A guide for customers Manchester LINK, hosted by BHA

Your Guide to Patients' Rights in the NHS Manchester LINK, hosted by BHA



Human Rights and Nursing: RCN position paper Royal College of Nursing, 2012

The British Institute of Human Rights (BIHR) is a UK-wide independent human rights charity committed to bringing rights to life in the UK. We support people and organisations to know about human rights, put them into practice in everyday life beyond the courtrooms, translating the law into a force for positive change. We marshal this evidence of human rights in action in the UK to inform law and policy change.

BIHR has been working on human rights in healthcare for over 10 years, making the links between human rights and health and helping organisations in the public and voluntary sectors to use the Human Rights Act to promote better health and social care. We have trained over 1000 individuals from NHS trusts, social services, and voluntary organisations; raising awareness and building the capacity of individuals and organisations to use human rights to make a difference.

This guide was developed as part of the Human Rights in Healthcare Project funded by the Department of Health. We would like to thank the Department of Health for their grant which supported the production of this guide. The BIHR staff team and volunteers would also like to thank all those organisations and individuals who helped to produce this guide.

Useful contacts

Below you can find the contact details for bodies mentioned in this guide, and some other useful places you can try for advice and support.

Advice UK:

(Do not give out advice but website has a directory of advice centres) website www.adviceuk.org.uk. Telephone: 020 7469 5700

Care Quality Commission:

Website: www.cqc.org.uk. Telephone: 03000 616161 (press '1' to speak to the mental health team). In writing: CQC Mental Health Act, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Citizens Advice:

Website: www.citizensadvice.org.uk, advice website: www.adviceguide.org.uk. Telephone: 020 7833 2181 (not an advice line, but can provide details of your local Citizens Advice Bureau that can give you advice)

Equality Advisory Support Service:

Website: www.equalityadvisoryservice.com. Telephone: 0808 800 0082, Textphone: 0808 800 0084. In writing: FREEPOST EQUALITY ADVISORY SUPPORT SERVICE FPN4431

Health (and Parliamentary) Ombudsmen:

Website: www.ombudsman.org.uk. Telephone: 0345 015 4033 Textphone (Minicom): 0300 061 4298. In writing: Parliamentary and Health Service Ombudsman, Millbank Tower, London, SW1P 4QP

Healthwatch England and Your Local Healthwatch:

Website www.healthwatch.co.uk. Telephone central Healthwatch England 03000 683 000



Legal Aid Agency:

Website: www.justice.gov.uk/contacts/legal-aid-agency. For the Mental Health Unit (MHU) queries telephone 0151 213 5350 email liverpool@legalaid.gsi.gov.uk. In writing: Legal Aid Agency, Level 6, The Capital, Union Street, Liverpool L3 9AF

Liberty Public Advice Line:

(for individuals and advocacy organisations) website www.yourrights.org.uk. Telephone 0845 123 2307

Local Government Ombudsman:

Telephone 0300 061 0614. Website: www.lgo.org.uk In writing: The Local Government Ombudsman, PO Box 4771, Coventry, CV4 0EH

Please remember: the information in this guide is not legal advice. If you have serious concerns that your human rights are being abused or are at risk of being abused you may need to seek legal advice. If you have concerns about your safety or that of a child you should contact social services or the police.



KEEP IN TOUCH WITH BIHR

Sign up to our BIHR newsletter to find out all the latest news on human rights.

Tell us what you think about this guide! Give us your feedback: info@bihr.org.uk

www.bihr.org.uk • www.bihr.org.uk/ebulletin-signup

THE RIGHTS CONTAINED IN THE HUMAN RIGHTS ACT ARE:

Article 2: Right to life

Article 3: Right not to be tortured or treated in an inhuman or degrading way

Article 4: Right to be free from slavery or forced labour

Article 5: Right to liberty

Article 6: Right to a fair trial

Article 7: Right not to be punished for something which wasn't against the law at the time

Article 8: Right to respect for private and family life, home and correspondence

Article 9: Right to freedom of thought, conscience and religion

Article 10: Right to freedom of expression

Article 11: Right to freedom of assembly and association

Article 12: Right to marry and found a family

Article 14: Right not be discriminated against in relation to any of the rights contained in the Human Rights Act

Article 1, Protocol 1: Right to peaceful enjoyment of possessions

Article 2, Protocol 1: Right to education

Article 3, Protocol 1: Right to free elections

Article 1, Protocol 13: Abolition of the death penalty