

Evaluation of Care About Rights

Phase 2: Report to the Scottish Human Rights Commission

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SHRC
Scottish Human Rights Commission
Care about Rights?

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1 Executive Summary

Introduction

1.1 Care About Rights is a training and awareness raising programme which aims to embed a human rights based approach in the delivery of care for older people. The programme empowers people to understand their rights and increases capacity to ask for rights to be met. It increases the ability and accountability of those who have a duty to respect, protect and fulfil rights. This paper summarises the findings of Phase 2 of the evaluation, undertaken between January and July 2011.

Method

1.2 The phase two methodology involved:

- Review of literature and the current policy environment;
- Consultation with strategic stakeholders including Scottish Care, the Scottish Social Services Council (SSSC), SCSWIS (the care inspection agency), Age Scotland and COSLA;
- Consultation with 20 older people who participated in the outreach programme;
- Base and end-line survey of care providers; 799 baseline responses were received to the baseline survey and in July 2011 a follow up survey was sent to email addresses of approximately 400 care workers who had provided permission to be re-contacted. This elicited 82 responses (a response rate of approximately 20%);
- Case studies with a sample of organisations demonstrating good practice in the roll out and embedding of Care About Rights.

Work with providers

1.3 SHRC facilitated three *training of trainers* sessions in locations across Scotland. These equipped participants with the knowledge and resources to deliver their own Care About Rights sessions within their organisation or local area. To increase the reach of the programme SHRC also facilitated a series of half day sessions in partnership with trained trainers. Within their own organisations, care workers have received Care About Rights training directly from trained trainers.

Progress with roll out

1.4 Providers have positively engaged with the roll out and the training of trainer model, while not without difficulties, is perceived to be the most appropriate approach to maximise the reach of the programme with the resources available.

1.5 There is evidence that Care About Rights is being rolled out within the sector; 799 training participants completed the baseline survey prior to participation in Care About Rights. There has been Care About Rights activity in all local authority areas, but this has been most concentrated in Aberdeen, Glasgow and North Lanarkshire.

1.6 Care workers are the largest single group of participants, accounting for 34% of baseline survey respondents. Care managers and trainer/ assessors are most likely to have

attended training of trainer events. This is encouraging and demonstrates the success of SHRC in promoting and engaging those staff most likely to have the skills and resources to successfully roll out the programme.

1.7 On the whole, roll out has focused on private sector care providers; 77% of those who completed the baseline survey are employed in the private sector. This indicates that, at present, the local authority and voluntary sectors are underrepresented in the roll out.

The quality of the training and resources

1.8 The structure and content of Care About Rights and the supporting materials are considered to be of a very high quality. The scenarios are particularly useful as they recognise the complexity and subtlety of human rights issues and help to reduce fear and confusion about human rights.

1.9 There is considerable variation in the way training has been rolled out between and within organisations. Roll out has involved full and half day sessions, lunchtime sessions and discussion during regular team meetings. Some providers are delivering dedicated Care About Rights training while others have incorporated elements of Care About Rights into statutory training (such as adult support and protection, restraint and nutrition training). Overall participants (regardless of the format of training they took part in) report high satisfaction with the training, an understanding of its relevance and value to their job role.

Overcoming the barriers and challenges and bringing about sustained change

1.10 There are a number of barriers that may inhibit the roll out of Care About Rights. The main ones are: lack of time to implement non statutory training, staffing issues (such as high staff turnover) and providers unwilling/unable to release staff for training and the cost of training (as a result of backfilling shifts or reimbursement of expenses). The key features of Care About Rights and approaches that help overcome these barriers include:

- **Flexibility in the use of resources:** The resource pack provides guidance on how trainers can structure sessions to fit the needs of the organisation;
- **Flexibility in the delivery mode:** Care About Rights can be delivered in-house from trained trainers or senior staff. It is also possible to access resources online so participants can develop and take forward their knowledge and understanding;
- **Relevance to other initiatives and priorities:** Care About Rights is aligned with and adds value to the National Care Standards. It can assist providers to meet their statutory obligations. Buy-in is enhanced where organisations can clearly see these links;
- **Cost effectiveness:** Training and resources are free of charge;
- **Engendering cultural change:** Care About Rights is a reflective, value based programme with interactive resources that involve participants in the learning process and which are relevant to practice. Literature shows that this is a useful approach for bringing about sustainable change in organisations. However, an isolated training session (in the absence of follow up work or impetus to implement learning in everyday practice) is unlikely to achieve this. It is important that Care About Rights remains visible for care workers. SHRC has a role to play in this as do care providers. This will be investigated further in the next stage of the evaluation.

The outreach programme

1.11 SHRC approached Age Scotland for support in the delivery of the Care About Rights to older people through member groups. SHRC, with support from Age Scotland and the Scottish Independent Advocacy Alliance (SIAA), engaged member organisations and promoted the participation of older people. Four outreach groups were established (Highland, North Lanarkshire, Scottish Borders and Orkney). Each group received three awareness raising sessions lasting around five hours.

1.12 Approximately 80 older people took part in one or more of the outreach sessions. Participants included, advocacy workers (volunteers and paid workers), older people who are activists for issues affecting older people and older people who became involved as a result of personal interest or through their other voluntary and community activities.

1.13 There is high satisfaction with the accessibility, quality and usefulness of the Care About Rights materials. The film and written scenarios helped to develop participants' understanding and put their learning in to context.

Outcomes and impacts of work with care providers

1.14 The foundation of Care About Rights is the legislative framework of the Human Rights Act and it forms a significant component of the training materials. An understanding of legislation provides a rationale and framework for participants to implement a human rights approach in their work and to conceptualise daily issues as human rights issues.

1.15 The interim report highlighted that, on the whole, those participating in Care About Rights felt they already had a good understanding of human rights. The July 2011 survey demonstrates an increase in the level of understanding regarding human rights issues, their relevance to care and the way they interact with existing standards and legislation.

- **Understanding of human rights and their applicability:** Before the training just over half (56%) of the 799 survey participants said they understood what human rights are and how they are applicable to their work. In the follow up survey (82 participants), 99% said they have this understanding and two thirds reported that Care About Rights has had a significant positive impact in this respect;
- **Confidence to communicate with colleagues about human rights issues:** Before the training 54% of participants who completed the baseline survey agreed or strongly agreed that they could communicate with colleagues about how human rights could improve the delivery of care. In the follow up survey, 90% of respondents answered this way and the majority feel that Care About Rights has had a positive impact for them;
- **Using a human rights approach to balance risk in decision making and resolve conflict:** There is considerable evidence that Care About Rights, particularly the FAIR framework, has the potential to assist care workers in using a human rights approach to balance risk in decision making; 93% of respondents to the follow up survey reported this as a potential benefit of a human rights approach. Eighty six percent also feel that a human rights approach could help resolve conflict between the needs of different service users;

- **Aiding the effective delivery of person centred care:** Care About Rights is enabling care workers to identify when an issue is a human rights issue and has improved their confidence to respond accordingly. In one case study staff reported that the FAIR process has been informally built into the process for developing care plans. Although the outcome of care plans may often be the same, the FAIR process provides a framework to involve older people, their families and carers and all staff involved in the provision of care. This improved process is expected to lead to more effective person centred care in the longer term;
- **Empowerment of service users and their families to be actively involved:** At present there is limited evidence that care providers are actively engaging service users and their families in Care About Rights activity. To date, improvements in the way service users, families and carers are involved in care provision are a result of changes in decision making and the process for developing care plans. The evaluation has not highlighted any cases in which the attention of service users has been drawn explicitly to Care About Rights.

1.16 There is also anecdotal evidence of additional benefits for care providers and workers as a result of Care About Rights. These are improved staff morale (as a result of increased confidence and a sense of empowerment) and a positive impact on care home inspection reports and scoring. Anecdotal evidence shows that where the resources have been brought to the attention of inspection officers they have been viewed as a positive addition to the processes and procedures in place and a resource to evidence the value base of the care home.

Outcomes and Impacts as a result of the outreach programme

1.17 Older people who participated in the outreach programme reported very similar benefits to care workers. The vast majority (19 of the 20 older people consulted) reported that they learned something new about human rights and how they relate to care for older people. Involvement has increased participant's depth of knowledge and understanding about human rights issues and the complexities of these. Participants have also learnt how to describe and explain human rights issues to other people and how to use the legislation and framework to assist other older people.

1.18 Although most participants have not used Care About Rights for a specific purpose (to date) they have shared the information and engaged in discussion with others – including family, friends, other members of their communities and networks.

1.19 Advocacy workers and volunteers consider it very important that they know and can clearly articulate human rights information. This group firmly asserted their intention to utilise their new knowledge in their role as advocacy workers or older people's representatives in future.

1.20 Effective evaluation of longer-term impact is challenging as robust measurement requires a sustained approach and longer term collection of data. What is clear is that participants have increased knowledge and understanding of human rights, confidence to raise human rights issues and feel competent to use the FAIR framework. Evaluation of a similar project, facilitated by the British Institute of Human Rights (BIHR) and Age UK found that it took time for activity to gain momentum and for older people to recognise and take advantage of opportunities to cascade their learning.

1.21 When older people first finished the programme they were unable to articulate exactly how they may use their human rights learning in future but hoped it would be useful to them. For many of the participants the first step in applying their learning was simply talking about human rights issues with friends and family. The evaluation noted that impacts increased over time and some participants are now using their human rights knowledge to influence policy through community work and to challenge service providers. Should Care About Rights participants develop, and take forward, their learning in a similar way this may well bring about positive impacts for older people more widely. The majority are keen to take forward their human rights knowledge but may need support and encouragement to do so. This will be investigated further in the next stage of the evaluation.

Next steps

1.22 The evaluation highlights the success of SHRC in putting in place the resources, developing the skills and confidence of care sector workers and a small group of older people to take forward Care About Rights. The challenge for both elements of Care About Rights (work with care providers and older people) is in taking the next step; bringing about sustained change in practice, increased knowledge and awareness more widely (including reaching further into the care sector and raising awareness among older people in care and in the community) to embed a human rights based approach and ultimately enhance the quality of care for older people. The following recommendations support this goal:

- The profile of Care about Rights should be maintained going forward and there is a key role for regulation and inspection bodies to play in supporting and promoting Care About Rights as a resource to assist providers in fulfilling their obligations;
- SHRC should follow up trainers to maintain their momentum and provide support where possible. Similarly, to ensure a lasting impact, SHRC should maintain a link with outreach participants and the coordinators who assisted in the establishment of these groups;
- Public sector spending cuts will have a significant impact on resources and will require difficult decisions on spending allocations to be made. It is essential that rights are respected and taken into consideration in this decision making process. Care About Rights provides a practical framework to ensure this is the case and should be promoted as such;
- There is potential for Care About Rights to be rolled out further within the social care sector and in the health care sector;
- Consideration should be given to the potential for Care About Rights to be embedded in statutory health and care sector training. This could include SVQ qualifications for care staff and nurse training (especially in acute and general care; a priority area for the Scottish Government). SHRC should work with the SQA to consider the potential for embedding human rights in the National Occupational Standards.

2 Introduction

2.1 The Scottish Human Rights Commission (SHRC) is charged with promoting awareness, understanding and respect for all human rights and encouraging best practice in relation to human rights.

2.2 Public consultation highlighted considerable interest in issues of human rights and dignity as they relate to the provision of care for older people. As a result this was adopted as a strategic priority for SHRC and is the driver of Care About Rights.

2.3 This report presents the findings of the Phase 2 of the evaluation of Care About Rights. It reports the findings of primary research conducted between January and July 2011 and makes recommendations around the future development and roll out of Care About Rights.

An overview of Care About Rights

2.4 Care About Rights is a training and awareness raising programme with the purpose of embedding a human rights approach to the delivery of care for older people. The programme empowers people to understand their rights and increases capacity to ask for rights to be met. It also increases the ability and accountability of those who have a duty to respect, protect and fulfil rights.

2.5 The resources are intended to increase understanding and awareness about:

- What human rights are and how they are applicable in care settings;
- The relationship between human rights and other legislation and standards;
- How human rights can help to balance risks and rights in decision making;
- How human rights can support the delivery of person centred care;
- How human rights can help resolve conflict and improve communication with people using services, their families and others.

2.6 The programme was initially targeted at three key audiences; those who deliver care to older people; older people, their families and carers and the inspectorate (SCSWIS formerly the Care Commission).

2.7 The publication of Care About Rights materials online and an extensive programme of media activity has extended the reach of the programme to other stakeholders and organisations with involvement and interest in care. The programme was recently presented to the international community at the first session of the UN open-ended working group on the rights of older people in New York.

Evaluation aims and objectives

2.8 In May 2010, the SHRC commissioned GEN to carry out a longitudinal evaluation of Care About Rights over the course of the project. The broad aims of the evaluation are to examine the effectiveness of project processes, and to assess the impacts of the project for its key audiences. The specific objectives of the evaluation are:

- To provide a baseline of information about the knowledge, awareness, and perceptions of human rights held among the project participants;
- To assess the process of the project from content development through to the roll-out of materials;
- Collect and collate participant responses to the awareness raising materials, both written and film;
- Collect and collate participant responses to the delivery and effectiveness of the awareness raising sessions;
- Assess participants' knowledge, awareness and perceptions about human rights following their attendance at the awareness raising sessions;
- Identify whether the awareness raising sessions have contributed to changes in practice and cultural change within the care provider organisations or the Care Commission;
- Assess whether, as a result of the awareness raising programme, participants are more or less likely to frame care of older people policy issues as human rights issues.

Phase 2: Evaluation Methodology

2.9 In Phase 2 the evaluation methodology was altered slightly to take account of findings from Phase 1 and adjustments made to the programme and to overcome some of the barriers and challenges experienced in the preceding stages of the research. The Phase 2 methodology involved:

- **A review of literature and the current policy environment:** The purpose of this was to examine the rationale for the development of Care About Rights, the potential long term outcomes of the project (particularly in relation to the changing environment of the social care sector and the wider personalisation agenda), and the fit and contribution of the project to national strategic objectives;
- **Consultation with strategic stakeholders:** This included stakeholders involved in Phase 1 and those who have become more involved in the programme since it was rolled out;
- **Consultation with older people involved in the outreach programme:** The study team attended a selection of outreach sessions to observe activity and gather consent to contact participants for follow up consultations. Consent was gathered at the final outreach sessions for each group and consultations took place shortly after completion of the awareness raising sessions (generally within two weeks). Consultations were completed with 20 older people who participated in the outreach programme; 25% of those who participated in one or more of the sessions. Consultations investigated views on the set up and delivery of awareness raising sessions, the outcomes of involvement for older people, views on the potential impact of the project for older people more widely and the future delivery of care services;
- **Base and end-line survey of care providers:** Throughout Phase 2 the study team continued to collate and analyse the baseline surveys completed by care workers prior to participating in Care About Rights training. A total of 799 baseline responses

were received at the time of reporting. Given the cascaded nature of the roll out it is not possible to say precisely what response rate this represents. In July 2011 a follow up survey was distributed electronically to care workers who provided their contact details and their permission to be re-contacted. The survey was sent to circa. 400 participants and responses were received from 82 (a response rate of approximately 20%);

- **Organisational case studies:** The study team carried out case study research with a sample of organisations demonstrating good practice in the roll out and embedding of Care About Rights. Case study visits involved consultation with those with strategic responsibility for the roll out of Care About Rights in the organisation, and, where appropriate given the stage of development, a number of operational staff. Case studies were carried out with two private residential care providers and a care at home provider. Case study research will also be carried out with a local authority once their programme is in place and roll out has begun. Case study evidence has informed the development of this report and individual case study reports are included in Appendix A.

Report structure

2.10 The remainder of this report is structured as follows:

- Chapter 2: Rationale and strategic context;
- Chapter 3: Development and roll out;
- Chapter 4: Outcomes and impact;
- Chapter 5: Conclusions and next steps.

3 Rationale and Strategic Context

Introduction

3.1 This review of literature considers the work of the Commission in relation to Care About Rights and the provision of care for older people more widely. Specifically, it examines:

- The role of the Scottish Human Rights Commission;
- The rationale for the development of Care About Rights;
- The Scottish policy environment the alignment and contribution of Care About Rights;
- The evidence base around education and training initiatives in the care sector – what works and how impact can be sustained.

The role of the Scottish Human Rights Commission and Care About Rights

3.2 The Scottish Human Rights Commission was established by the Scottish Human Rights Commission Act in 2006¹. The work of the organisation, which is independent from the Scottish Parliament, commenced in 2008. The Commission promotes and protects the human rights enshrined in the Human Rights Act (1998) and the Scotland Act (1998), as well as other human rights which are guaranteed by international conventions ratified by the United Kingdom.

3.3 Between December 2008 and April 2009, the Commission conducted a national consultation which included overviews of human rights issues of relevance to different groups; these included conditions for older people, especially those in residential care².

3.4 The promotion and protection of dignity in care emerged very strongly through this consultation exercise and has since been adopted as a strategic priority for the organisation going forward. The organisation's strategic plan sets out an intention to promote a human rights based approach (HRBA) to care in Scotland, in conjunction with regulatory bodies, care providers and care users.

3.5 The strategic plan acknowledges older people (along with others such as people with disabilities and mental health service users) as a group whose rights are not sufficiently protected. In addition, SHRC recognises that there are increasing numbers of people in Scotland who are over 60 years old and there is growing awareness across the country of older people's concerns and the need for care services underpinned by a sustainable human rights culture.

3.6 SHRC has developed Care About Rights in response to these issues and policy drivers. Care About Rights resources are intended to increase understanding and awareness about:

- What human rights are and how they are applicable in care settings;
- The relationship between human rights, other legislation, occupational and professional standards;
- How human rights can help to balance risks and rights in decision making;

- How human rights can support the delivery of person centred care;
- How human rights can help resolve conflict and improve communication with people using services, their families and others.

3.7 Care about Rights looks to develop and embed a human rights based approach to the delivery of care for older people. It is based on the PANEL³ principles of:

- Participation: the right to participate in decisions which affect human rights;
- Accountability of duty-bearers to rights-holders;
- Non-discrimination and equality;
- Empowerment of rights holders;
- Legality: the application of the Human Rights Act by public authorities linked to international and regional rights standards.

Human rights and the provision of care for older people – the need for intervention

3.8 In 2003 the Audit Commission highlighted the importance of educating public service workers about the Human Rights Act and their role in applying human rights in practice. While the report applied primarily to England and Wales, the issues discussed were applicable across the UK. In 2007 the House of Lords/ House of Commons Joint Committee on Human Rights expressed concern that the Human Rights Act had not been implemented properly and was not sufficiently understood and applied. The Committee highlighted the Audit Commission's previous recommendation for human rights training for all frontline staff delivering services to the public but asserted that, in many cases, this had not yet happened or had not been effective⁴.

3.9 The Joint Committee on Human Rights raised specific concerns about the lack of understanding and application of the Human Rights Act as a result of their report on the human rights of older people in healthcare. The Committee reported that, while some older people receive excellent care there remained significant areas of concern. The Committee identified that there had been insufficient leadership and guidance for health and residential care providers on the implications of the Human Rights Act. The Committee recommended a dual approach with older people being provided with information about their human rights and institutions mainstreaming human rights within their work.

3.10 The approach of SHRC in the development and roll out of Care About Rights is very clearly aligned with these recommendations for education and awareness raising activity within Scotland.

3.11 There is a strong evidence base to back up concerns around human rights and the provision of care for older people, particularly those using health and social care services.

Example 1: In Ireland, Phelan (2008) suggested that ageism influences the way human rights and citizenship are articulated for older people⁵.

Example 2: From an international perspective, Tang and Lee (2006)⁶ asserted that worldwide, neglect or violation of older people's rights is common and they argued for the introduction of an international convention on the rights of older people. This, it was

recommended, should be reinforced by a strong monitoring system involving key members of the international community.

Example 3: In Scotland, the Mental Welfare Commission and Care Commission reviewed care homes across the country. Although considerable evidence of good practice was identified, the report concluded that overall Scotland's care homes needed to improve significantly in order to meet the needs of their residents with dementia. A lack of person-centred care was evident and there was limited involvement of the person in decision-making that affected them⁷.

3.12 Person-centred provision and dignity in care have been a significant focus of policy and research activity. A number of studies have highlighted instances in which task orientation takes precedence over personalised care provision and care workers do not identify routine every day occurrences as ethical issues or challenges⁸.

3.13 Within the care setting (residential care and care at home), human rights issues are often related to the concept of dignity. The term *dignity*, though embedded in many documents including human rights legislation, is rarely defined. The concept is complex, with different meanings for different people depending on their specific circumstances⁹.

3.14 Research relating to dignity for older people in care has increased over the last decade and a number of studies have been conducted in the UK, and internationally. The literature recognises deficits related to dignity in care and that respect for dignity of older people in care cannot be taken for granted.

3.15 There are a number of factors that affect the dignity of older people in care settings. These include the care environment, staff attitudes and behaviour, the culture of care and the specific care activities (for example personal care)¹⁰.

3.16 The ability to communicate with staff, maintain a level of privacy and feel listened to are critical factors for older people ensuring feelings of independence and control of their situation. This in turn is related to dignity^{11/12}. This relationship between control and dignity has been consistently highlighted in research^{13/14}. For example:

Example 1: A study based in Scottish care homes highlighted the vulnerability of older people and their powerlessness in relationships with staff. Older people involved in this study reported that they were never involved in decisions. The study also found low levels of consent to procedures¹⁵.

Example 2: The 'Dignity and Older Europeans' project, included the views of older people, middle-aged adults and health and social care professionals in European countries (including Scotland). The impact of staff behaviour on the dignity of older people was widely highlighted indicating the important role of caregivers in relation to dignity for older people in different settings^{16/17/18}.

3.17 While much of the literature details poor practice in relation to dignity and human rights, there are some more positive research findings. Davies and Heath (2007) identified the principles underpinning quality care in care homes as being¹⁹:

- Privacy;
- Dignity;

- Independence;
- Choice;
- Rights;
- Fulfilment;
- Recognition of individuality and diversity;
- Expression of beliefs;
- Safety;
- Responsible risk-taking;
- Citizens' rights;
- Sustaining relationships with relatives and friends;
- Opportunities for leisure activities.

3.18 This demonstrates that the principles and culture of care providers are in line with human rights concerns. The basis to embed a human rights approach to care is already in place. Human rights is not a new development for the care sector and embedding the approach is therefore about bringing these values to the fore and providing a framework for delivering them.

Human Rights Act and the wider policy environment

3.19 Since the British Human Rights Act was passed the Scottish Government has implemented several pieces of legislation which are relevant to human rights and which Care About Rights is well placed to contribute to. These include:

- The Adult Support and Protection (Scotland) Act 2007;
- The Adults with Incapacity (Scotland) Act 2000;
- The Patient Rights (Scotland) Act 2011.

3.20 In 2011, following the Public Services Reform (Scotland) Bill, the Care Commission and Social Work Inspection Agency were dissolved and their functions taken over by the Social Care and Social Work Improvement Agency (SCSWIS). This newly established organisation registers and inspects services against National Care Standards. The Standards are based on the principles of dignity, privacy, choice, safety, realising potential and equality and diversity.

3.21 This demonstrates the commitment of the Scottish Government to strengthening and embedding a human rights based approach in care services. Care About Rights has the potential to support care providers to meet these standards by educating the workforce. The Government have taken a keen interest in the development and roll out of the project.

3.22 In recognition of Scotland's ageing population, older people have been a focus of Scottish Government policy in recent years. All Our Futures: Planning for a Scotland with an Ageing Population was published in 2007. This sets out a positive approach to older people, welcoming the ageing population, recognising the value of older people in society and the need to challenge ageism and discrimination.

3.23 More recently the Scottish Government published 'Reshaping care for older people' (2011). This explained the need to change service provision in recognition of the demographic changes in Scottish society. Once again this policy document has human rights principles at its core, setting out a vision that:

"older people in Scotland are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting" (Scottish Government, Reshaping care for older people, 2011, p.14).

3.24 The Scottish Government has also highlighted human rights issues for those who lack or have limited decision making capacity. Reshaping Care for Older People makes specific reference to dementia care services and the principles of dignity, privacy and involvement in decision-making. It also contains an assurance that the full range of human rights for people with dementia must be 'respected, protected and fulfilled'.

3.25 In recent years there have been a number of initiatives to support the human rights of people with dementia. Alzheimer Scotland (2009) produced a 'Charter of Rights for People with Dementia and their Carers in Scotland'. The development of this Charter has been supported by SHRC. The Charter takes a human rights based approach and is based on the PANEL principles. The Charter recognises that Alzheimer's disease affects people's ability to protect their own rights. This puts them at risk of infringements. In 2010 the Scottish Government published Scotland's National Dementia Strategy in which the Minister recognised dementia as a national priority and emphasised that people with dementia should be treated with dignity and respect. The strategy highlights the need for care workers to have appropriate training in both dementia care and human rights. This is an area in which Care About Rights has a clear potential to contribute.

3.26 Personalisation is also high on the agenda of the Scottish Government. In 2009 it published 'Changing Lives: Personalisation: A Shared Understanding: Commissioning for Personalisation: A Personalised Commissioning Approach to Support and Care Services'. The document acknowledged that personalisation is in line with the National Care Standards and that these are in turn aligned with human rights principles and obligations. A clear understanding and ability to articulate issues as human rights issues will enable care workers to better deliver against the personalisation agenda.

3.27 More recently, the national strategy for Self Directed Support (SDS) (2010)²⁰ and the draft Social Care (Self Directed Support) (Scotland) Bill set out the national policy direction for SDS based firmly around the human rights principles of:

- **Inclusion:** Everyone, no matter what level of impairment, is capable of exercising some choice and control in their living, with or without that choice and control being supported by others;
- **Dignity:** Everyone is treated with dignity at work, at home and in the community;
- **Equality:** Everyone is an equal citizen of the state and has the right to live life as fully as they can, to be free from discrimination, and to be safeguarded and protected.

3.28 The human rights based approach has also been extended to procurement. In 2010, the Joint Improvement Team Guidance on Social Care Commissioning and Procurement²¹ was published. Among its aims are to assist public bodies to make decisions that comply with all applicable policies, European Union and domestic law and human rights obligations. The

guidance describes a service user and human rights based approach to the procurement of care and support services and defines a set of Guiding Principles to govern this.

The value of education and training

3.29 The evidence shows that a human rights based approach to care has not been embedded or applied consistently in spite of its promotion through legal requirements and professional standards. In other words, legislation alone does not guarantee that rights will be upheld and other measures, such as education and training, are necessary²².

3.30 Care About Rights has the potential to address this need and enhance the quality and provision of care for older people in Scotland.

3.31 A number of studies have focused on education and training within the care sector and the positive effect this can have on care home workers. Education and training increases understanding of issues and the confidence and competence of care workers to address them and deliver care services. Education can be empowering for care workers and this in turn can enable them to raise standards^{23/24/25/26}. While not directly related to human rights, examples include:

Example 1: In Braun and Zir's (2005)²⁷ evaluation of a palliative care course, participants achieved significantly improved scores for feeling comfortable about providing end-of-life care. Similarly, in another study of palliative care Raunkiær and Timm (2010)²⁸ found that care home workers' competencies had significantly improved following education.

Example 2: Hughes et al. (2008)²⁹ found that that training can positively influence staff confidence in dealing with behaviour associated with dementia, potentially influencing the quality of care for residents with cognitive impairment in long-term care settings.

Example 3: Reyna et al.'s survey (2007)³⁰ identified that education (both specific and general) was associated with fewer stereotypes and more positive attitudes towards older people.

3.32 While education and training may be a critical component in improving quality in care, this alone may not bring about cultural change and the embedding of a human rights approach.

3.33 Some commentators have expressed reservations that educational packages can be seen as a panacea with the assumption that the topic is now dealt with and does not require further development³¹. Some studies have illustrated that despite the implementation of apparently successful educational programmes changes in practice do not automatically follow³².

3.34 The key issue here is that increased knowledge may not necessarily bring about increased confidence to deal with a related situation. This was highlighted by Hughes et al. (2008) in a study of staff supporting people with dementia. Education and training programmes must strive to find the most effective methods to lead to a sustained, positive impact on practice.

3.35 Discussion of human rights can raise complex and emotive issues. Learning about human rights and applying this type of learning in practice requires participants to examine

their own values. This type of learning requires participants to be more than passive recipients of knowledge (*surface learning*). Participants must be involved in their learning, developing understanding in a meaningful way. This is referred to as *deep learning*³³. Deep learning requires³⁴:

- Internal motivation of the learner;
- Active learning and engagement with the topic;
- Opportunities to develop enhanced personal meaning;
- Relevance of the teaching to the learner.

3.36 The approach of Care About Rights is one of deep learning, with a package that involves participants, is relevant to their practice, is engaging, and which encourages them to examine their own practice.

3.37 Research literature also highlights the importance of care home staff finding training relevant and applicable to their own practice^{35/36}.

Overcoming the barriers and sustaining impacts

3.38 There are a number of barriers and challenges to the provision of education and training for care workers. Problems include lack of opportunities and difficulty in accessing education and training, providers being unable or unwilling to release staff for training purposes and a lack of time and resources. Flexibility is essential in helping to overcome these barriers. Measures which have been successfully applied in the care sector include:

- Flexibility in the delivery mode with training available independently or via qualified staff³⁷;
- Possibilities for on the job training³⁸;
- Usefulness of locally-based training and internet-based resources³⁹.

3.39 Financial constraints may restrict training opportunities, a situation that is particularly relevant during this period of public sector cuts. Other factors identified as barriers to education within the care sector are time constraints, vacancies and high staff turnover, changes of ownership and/ or management^{40/41/42}.

3.40 These are issues that can affect any care provider and as such, need consideration at the planning stage of any education and training initiative, with the aim of sustainability despite organisational changes.

3.41 Ways of sustaining an impact on practice have been considered in several studies:

Example 1: Davies and Nolan (1998) suggested that follow-up of educational input from qualified staff and managers would reinforce the learning.

Example 2: Heals (2008) reported on an educational programme which appeared to have a sustained effect. In this case on-going support was an important factor.

Example 3: Educational programmes conducted over a long timeframe appeared to increase the impact of the education provided (Raunkiær and Timm 2010).

Example 4: Heals (2008) reported that using a combination of regular study days and newsletters can be successful in sustaining impact.

Example 5: Curry et al. (2010) discussed how education delivery within a practice development framework in care homes was successful in enabling and empowering staff to provide greatly improved end of life care to residents.

3.42 The examples above demonstrate how education and training can be supported rather than simply delivered.

3.43 As previously mentioned, education for individuals alone may not be enough to bring about significant changes in practice. The culture in which people work also has a significant influence on whether they apply their learning in practice and in a sustained way^{43/44}

3.44 Davies and Nolan (1998) argued that while raising the awareness of one group alone was helpful there needs to be a coherent philosophy of care across the environment as a whole for sustained impact to occur. They suggested that an educational package needs to be part of a programme of development for all staff in care homes.

3.45 Curry et al. (2010) identified high staff turnover as an issue for care homes looking to train staff. However, in this study the project impacted on the culture of the care homes, not just individual staff members. Care home managers reported that the changes in culture and practice that the project brought about persisted despite staff changes.

3.46 Support and involvement from managers is critical in bringing about and sustaining cultural change as a result of education and training⁴⁵

Summary

3.47 Despite the longstanding United Nations UDHR and the European Convention on Human Rights, there is evidence that older people who use health and social care services in the UK and further afield experience care that impacts on their human rights.

- The UK has legislation which enshrines human rights in law. In Scotland, health and social care policies explicitly embed human rights and a human rights based approach to care, particularly in relation to older people and people with dementia;
- SHRC identified older people as a vulnerable group in relation to human rights. The Care About Rights initiative was developed and rolled out across Scotland as a result. There is a strong legislative and policy context underpinning Care about Rights, and as these policies are implemented across Scotland the project should be promoted as a way of supporting the Human Rights Act, professional and occupational standards and national policy priorities and outcomes;
- SHRC adopted a two-fold approach. The programme aims to educate both the providers of care and older people and their carers about human rights issues and their applicability in care setting;
- The educational approach is one of deep learning with the development of a package which stimulates engagement, encourages reflection and is relevant to care workers' own practice;

- Education in the care sector can be challenging and sustaining the impact of educational initiatives is a key consideration. To embed a human rights based approach, it is important to involve care managers and work to bring about change in the culture of the organisation as a whole;
- To sustain the impact of education and training in the care sector there should be on-going opportunities for care workers to reflect on their practice and discuss situations where human rights issues have been challenging to them. Managers should play a key role in enabling this to happen as this shows leadership and support for care workers who often encounter complex situations.

4 Development and Roll Out

Introduction

4.1 This section considers the progress that has been made in the development and roll out of Care About Rights in the period since the interim report was submitted in December 2010. It considers progress with and the effectiveness of the roll out to care providers as well as the operation of the outreach programme which disseminated Care About Rights to four groups older people.

Work with providers

The approach to delivery and roll out

4.2 The structure of Care About Rights and the approach to the roll out has allowed care providers and care workers to be involved in a number of ways:

- **Training of trainers:** SHRC facilitated three training of trainer sessions. These were delivered in partnership with an experienced training consultant. These comprehensive two day sessions equipped participants with the knowledge and resources to deliver their own Care About Rights sessions within their organisation or their local area;
- **SHRC facilitated short courses:** these half-day training sessions were delivered by trained trainers with assistance from an SHRC facilitator. Twenty one half day sessions were delivered at venues across the country. In addition SHRC delivered some exclusive sessions for large care providers, for example two courses were delivered to managers from Bupa Care Home;
- **Internal cascaded training:** after completing the training of trainer sessions, there was an expectation on participants to cascade their learning to staff in their organisation or local area. Care About Rights provided guidance on the structure and content of cascaded training (depending on the time available).

Progress with the roll out

4.3 At the interim stage of the evaluation there was a high degree of enthusiasm from trained trainers to roll out Care About Rights, however many were experiencing barriers which, till that point, had prevented further roll out. In Phase 2 the evaluation team sought to establish the extent to which these barriers have been overcome and Care About Rights has been cascaded in the care sector.

4.4 Generally there is support for the cascaded model employed by SHRC. While the model presents challenges, the view from stakeholders is that it was appropriate given the resources available (cascaded training has the potential to reach a greater number of people than would be possible if SHRC delivered all training themselves).

4.5 Stakeholder perceptions are that providers have positively engaged in the roll out. Initial concern and scepticism about whether or not providers would engage (particularly given the non statutory nature of the training) have been overcome in many cases and, while it has taken time, there is evidence that cascading is taking place.

“...it was an innovative approach involving care providers in training the trainers to cascade the programme. I was sceptical at first as care providers are very busy. However feedback has been very good. There have been lots of volunteers...” (Stakeholder consultation 2011)

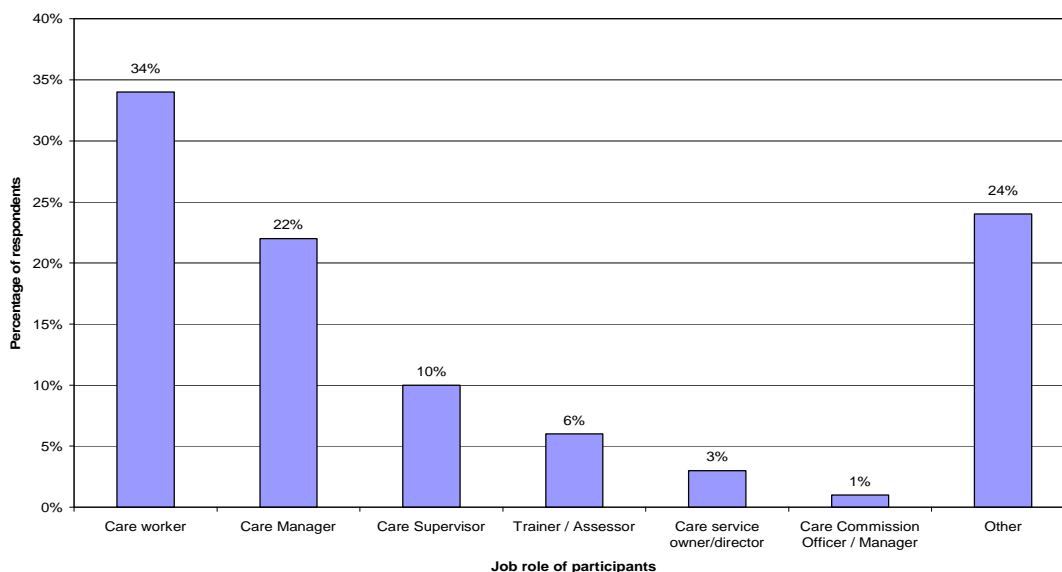
4.6 The hope was that through the cascaded training model Care About Rights would be delivered to approximately 1,000 care sector workers. To date the evaluation team has received 799 responses to the baseline survey. This is a significant increase on the 263 received at the interim stage and demonstrates that roll out is occurring and gaining momentum. This figure is also likely to underestimate the number of participants as not all of those receiving training will have taken time to complete and return the baseline survey.

4.7 Participants from all 32 local authorities in Scotland reported undertaking Care About Rights training, although many of these individuals reported working across a number of local authorities. Activity to date appears concentrated in the cities of Aberdeen and Glasgow and in North Lanarkshire, which accounted for 16%, 16% and 12% of all responses respectively.

The role of training participants

4.8 Overall care workers are the largest group to have participated in Care About Rights (just over a third of those who completed baseline forms prior to their training).

Figure 4.1: Role of training participants



Source: GEN baseline survey of training participants
Number of respondents: 794

4.9 Table 4.1 shows breakdown of roles by the type of training received. It highlights a significant difference in the profile of participants attending the different forms of training:

- Care managers and trainer/ assessors are more likely than care workers and care supervisors to have attended training of trainer events;
- Care managers are the largest group to have attended SHRC led external courses;
- Frontline care workers are the largest group to have received training via internal trainer led courses;

Table 4.1: Role of training participants by training type (row percentages)

	Care worker	Care Supervisor	Care Manager	Trainer/ Assessor	Other	No. Resp.
Training of trainer	3%	11%	34%	32%	19%	62
SHRC external course	22%	12%	30%	7%	29%	274
Internal trainer led courses	47%	9%	15%	2%	27%	433
Unknown	4%	12%	24%	8%	52%	25

Source: GEN Baseline survey of training participants

4.10 The majority of those who attended training (76%) work in a care home setting. Nine percent deliver care at home services, 6% are involved in housing support, and 4% perform some form of headquarter (HQ) function.

4.11 The majority (77%) of respondents are employed in the private sector. Twelve percent work in the local authority sector and 9% in the voluntary sector. A break down by training type is provided in Tables 4.2 and 4.3.

Table 4.2: Nature of support provided by training participants (row percentages)

	Care Home	Day Care	Care at Home	HQ	Housing support	Other	No. Resp.
Training of trainer	61%	5%	24%	8%	19%	13%	62
SHRC external course	57%	3%	13%	6%	11%	20%	275
Internal trainer led	93%	1%	4%	2%	0%	3%	435
Unknown	40%	12%	20%	12%	20%	20%	25
Total	76%	2%	9%	4%	6%	10%	796

Source: Baseline survey of training participants

Note: response does not equal 100 due to multiple responses

Table 4.3: Nature of organisations employing training participants (row percentages)

	Private Sector	Voluntary sector	Local Authority Sector	No. Resp.
Training of trainer	73%	7%	22%	60
SHRC external course	59%	19%	24%	264
Internal trainer led	94%	3%	2%	431
Unknown	48%	26%	26%	23
Total	79%	10%	12%	776

Source: GEN analysis

Note: response does not equal 100 due to multiple responses

4.12 Statistics from the Scottish Social Services Council⁴⁶ indicate that approximately 38% of the social services workforce is based in the private sector, with 36% in the public sector and the remaining 26% in the voluntary sector. The private sector are therefore significantly over represented in the sample, indicating the greater success of SHRC in engaging private sector organisations in Care About Rights. The vast majority of those who received *internal trainer led training* and around three quarters of all *training of trainer* survey respondents are working in the private sector.

4.13 Adult care homes, housing support/care at home are the largest sub-sectors in terms of employment in the care sector. Together these account for approximately 60% of the total

workforce. Within the sample of participants over 90% reported working across these sectors. This suggests that Care About Rights is successfully reaching into the most significant sub-sector. There is potential for Care About Rights to be rolled out further in the day care sector which is underrepresented at present.

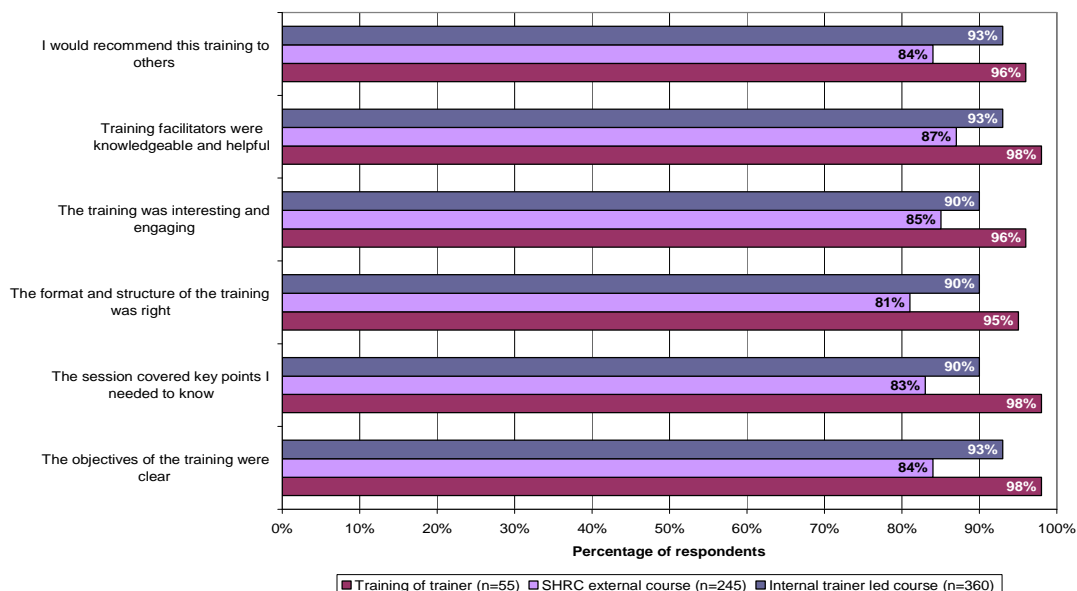
The quality of the training and resources

4.14 The structure and content of the Care About Rights training programme and the supporting materials are considered to be of a very high quality. Stakeholders were very positive about the package, the comprehensiveness of the project's scoping, the way in which the materials were developed and launched in partnership with stakeholders and service users and the support provided by SHRC in the roll out.

4.15 The scenarios were considered particularly useful and stakeholders felt that the materials recognise the complexity and subtlety of human rights issues and help to reduce fear and confusion about human rights.

4.16 The interim report at the end of Phase 1 highlighted high levels of satisfaction with the training and resources from the training participants, particularly from those attending the two day training of trainer sessions. These trends have persisted through Phase 2. Figure 4.2 shows that overall, participants felt that the purpose of their training was clearly articulated, sessions were interesting and engaging and led by knowledgeable facilitators, were well structured and covered key points. In all cases the highest levels of satisfaction came from those attending training of trainer events.

Figure 4.2: Feedback on the training session (percentage agreeing/ strongly agreeing)



Source: GEN evaluation survey of training participants

Number of respondents: 660

4.17 Specific comments in relation to the structure and content of the training included:

"This was excellent training, touching base on learning styles and encouraging people to discuss issues and develop a group identity as trainers"

"Honestly can't think of anything I would change - good balance between presentation of information and interactive group sessions using the materials"

"The days were broken up appropriately to keep the attention of participants"

"Very interesting and informative, I found the session stimulating and it kept my attention"

"Training was very informative and thought provoking. I now have a better understanding and knowledge base that I am already planning to use in my work place"

"It was interesting and gave me insight on how to enable service users to exercise their human rights"

"Training was good and the trainer was very clear and precise and also very knowledgeable and practical in referring training to real life experiences that do happen in everyday working life."

4.18 One of the challenges with the cascaded training model is that SHRC has no control over the quality and roll out. This issue was highlighted by stakeholders as a potential challenge in Phases 1 and 2 of the evaluation.

4.19 Stakeholders noted challenges in ensuring that the right people engage with training of trainer sessions and that these people have the skills and resources to effectively deliver training themselves. Trained trainers self selected to take part in Care About Rights (in that SHRC did not target the training at those in specific job roles). This has advantages in that those who attend are more likely to be genuinely interested in the issues and motivated to take Care About Rights forward within their organisations. However, they may not be the most appropriate people to deliver training and access resources to embed a human rights based approach.

4.20 Analysis of the baseline surveys shows that a third of those who attended training of trainer sessions were from a trainer/ assessor background. It is possible that other participants did not possess the skills to act effectively as trainers. This concern was raised by stakeholders who commented that the volume of material to get through at the two day training of trainer sessions was such that there was little time to develop the skills of participants to effectively deliver the training. Similarly, it was challenging for SHRC to ensure that participants were indeed those with the time, resources and authority to implement and roll out a training programme within their organisation. It is difficult to assess the later point at this stage.

4.21 If evidence from case study organisations is applicable more widely, this would suggest that SHRC have been relatively successful in promoting Care About Rights in a way that engages the most appropriate people. For example, in one of the case study organisations the Scotland wide team of Quality Managers attended the training of training sessions. In another, all care home managers received Care About Rights training in dedicated sessions provided by SHRC. An organisation providing care at home services has focused initial training for senior staff in order to demonstrate the value of the training and secure buy in from strategic decision makers, before cascading the training down to front line staff.

4.22 Further, the fact that such high satisfaction scores emerge through the survey of participants suggests that, in the first instance, trained trainers have been successful at pitching the training at the correct level and delivering it in an effective way.

4.23 There is considerable variation in the way training has been rolled out between organisations and within organisations. This includes full and half day sessions, lunchtime sessions and discussion during regular team meetings. Some providers are delivering dedicated Care About Rights training while others have incorporated elements of Care About Rights into other training (such as adult support and protection, restraint and nutrition training). It is important to note that the survey responses are not necessarily comparing like with like. It is however encouraging that participants (regardless of the format of training in which they took part) report high satisfaction with the training, an understanding of its relevance and value to their job role.

4.24 This was reinforced in case study consultations with frontline staff who have received Care About Rights training. In one of the care homes involved, Care About Rights has been delivered on site by team leaders in a series of short courses. Team Leaders had training cascaded to them by staff who attended the training of trainer sessions. In house Care About Rights sessions in the care home varied in length and format to fit the needs of staff and the organisation. Staff were encouraged to attend and could select the session that was most suitable for them:

Case Study Example 1: A care assistant attended a full day (9am-4pm) Care About Rights session delivered in-house by her team leader. During the session sections from the Care About Rights resources were used to learn about the Human Rights Act and legislation. The group also used written and DVD scenarios and the FAIR framework. The care assistant said that:

"It was very interesting and useful. There was a bit too much text and it was a lot to get through in a day – I was a bit daunted at first. Overall though the training was the right length and pitched at the right level. I think an update or refresher session could be useful"

Example 2: A staff nurse attended a short session (a few hours) delivered in house by her team leader. During the session the group used Care About Rights resources to facilitate discussion and debate around human rights. The staff nurse reported that:

"The DVD and scenarios were interesting and realistic and FAIR is a good tool that helps staff to plan care plans and gives direction as it takes you through a process. I would recommend Care About Rights to others as it has helped me to increase my knowledge and understanding of human rights."

"It was a lot to take in a short session – especially the legal bit. There was a lot of detail in there but it is important for staff to know about this. It would have been good to do the training over a longer session"

The barriers and how they can be overcome

4.25 During Phase 1 trainers and care providers highlighted a number of barriers and challenges that were perceived to hinder the roll out of Care About Rights. These were reiterated in Phase 2. Specific barriers and challenges included:

- **Lack of time:** Providers, trainers and stakeholders commented on the volume of compulsory training that they are required to provide. Finding the time to develop and implement Care About Rights (a non statutory training programme) has been a barrier in many cases. There are also a variety of training programmes that, while non statutory, are linked to specific legislation and high profile policy areas. For example, adult support and protection is currently high on the political agenda. Scottish Care and the Scottish Government have been involved in the development and roll out of Tell Someone; a training and awareness raising programme grounded in the Adult Support and Protection (Scotland) Act. The programme has been rolled out using a cascaded model similar to Care About Rights. One stakeholder noted the key differences between the programmes, commenting that the Adult Support and Protection Act is the driver of policy and practice around vulnerable adults, it involves a formal process, including the police and social workers. Providers must adhere to legislation and will therefore be more willing to engage in training to support it. The human rights based approach, although underpinned by legislation, is perceived to be softer. In this sense adult protection (and Tell Someone) is perceived to have an advantage over Care About Rights.
- **Staffing issues and providers unwilling or unable to release staff for on the job training:** Staffing issues are two fold. Historically there has been high staff turnover in the care sector. When resources are limited providers may not see the value in providing training that is not mandatory to their front line care staff. This is a challenge for Care About Rights.

The nature of the care sector, where staff work shift patterns and it is necessary to maintain a certain level of staffing at all times, can cause difficulties for care providers looking to deliver training. On the job training will require additional staff to back fill and maintain appropriate staffing levels. Delivery of off the job training means that workers are asked to attend on days and at times where they are not working. Providers may have to compensate workers financially or with time in lieu. This has implications for budgets and resources. Stakeholders commented:

“Time and back filling posts are the key issue. Care homes run on a shoestring with minimal staffing so it is difficult to release staff for training” – strategic stakeholder.

“One of the challenges for care providers is in freeing up staff, especially senior staff, to attend and resource implications such as finding backfill and funding travel” – strategic stakeholder.

- **The cost of training:** Stakeholders commented on the challenges posed by the current economic climate and the impact of public sector spending cuts. These will reduce the resources available for care providers to develop and implement training programmes, to release staff for training, or pay for external providers to deliver training sessions.

4.26 These barriers and challenges are also recognised in literature relating to education and training in the care sector. The literature highlights a number of measures that can be put in place to mitigate and overcome these barriers. These include, flexibility in the training resources and delivery mode, relevance to other initiatives and priorities and cost effectiveness.

4.27 Overcoming barriers and embedding a human rights based approach to care is the responsibility of both SHRC (as the organisation which is championing the issue) and the care providers. The evaluation has shown that the approach of SHRC to Care About Rights is

particularly useful in addressing some of the recognised barriers and challenges faced by care providers. Evidence from case study consultations has also shown the ways in which barriers and challenges can be overcome within individual organisations and care homes to successfully roll out Care About Rights:

- **Flexibility in resources:** Care About Rights resources can be used flexibly. The resource pack provides guidance on how trainers can structure sessions of differing lengths to fit with work pressures and ensure that workers get the most benefit from the time available.

Trainers can select the sections and elements of the resources that they wish to include in their sessions. There is also flexibility in the resources for trainers to pick out the scenarios that are most relevant to their participants and to focus on these in the training session.

The fact that the single set of resources contains information for different audiences, for those working at different levels and in differing roles is a further strength of the materials.

- **The delivery mode:** The training literature (paragraph 3.40) noted the greater effectiveness in the care sector of training programmes that allow flexibility in delivery mode. Care About Rights has strived to achieve this. Within organisations training may be available in-house from trained trainers or senior staff who have received cascaded training (see case study examples).

To increase the reach of the programme, SHRC facilitated a series of locally based external courses. Care sector workers from across the local area were invited to attend these sessions.

Where staff are aware of Care About Rights it is also possible for them to access resources independently online and to use these resources to develop and take forward their knowledge and understanding following a session delivered in-house.

- **Relevance to other initiatives and priorities:** as a non statutory training programme, buy in to Care About Rights will be enhanced if organisations can clearly see the way it adds value to existing activity, aids the delivery of organisational priorities and assists in meeting necessary care standards. Stakeholder consultations highlighted the potential of Care About Rights to do this. One stakeholder noted:

“the Care About Rights resource can be clearly linked into the training requirements which are part of Scotland’s mandatory framework” – strategic stakeholder

The stakeholder went on to comment that there is no issue about the relevance of the human rights based approach. The challenge, particularly in a tough economic climate, is in making providers see the way in which the package can help organisations to meet their obligations as providers of care.

In case study organisations where roll out of Care About Rights has occurred or is planned, these links have been made at a strategic level. This strategic leadership has been instrumental in securing operational level buy in and the involvement of frontline staff. Approaches taken within case study organisations are illustrated below.

Case Study Organisation A: Private residential care provider

This Scotland wide organisation has embraced Care About Rights at a strategic level and now working to support the implementation of a human rights based approach at all levels. The precise nature of the roll out of Care About Rights has been at the discretion of area based Service Quality Advisers and individual Care Home managers.

Within the organisation, the role of service quality managers is to support care homes to deliver training and improve quality to meet the requirements of internal Quality Inspectors and the regulator (SCSWIS)

All Quality Managers participated in training of trainer events and have taken forward Care About Rights in their own area. An example of the cascaded approach was provided by the Service Quality Manager from the Glasgow and Lanarkshire operational area.

In this area managers in all of the organisations 21 care homes have been trained. Managers received a dedicated one day training session on Care About Rights from the Service Quality Manager. Individual care home managers (supported by the Service Quality Manager) are now rolling out the training.

In one of the care homes involved in the consultation the training has been cascaded by management level staff to team leaders and team leaders are providing training to frontline delivery staff at all levels and in all roles (including staff nurses, care assistants, activity staff and kitchen staff).

Within this care home the training has been flexible to meet the need of staff and the organisation. Training has generally been in full day and short (few hour courses).

To assist with the roll out across the operational area, the Service Quality Manager has also developed a 2.5hr session (using the Care About Rights materials).

Within this particular care home, approximately 60-70% of the 70 staff have completed Care About Rights training and team leaders are in the process of rolling training out to all staff.

Care About Rights is being incorporated into the comprehensive six week induction programme for new staff. Care About Rights will be included in the programme as a dedicated full day session. The care home are also planning to run yearly update courses (drawing on different sections of the materials) to refresh staff skills and ensure a human rights based approach becomes embedded in the culture and values of the organisation.

In another operational area, the Quality Manager is rolling out Care About Rights in conjunction with Adult Support and Protection training as it is perceived to align well and add value to this training.

Case Study Organisation B: Private residential care provider

This large private residential care provider regards itself as a leading provider of care services, committed to the highest standards and quality in care services. The provider views provision as routed in the principles of person centred care and staff training and development opportunities are intended to support this. Senior managers and strategic level staff recognised the alignment of Care About Rights with internal

aims and objectives and also the potential of Care About Rights to add value to existing services and aid the delivery of person centred care that meets and exceeds professional standards. The decision to get involved was taken at the strategic level by the organisation's regional managers.

A representative (generally a Care Home Manager or Clinical Services Manager) from each of the organisation's 30 care homes received Care About Rights training in a dedicated one day session provided by SHRC. Following the training session, Care Home Managers have been tasked with taking forward Care About Rights in their own care homes. Different models of roll out are in place in different care homes.

In the care home included as part of this case study, Care About Rights has been delivered informally through the structure of regular staff meetings. Elements of Care About Rights have also been integrated into the delivery of Tell Someone; adult support and protection training. This is being delivered in a more formal way across the organisation. Care About Rights is considered to work well with 'Tell Someone' and the two programmes are seen to compliment one another.

Case Study Organisation C: Provider of care at home services

The organisations are still at a relatively early stage in the roll out of Care About Rights across their 240 employee strong employees. To date, four half-day training sessions have been carried out with 25 senior staff.

This approach was chosen as it allowed senior staff to become aware of the Care About Rights and competent in its application. Furthermore, by demonstrating its usefulness to senior staff, real buy in was secured among those responsible for all strategic decisions within the organisation.

Agreement has now been secured to roll out Care About Rights to all operational staff as senior staff involved in the initial training were able to recognise the benefit of Care About Rights to all the service users they care for, not solely older people.

Plans are to continue the roll out in small groups of 5-8 people as not only can the trainers gain feedback from learners, but time can be spent going through the case studies and relating them to personal experiences. This, it is felt, will increase the likelihood that people will apply their learning in the future.

- **Cost effectiveness:** As noted above, stakeholders and providers highlighted budget cuts and reduced funding as a significant barrier to the provision of education and training. Care About Rights has gone some way to addressing this challenge by virtue of the fact that the training and resources were provided free of charge. This facilitated the involvement of more providers than may otherwise have been possible and provided SHRC with a platform to promote the benefits of the human rights based approach to care.

The human rights based approach is essentially nothing new. Human rights are supported and protected by legislation and professional standards. Implementation of a human rights based approach should not, in essence, result in any additional cost to providers. This is recognised within the case study organisations which are taking forward the programme. One of the challenges in increasing the uptake and buy in to the Care About Rights may be in communicating this message more widely.

Bringing about sustained change

4.28 There is recognition among stakeholders that further roll out and sustainability of Care About Rights is a challenge.

4.29 Several stakeholders noted the importance of maintaining the profile of Care about Rights if sustainability is to be achieved and a human rights based approach to care is to be embedded. This challenge may become more acute as public sector budget cuts come into force and providers are required to make difficult decisions on resource priorities. A sustained media campaign, newsletters and refresher workshops were all posed as ideas that may assist with this.

4.30 In sustaining momentum on Care About Rights it was also considered that inspectors of care providers should be fully informed and familiar with the programme so that they can raise it during inspections and in turn, care providers can use the package to help them provide evidence for inspection.

4.31 Engagement with SCSWIS (formerly the Care Commission) was always the intention of Care About Rights. However, changes that were underway during the launch and roll out prevented the involvement of Care Commission officers in the way that was planned.

4.32 At the strategic level there has always been support within the inspection agency for Care About Rights and the human rights based approach. The organisation has also advocated the need for tools such as Care About Rights to bring about sustained change. The new inspection agency came into being on the 1st April 2011 and does not yet have a corporate plan in place. Strategic stakeholders from the new agency are however confident that the commitment to a human rights based approach will remain and that the organisation will promote and support the use of Care About Rights resources.

4.33 There is anecdotal evidence from one case study organisation that their approach to rolling out Care About Rights has been well received in a recent inspection at two care homes and was instrumental in the achievement of a top rated quality score in one of these.

4.34 The research literature highlights a number of factors that are instrumental in bringing about sustained change in the care sector as a result of education and training programmes. These include:

- **Sustained intervention:** it is recognised that a sustained impact on practice is more likely when training and awareness raising is delivered over a sustained period (see paragraph 3.43). A one off session may not be enough to bring about real change. Regular newsletters and refresher sessions may help address this issue. SHRC have distributed newsletters to trained trainers and participants on external courses. A refresher session has also been held for trained trainers (January 2011). It is recommended that this activity continues.

SHRC do not have the resources for sustained delivery and continued training for all participants. If the human rights based approach is to be successfully embedded providers must also share this responsibility. Evidence from case study organisations show that this is possible; one care home spoke of plans for annual refresher sessions. There is also evidence from care sector workers in the same home that refresher sessions would be valuable as a way of consolidating their learning.

- **Management buy-in:** Support and involvement of managers is critical in bringing about and sustaining cultural change and change in practice through education and awareness raising. This is highlighted in the research literatures (paragraph 3.48) and by strategic stakeholders. As previously discussed, trainers need to have the resources to develop and deliver training as well as the authority to positively encourage and facilitate attendance (for example the ability to influence shift rotas, arrange the release of staff for on the job training, authorise the reimbursement of travel expenses to encourage attendance of those who are off shift). The commitment of senior managers is necessary to achieve this.
- **Engender cultural change:** The approach of Care About Rights is one of deep learning; in that training resources are interactive and involve the participants in the learning process. The resources are relevant to the sector and to workers in different roles and at different levels. By working through the FAIR process and looking at the implications of different courses of action, the resources also encourage reflective thought about the participants own practice.

Research has shown this approach to learning to be particularly effective in empowering and increasing the confidence of care sector workers to be proactive in addressing situations. This is key if training is going to have an impact on practice.

Furthermore, as a reflective and value based training programme Care About Rights (if rolled out effectively, supported and promoted at a strategic level) has the potential to impact on the culture and values of the organisation. The literature notes that programmes which engender a cultural change within organisations as a whole will be more effective in bringing about change in practice. This can overcome issues of high staff turnover and prevent knowledge being lost when staff move on as new staff are inducted into a culture with a clear set values that permeate all aspects of their work.

The potential of Care About Rights in this respect was highlighted by one of the case study organisations. This is discussed further in the following section.

While the approach of Care About Rights supports deep learning, an isolated training session (in the absence of follow up work or impetus to implement learning in everyday practice) is unlikely to bring about sustained change. It is important that Care About Rights remains visible for care workers. SHRC has a role to play in this as do care providers.

4.35 Key to sustained impact is the long term commitment and embedding of Care About Rights in training and development for care sector workers and support from strategic stakeholders and management level staff to drive the implementation.

4.36 Among the stakeholders consulted in Phase 2 there was support for embedding Care About Rights in training across the sector. Stakeholders did however have different views about how this could be achieved. Some stakeholders were aware of cases where Care About Rights has been successfully embedded into the induction programmes of some organisations. There is case study evidence in support of this.

4.37 It is also considered important that human rights are fully integrated into the National Occupational Standards for care workers which are currently under review. Care About Rights will then support the care workers in gaining evidence towards their qualifications. This in turn may help to drive up standards and embed the human rights based approach in the organisation they are working for. Stakeholders also highlighted the need for the Scottish

Qualifications Authority (SQA) to be involved in ensuring that human rights are included in the National Occupational Standards. SHRC should also seek to secure the engagement of:

- Local authorities: stakeholders were unsure of the level of involvement of local authorities to date. The representative from COSLA acknowledged that local authority involvement had been limited as a result of the elections. There is a perception that they will be more willing and able to engage in future;
- Commissioners of older people's services: Stakeholders expressed a view that commissioners of older people's services are important to engage in the project going forward.

The outreach programme

Introduction

4.38 Phase 2 of the evaluation included primary research relating to the outreach programme for older people and their carers. This part of Care About Rights was not discussed in the interim report as it took time for SHRC to engage partners and establish the outreach groups across Scotland. The following section provides an overview of the outreach component of Care About Rights, the rationale for the model, the structure of the programme, the nature of the participants, and their views on the training and the awareness raising materials.

Overview of the outreach programme

4.39 In 2010 SHRC approached Age Scotland for support in the delivery of the Care About Rights awareness raising programme to older people. The aim was to engage older people involved in their member groups in Care About Rights. This, in conjunction with the roll out to care providers, was intended to ensure the long term and sustainable impact of Care about Rights for older people requiring care services.

4.40 It was anticipated that individuals and organisations involved in the outreach programme would act as conduits, helping to ensure that older people and their advocates are empowered to challenge cases when human rights are not respected.

4.41 SHRC, with support from Age Scotland and the Scottish Independent Advocacy Alliance (SIAA), engaged member organisations in the project and promoted the participation of older people. SHRC provided a facilitator and Age Scotland or SIAA local coordinators arranged and provided the venue and participants.

4.42 SHRC, working in partnership with Age Scotland and SIAA, established four groups, reflecting rural and urban settings. These were in Highland, North Lanarkshire, Scottish Borders and Orkney.

4.43 The outreach programme commenced in October 2010 and finished in July 2011. Outreach sessions took place with the support of local interest groups and activists such as the Highland Senior Citizens Network, Borders Independent Advocacy Service, Voice of Experience Forum and Advocacy Orkney.

Rationale for the model

4.44 The structure of the outreach programme in Scotland was loosely based on a project carried out by the British Institute of Human Rights (BIHR) in England. The Older People and Human Rights Project, a three-year partnership project (August 2008–August 2011) between Age UK and the British Institute of Human Rights, was funded by Comic Relief. The aim of the project was to empower people in later life to use human rights to influence decisions affecting their lives and wider public policy. The project supported older people to use human rights principles and standards to bring about change in local public services (including health and social care services). The project delivered awareness-raising sessions, information, training and support for older people to use human rights principles to identify and influence local and national priorities.

4.45 The groups were established in conjunction with Age UK in Derby, Hackney and Stockport. Participants received five training sessions over a two year period. The groups were supported by a paid coordinator from the local Age UK. Human rights training sessions were also delivered to staff and volunteers.

4.46 Following completion of human rights sessions, the intention was that the groups would have gelled together to become sustainable and would set up and deliver a project based around human rights issues. Two of the groups successfully identified and developed small local advocacy projects using the human rights knowledge they gained through the training. These projects included:

- A campaign on the impact that the closure of public toilets can have on the lives of older people;
- A DVD highlighting the issues that Lesbian, Gay, Bisexual and Transgender (LGBT) older people may face in residential care and the impact that they can have on their human rights.

4.47 For a number of reasons the third group did not develop a project or continue to work together. However, the impact of the project did not stop when the group dispersed. This is discussed further in the subsequent chapter.

Development of the outreach programme in Scotland

4.48 In Scotland, the outreach component of Care About Rights took the BIHR model as its starting point, in so much as it aimed to work in partnership with a national older people's organisation to benefit from contacts and having a partner to assist in delivery.

4.49 It was not possible for Age Scotland to contribute to the delivery of outreach awareness raising sessions in the same way as Age UK in England. At the start of the outreach phase Age Scotland was undergoing a significant transition process following the merger of Age Concern Scotland and Help the Aged. This meant that the organisation did not have the capacity to be fully involved in the earlier stages of the project development. The structure of the new organisation meant that direct involvement in facilitating the sessions was not possible. Age Scotland was however keen to be involved and proposed that they could facilitate access to their member groups to encourage the engagement of older people in the programme.

4.50 In order to sustain momentum in the outreach programme delivery, SHRC approached the SIAA for additional assistance in identifying potential partners to host sessions. Borders Independent Advocacy Alliance and Advocacy Orkney were the first to express interest and subsequently worked with SHRC to establish outreach groups.

4.51 Age Scotland has four regions and a potential member group was identified in two of these areas to work with the SHRC.

4.52 Stakeholders identified a number of challenges at the outset of the outreach programme and there was some concern that this element of Care About Rights was viewed as something of an add on to the main project. Challenges included delays in identifying groups that SHRC could engage with for the project. Stakeholders also perceived that the budget allocated to the older people's part of the project was insufficient to achieve the intended outcomes. For example, due to limited resources there was no provision to fund older peoples travel expenses to attend sessions.

The partner organisations

4.53 It was important that the outreach programme reached the relevant organisations and, working with Age Scotland, SHRC successfully engaged leading organisations for older people in the four local areas where the outreach programme operated. The key partners are described in turn below.

4.54 **Age Scotland** is a national older people's organisation which works in communities across Scotland. The organisation works with individual older people, older people's groups, statutory and voluntary agencies to provide representation, information and community services. It also promotes partnership working and ensure older people's issues are kept high on the agenda. The range of Age Scotland's work varies in different areas of Scotland according to local staffing levels and circumstances.

4.55 **Borders Independent Advocacy Service (BIAS)** is an independent advocacy organisation working throughout the Scottish Borders. The organisation provides a range of advocacy services to a wide variety of people and run a project aimed specifically at meeting the needs of older people in residential care homes.

4.56 **The Voice of Experience Forum** is an independent charity working throughout North Lanarkshire to ensure that older people's voices are being heard. It works in partnership with a number of organisations including North Lanarkshire Council, NHS Lanarkshire, The Pension Service and Age Concern Scotland.

4.57 **Advocacy Orkney** provides independent advocacy to individuals and communities in the Orkney Islands, providing access to information, facilitating opportunities for people to make their views and wishes known.

4.58 **Crossroads (Inverness) Care Attendant Scheme** is a leading charity providing respite for Carers. Its work involves continuously supporting families in and around Inverness.

4.59 **The Highland Senior Citizens' Network** is an older people's organisation representing the voice of the Highland senior citizens against a background of reducing resources and the perception of a deteriorating quality of life for older people.

Structure and content of the programme

4.60 The outreach programme for each group comprised three awareness raising sessions lasting around five hours. Sessions took place approximately a month apart. However, poor winter weather and heavy snow in December 2010 impacted on the delivery of the sessions and for some groups the time between sessions was nearer six weeks.

4.61 Sessions were held in community venues in Orkney, Inverness, Bellshill (North Lanarkshire) and Galashiels (Scottish Borders).

4.62 The content of outreach sessions drew on Care About Rights materials and was very similar to the training of trainer and SHRC facilitated external courses for care workers. The delivery style and pace was adjusted to meet the needs of the participants. In line with provision for care workers, the sessions aimed to explain the benefits of applying human rights principles to everyday care situations.

4.63 The sessions aimed to raise awareness among older people of how human rights law offers a framework for balancing competing interests and finding fair solutions which put human dignity at the heart of all decisions about the care and treatment of older people. The training considered both residential care, and care at home settings.

4.64 Like the care workers, the outreach groups worked through the DVD film scenarios and written case studies. They also explored a range of broader human rights issues that were relevant in the local and national news. The structure of the programme has been kept flexible to meet the needs of the participants.

The participants

4.65 Participants represented a range of older peoples groups (as discussed above) and also included other independent participants and interested individuals.

4.66 Overall, approximately 80 older people took part in one or more of the outreach sessions. Twenty of these took part in telephone consultations to inform the evaluation. As a 25% sample this represents a valid sample for qualitative research. Evaluation participants included, advocacy workers (volunteers and paid workers), older people who are activists for issues affecting older people and older people who became involved as a result of personal interest or through their other voluntary and community activities.

Background knowledge and expectations

4.67 Participants had a variety of reasons for becoming involved in the outreach programme. These included:

- **Personal interest in the subject area:** One participant had a specific interest in issues of discrimination. Others felt that there were a number of issues facing older people today and a lot of talk about human rights. As they did not have a lot of knowledge about it they wanted to find out more. One participant commented

"I was unaware in detail of what rights people actually had and I thought getting some grounding in what rights actually existed, more useful than just hearing a persons opinion of what is fair and isn't. It is Very useful to understand what is legally the case."

- **Professional interest:** A number of participants engaged in Care About Rights to assist in their capacity as workers or volunteer advocates;

"I thought it would be very helpful in my work in supporting long term vulnerable adults in care, because often I felt when I visited that there was nothing terrible wrong but there was nothing terribly right either..... But I didn't have any framework to put my concerns. I thought knowledge of human rights might help me there".

"I arrange the training (volunteers) I was keen that they had human rights training it is the basis of everything that we do really. "

" I work a lot with older people who are either in hospital, who face an uncertain future or who are in residential care and maybe not in the place that they want to be. "

- For some participants, their engagement was a result of previous experience of care provision (for themselves or others). For example, one participant was interested as she felt the care provided to her elderly mother had been unsatisfactory. Another had experience of care services through her former role as a psychiatric nurse and experience of caring for family members.

4.68 Prior to involvement, many participants had little knowledge and awareness about how human rights related to them or other older people. Others held a basic understanding of human rights as a result of media coverage but even these people had little knowledge of the scope of human rights principles and law. Some participants also stated a desire to increase their knowledge of human rights legislation and its relationship to care and essentially *"put flesh on the bones"*. Comments included:

"I knew people had certain rights but somehow I always put it down too people who were coming into the country and people who were in jail and all that type of thing. I didn't really think about the ordinary person having certain rights. We have all got basic rights and it was something I didn't really think about."

"Well, I knew that care homes had to keep people alive and feed them and not meant to over medicate them so those were the main ones but I wouldn't have known enough about them to use some in confidence."

I was basically aware that people had the right to privacy and the right to dignity and choice and this sort of thing. I had no idea how it was formally set out and the range of rights people actually had were. I didn't understand the difference between these absolute rights and the rest of them either".

I suppose I knew that human rights underpinned all the national care standards. In terms of older people specifically- not really"

4.69 The general perception is that there is a lack of consistency among health and social care staff with regards to their perception of the relevance of human rights in their area of work. Reasons for this include:

- Lack of resources making it difficult to implement human rights even where staff have an understanding. One participant stated *"I think sometimes people are so busy that they may forget that people have certain rights. You know about dignity but they might be so busy and trying to put so much into it that they might be overlooked;*

- Staff may understand the basics of human rights but not the detail, complexity or the way it applies to their daily working lives. For example they may not know about structures and processes or where to go for advice or information;
- Some may overlook human rights issues in the context of care. There is a perception that practitioners can become task oriented and treat people as patients and not people. This is often not done with ill intent, staff simply want to do what they think is right and overlook older people's capacity to make decisions for themselves.

4.70 In spite of some negative views, four of the twenty participants noted that from their own experiences there was quite good knowledge and awareness of human rights issues for older people amongst health and social care workers.

Views on the training and materials

4.71 In line with findings from care workers, there was high satisfaction and considerable praise for the Care About Rights materials. All participants thought the written materials were of very high quality, well laid out, professional, accessible, informative and reflected a considerable amount of thought and effort.

4.72 Participants who had missed some sessions commented that materials were easy to use and as a result, they did not have any difficulty understanding and catching up on the sessions that they had missed.

4.73 Participants reported that the film and written scenarios helped to develop their understanding and put the learning in to context. One of the twenty people interviewed felt that the scenarios were too simplistic and may not reflect the complexity of real life situations.

4.74 All participants considered that the pack had increased their knowledge of human rights. The reference section was considered to be excellent and the FAIR framework was described as being very useful. There was a general feeling that having both paper and electronic versions was appropriate to suit different preferences and IT access.

4.75 The majority of outreach participants who took part in the consultation exercise did not have any suggestions about how to improve the resources. The few suggestions for improvements were around simplifying the information on human rights legislation and providing a summary sheet. One of the participants suggested that an aid memoire would be useful and has created one for herself.

"I think a lot of people would find it [Care About Rights materials] useful because whoever has seen it has asked for a copy. What I did was to make myself a chart of the human rights relating particularly to the care and support of older people. I have got three columns, the left hand column is the article number, the middle column is the actual right which is enshrined in the article and in the third column when this could be relevant. Just extracting this from the first section of the folder makes it much easier now if I felt a particular human right was being ignored to actually relate that to the articles. I can't carry all that in my head. I have it right at the front of my folder and it is really easy to access quick."

4.76 Other comments on the training materials are included below:

"Very accessible; explained it enough in a layman terms that everybody understand it"

"It got key ideas across very simply I thought it was excellent, the quality of information in it was also excellent."

"I thought they were brilliant and I didn't feel so bad about missing the first session once I had received the folder and read through the most relevant parts for me and had a little practice with some of the cases. I thought it was marvellous."

"It [the case study materials] puts a picture in your head of what goes on, rather than just giving you statistics and saying this is law, it clarifies it"

4.77 There were mixed views from people involved in the outreach programme about the number of sessions available. Around half reported that the three half day sessions with time in between to digest and recap the information was the right structure for the programme. They felt that less than three sessions would not have been enough to grasp the basis of human rights and their applicability to care. Conversely, the other half of the participants would rather have had more sessions or would like to have follow up sessions. Four consultees noted that, in their opinion, there was too long a gap between sessions and that ideally a shorter intervening period would have helped maintain momentum. For most respondents, the purpose of the sessions was clearly articulated.

4.78 Overall, the majority of older people who participated in the outreach programme reported that they enjoyed the sessions. They were considered informative, interesting, and relevant and participants felt that they had been run in an engaging way. One participant described them as "enlightening".

4.79 In general the format of the sessions was considered suitable; participants did not spend too long on a single topic and the activities were informative and interactive. Participants valued the fact that there was a mix of people from different voluntary and statutory backgrounds. Participants reported that they learnt a lot from the facilitator and also from each other. They found it very useful and interesting to hear the different viewpoints and consider the scenarios from the perspective of other people.

4.80 Most participants considered the pace of training suitable. One participant commented:

"I sometimes thought it was too fast for some of the group, but that was up to them to say. It was quite intense as there was a lot to get through and it is an extremely wide ranging subject. I found it was fabulous, it really stretched me. I thought it was great. The pace was great for me".

4.81 Overall, participants were satisfied that their expectations of the programme were met, that the programme was comprehensive and provided all the information that participants felt they needed.

4.82 The participant's view of the facilitator was overwhelmingly positive describing her as, knowledgeable, professional and engaging. There was only one negative comment about the training and that was related to the pace for people who had no background knowledge of human rights. This view was not however raised by any other participants. Comments included:

“an exceptionally good facilitator.”

“I think a lot of these things are about the ability and the quality of the trainer and I really thought she was superb, very personable. She was very knowledgeable. I liked the way it was very current, the way it linked to cases that are going on”

4.83 Sessions were highly recommended by the majority of participants for both service providers and older people. In most cases participants did not have any suggestions to improve the programme. Where suggestions for improvement were highlighted. These included:

- Additional consideration of accessibility issues, specifically the use of hearing loop as standard;
- Dates for subsequent sessions to be set at the outset of the programme to allow participants to plan for their attendance;
- Presence of guest speakers (for example the police, community leaders, councillor etc) who could put examples in to context and give further information on the process for highlighting and addressing specific human rights concerns;
- More facilitation of breakout sessions to ensure that everyone's views were heard and the breakout sessions were not monopolised by one person. The participant who raised this issue felt that the sessions worked better when the group was facilitated as people were more able to contribute and put forward their views.

4.84 The evaluation field work included observation at a selection of outreach sessions. Overall this observation highlighted high levels of participation and engagement with the materials, the session content, the process, the activities, the other participants and the facilitator.

4.85 The model used by the evaluation team for this element of Care About Rights is based on Kirkpatrick's four-level model (Kirkpatrick and Kirkpatrick, 2006), as recommended by Equitas (2011). This model informed the development of the topic guide. Kirkpatrick's evaluation model (2006) states that the first stage is *reaction*.

4.86 Reaction is related to the individual's satisfaction with various aspects of the training programme. Evaluation evidence show that, in the main, the attitude of participants towards the content and structure of the Care About Rights outreach programme is extremely positive.

4.87 Overall, participants expressed considerable satisfaction with Care About Rights materials, the session content, the facilitator and the logistical aspects of the awareness raising sessions. Participants enjoyed the sessions and were motivated to engage in the activities.

Conclusions on the strengths and challenges of the model

4.88 It is clear from the research that there are a great many strengths of the Care About Rights model along with some challenges. Figure 4.3 summarizes the strengths and challenges of the structure and approach taken to Care About Rights. It draws on evidence from the research literature, strategic and operational stakeholders, care providers and workers and older people who participated in the outreach sessions.

Figure 4.3: Strengths and challenges of the Care About Rights model



5 Outcomes and impacts as a result of work with care providers

Introduction

5.1 In Phase 1 the evaluation team developed a logic model illustrating the intended aims and outcomes of Care About Rights and how these were to be achieved (see Appendix C). This section draws together the evaluation findings to assess the extent to which the programme is successfully achieving these aims and outcomes. It considers the outcomes and impacts as a result of work with care providers and the outreach programme in separate chapters.

Outcomes and impacts

5.2 Evidence of outcomes and impacts is collated under the specific themes included in the logic model. Specifically:

- Care workers have an understanding of what issues are human rights issues, their relevance to care and the way human rights adds value to existing standards and legislation;
- Care workers have confidence to communicate with colleagues about human rights issues;
- Care workers use a human rights approach used to balance risk in decision making and resolve conflicts;
- More effective delivery of person-centred care (inc. involvement of service users and families) and improved quality of life for the care service user;
- Service users and families empowered to be actively involved;
- Organisational benefits.

1. Care workers have an understanding of what issues are human rights issues, their relevance to care and the way human rights adds value to existing standards and legislation

5.3 The foundation of Care About Rights is the legislative framework of the Human Rights Act. This forms a significant component of the training materials and was covered in some depth in training of trainer sessions.

5.4 Consultation with trainers, providers and care sector workers indicates that trainers have also attempted to articulate the legal underpinning of the human rights based approach through their own cascaded sessions.

5.5 An understanding of legislation is considered important (by stakeholders and care home managers) as this provides a rationale and framework for participants to implement a human rights approach in their day to day role and to conceptualise daily issues and occurrences as human rights issues.

5.6 By clearly articulating the connection between human rights and the National Care Standards, Care About Rights emphasises that human rights are not new and the human rights based approach to the delivery of care can assist providers in meeting their obligations and responsibilities under the National Care Standards. One manager commented:

“...It [Care About Rights] is aligned with and adds value to professional and occupational standards – it is not new. Human rights are built into the care standards and Care About Rights is a tool to bring this to forefront in a delivery setting...” – care manager (case study)

5.7 The interim report highlighted that, on the whole, those participating in Care About Rights training felt they already had a relatively good understanding of human rights and their applicability to the care sector. In Phase 2 the evaluation team continued to collect and analyse baseline surveys; 799 responses were received at the time of reporting. A follow up survey was carried out in July 2011 to assess the extent to which participant’s knowledge and understanding has changed since completing Care About Rights and putting their knowledge into practice. This survey generated 82 responses, and while providing an indication of progress, is not a direct comparison.

5.8 The July 2011 survey demonstrates an increase in the level of understanding regarding human rights issues, their relevance to care and the way they interact with existing standards and legislation in comparison to the baseline (Figure 5.1). Specifically:

- The vast majority of respondents (99% of those who responded to the follow up survey) agree or strongly agree that they understand what human rights issues are and how they are applicable to their work. This is compared to 56% at the baseline stage;
- Ninety-four percent of respondents agree or strongly agree that they understand the relationship between human rights and the National Care Standards. This is compared to 54% at the baseline stage;
- Ninety-four percent of respondents agree or strongly agree that they understand the relationship between human rights and other legislation. This is compared to 39% at the baseline stage.

Figure 5.1: Understanding of human rights

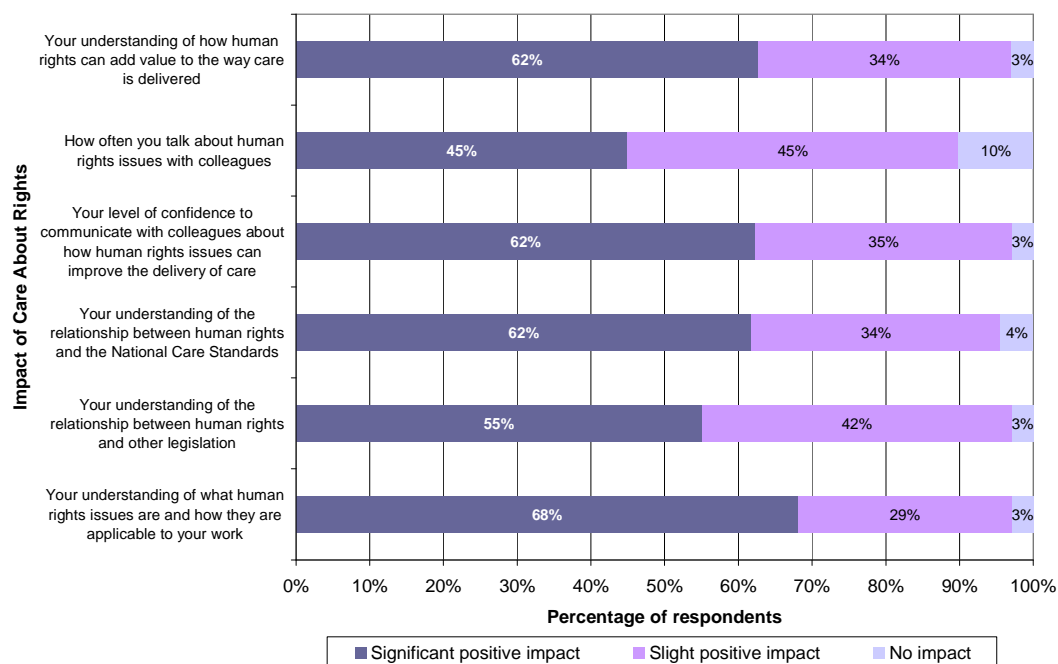


Source: GEN survey of training participants (July 2011)
Number of respondents: 72

5.9 The follow up survey also asked respondents about the extent to which Care About Rights has contributed to their understanding of human rights issues (Figure 5.2). The survey shows that:

- Over two thirds of respondents (68%) report that Care About Rights has had a significant positive impact on their understanding of what human rights issues are and how they are applicable to their current role;
- Just under two thirds report a significant positive impact on their understanding of the relationship between human rights and the National Care Standards and their understanding of the way in which human rights can add value to the way care is delivered as a direct result of Care About Rights;
- More than half of respondents (55%) report that Care About Rights has had a significant positive impact on their understanding of the relationship between human rights and other legislation;
- A very small number (three) of respondents reported that Care About Rights has had not had an impact for them in this way.

Figure 5.2: The impact of Care About Rights



Source: GEN survey of training participants (July 2011)
Number of respondents: 69

2. Care workers have confidence to communicate with colleagues about human rights issues

5.10 The Phase 2 research also found evidence that Care About Rights has had a positive impact in relation to the confidence of care workers to communicate with colleagues about human rights issues (Figure 5.1). Surveys of care workers found that:

- Ninety percent of respondents strongly agree or agree that they have confidence to communicate with colleagues about how human rights can help improve delivery of care. This is compared to 54% at the baseline stage;
- Similarly, 72% of respondents reported talking about human rights issues with their colleagues since participation in Care About Rights. This is compared to 33% at the baseline stage.

5.11 A significant number of respondents to the follow up survey attribute this change in their behaviour to Care About Rights. Figure 5.2 shows that:

- Around two thirds of respondents feel that Care About Rights has had a significant positive impact in their confidence to communicate with colleagues about how human rights issues can improve the delivery of care. A further 25% report a slight positive impact in this respect;
- Forty five percent report that Care About Rights has had a significant positive impact on the frequency with which they talk about human rights issues with their colleagues. A further forty five percent report a slight positive impact.

5.12 These findings are reinforced by case study research with care providers and care workers. Care home managers commented that Care About Rights can empower staff and increase their confidence to highlight human rights issues and challenge practice where necessary. One manager noted that:

“...staff are working in an industry that is rife with people who all feel they are acting in the best interest of the resident – doctors, social workers, regulators and families. Care About Rights provides a framework for staff to speak up for older people. FAIR is key to this. It provides a framework for discussion and has given staff the confidence and ability to get their point across” – care manager (case study)

5.13 Managers in two of the case study organisations provided anecdotal evidence that staff now feel more confident to challenge colleagues and other professionals. One of these managers also noted a significant increase in the number of rights related issues brought to her attention since Care About Rights and associated programmes have been rolled out. While most of these issues were minor and easily resolved, the manager felt very positive that staff now had the confidence to speak up if they felt an action or practice was impacting on quality or the delivery of person-centred care.

5.14 Care workers who participated in Care About Rights in one of the case study organisations reported discussing human rights issues more frequently since they completed the training. For example, a care assistant has discussed her human rights training with her partner. He is a member of kitchen staff at the same care home and has also received Care About Rights training.

5.15 By facilitating dialogue about human rights, Care About Rights can help to embed human rights language and values at all levels of the care workforce. This will make human rights issues easier to identify and address. This was also highlighted in consultation with strategic stakeholders:

“The package gives care workers a platform to talk about issues, many of which are very complex. It gives them the opportunity to talk things through and they can learn from each other. It should help staff to think differently and help them to raise awareness of people who

are using services with consideration to the individual speaking up for themselves. The tool allows them to bring forward their challenges to discuss” – strategic stakeholder

3. Care workers use a human rights approach used to balance risk in decision making and resolve conflicts

5.16 There is considerable evidence that Care About Rights, particularly the practical tool provided by the FAIR framework, has the potential to assist care workers in using a human rights approach to balance risk in decision making. FAIR is also considered a useful tool to aid conflict resolution.

5.17 The potential benefits of a human rights approach in this respect have been apparent to care workers throughout the evaluation. At the baseline stage:

- Seventy eight percent of respondents reported that a human rights based approach to care has the potential to improve the way care providers balance risk in decision making;
- Seventy eight percent believed that a human rights based approach could help providers to develop positive relationships with service users and their families;
- Just under three quarters felt that a human rights based approach could help resolve conflict between the needs of different service users.

5.18 The follow up survey suggests that Care About Rights has been significant in raising awareness of the way in which a human rights based approach can be used to balance risk, resolve conflicts and improve relations (between service users and with families). The follow up survey showed that:

- Ninety three percent of respondents feel that improving the way that care providers balance risk in decision making is a potential benefit of applying a human rights based approach;
- Ninety seven percent feel that a human rights based approach can help providers develop positive relationships with service users and families;
- Eighty six percent feel that a human rights based approach could help resolve conflict between the needs of different service users.

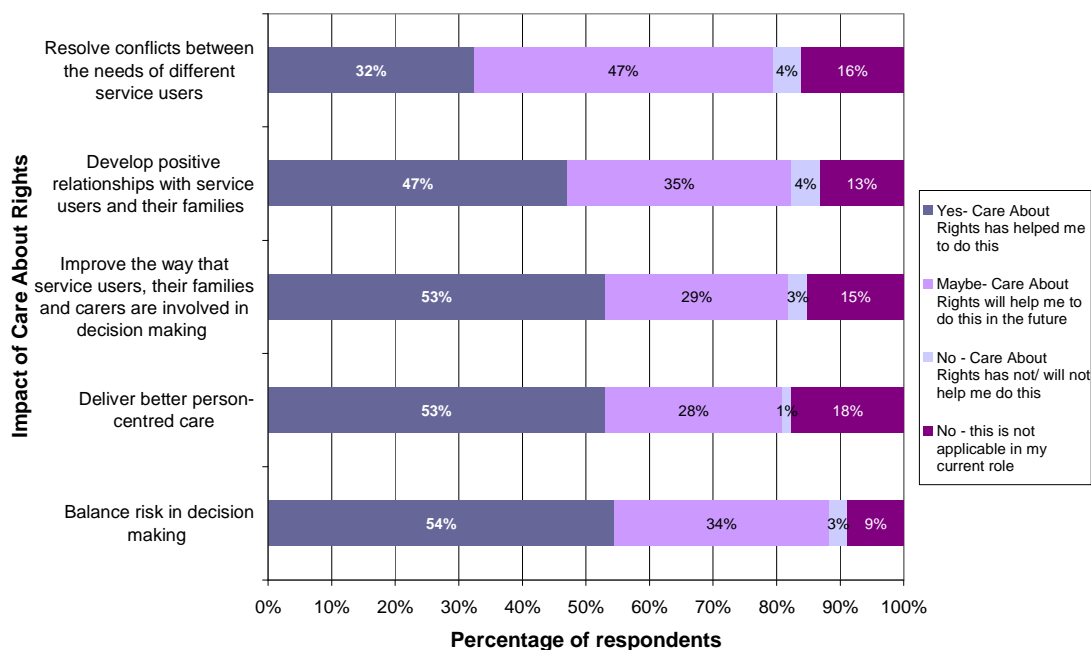
5.19 For all three of these, all of the respondents who had attended training of trainer courses agreed or strongly agreed that these were potential benefits. This is compared to between 80-85% of those who took part in SHRC facilitated short courses and those completing internal trainer led sessions.

5.20 While care workers recognise the benefits of a human rights based approach, the follow up survey shows that, as yet, many respondents have not personally experienced these benefits (Figure 5.3). In the follow up survey:

- Fifty four percent of respondents reported that Care About Rights has helped them to balance risk in decision making. A further 34% feel that Care About Rights will assist them to do this in future;
- Just under a third of respondents feel that Care About Rights has helped them to resolve conflicts between the needs of different service users. A further forty seven

percent feel that Care About Rights will be beneficial to them for this purpose in future.

Figure 5.3: Impact of Care About Rights



Source: GEN survey of training participants (July 2011)
Number of respondents: 68

5.21 Case study consultations highlighted the use of the FAIR framework in the development and updating of care plans as clear evidence that Care About Rights can be used to balance risk in decision making and resolve conflict where it might arise.

5.22 Two managers involved in case study research commented on the pivotal nature of the FACTS component of FAIR in this regard. They noted that while it may appear to be simple common sense, it can be easy to overlook the facts of a case, particularly as the facts will vary depending on the point of view of each individual involved. By using the FAIR process to collate the facts as they are viewed by all interested parties it is often possible to compromise and reach a consensus. An example is included below:

Case Study Example 1: The case study considers the case of an elderly woman in a care home. As a result of her medical condition the lady was not able to verbalise her wishes. When she moved to the care home her family requested that she was put to bed early and woken up early in the morning. This was the routine the lady was used to when she was cared for at home (as this fitted with the visits of home care workers) and her family did not want to change the routine as this may have caused her distress. Her family also wanted to ensure that she did not miss mealtimes at the care home.

The woman often displayed challenging behaviour, including kicking and spitting, when staff tried to hoist her into bed. Staff assumed she did not like the hoist.

The care home manager was alerted to the case. He used the FAIR framework to establish the *facts* that were apparent. By looking objectively at the facts (as they were seen by all the parties involved) it became clear that this challenging behaviour was happening only around

this bedtime routine. The manager suggested that the real issue may be that the lady did not want to go to bed when she was being made to and that this was her way of expressing it.

The care home used the FAIR framework to discuss their concerns with the woman's family and to discuss the alternative options for her care. This alleviated their concerns (for example about missed meals) and the family were happy for the care staff to try a different bed routine where the lady could choose when to go to sleep and get up.

The woman's challenging behaviour has now stopped, her medication has been reduced. It is apparent to the care home manager that the lady is much happier and has an improved quality of life. There is also a better relationship between the care home staff and the lady's family.

5.23 Qualitative comments from survey respondents also highlight instances in which Care About Rights and a human rights approach has assisted them to balance risk in decision making and resolve conflicts. Comments included:

"It helps us to look at the issue of proportionality in all that we do in terms of care provision and the balance of risk – a particular example would be around the use of locked doors in care homes"

"It helped in a conflict situation with family members regarding a client receiving a care service and the carers. Using the Care About Rights Framework we were able to resolve the issue to everyone's satisfaction and I felt by using this the client was being heard, and listened to. I also use the scenarios regularly with staff in training"

"It was useful in resolving a complaint from two residents. Making enquiries and then finding evidence to support the complaints"

"To make decision about a resident wishing to go out of the home to do personal shopping on their own"

"It is useful in resolving conflict between a family view and the person's view of their needs. It [FAIR] helps emphasise a human rights issue to family, irrespective (up to a point) of risk"

4. More effective delivery of person-centred care (inc. involvement of service users and families) and improved quality of life for the care service user.

5.24 Evidence above has demonstrated the success of Care About Rights in bringing about an increased understanding among care workers about what issues are human rights issues, their relevance to care and the way in which human rights adds value to existing standards and legislation.

5.25 There is also evidence that this increased understanding is enabling care workers to identify when an issue is a human rights issue and has improved their confidence to respond accordingly. For example, a care manager noted that, as a result of training, staff had an increased technical knowledge and understanding of the legal framework that underpins the human rights based approach and principles of person-centred care. He feels that this helps frontline staff to understand why these approaches are in place in the care home and encourages reflection in the delivery of care.

5.26 The same manager commented that staff enjoyed this part of the training as it helped them understand why they do things in a certain way. This, he feels, is extremely important in giving staff the confidence to advocate on behalf of the older people they are caring for.

5.27 Similarly, Care About Rights has facilitated discussion about human rights among care staff, increased their confidence to highlight human rights issues and is perceived to be a practical and useful tool in decision making and conflict resolution. It can feasibly be asserted that, if sustained and embedded, Care About Rights will help ensure more effective delivery of person-centred care and increased quality of life for service users in the longer term.

5.28 Following participation in Care About Rights training:

- Ninety seven percent of those who completed the follow up survey agreed that more effective delivery of person-centred care and increased quality of life for service users were potential benefits of Care About Rights and a human rights based approach (this included 53% who strongly agreed with the statement);
- Three quarters of those who responded to the follow up survey (52 respondents) reported that Care About Rights is helping them to implement a human rights approach in their daily work;
- More than half (53%) of respondents to the follow up survey reported that Care About Rights is helping them to deliver better person-centred care (Figure 5.3).

5.29 The evidence from the case studies supports these findings. In one of the care homes consulted staff reported that the FAIR process is now being used in the development of care plans. Examples are presented below:

Case Study Example 2: A care assistant commented that she has had increased involvement in the development of care plans since Care About Rights was rolled out. She has used the FAIR framework to work with the Senior Carer and develop care plans that meet individual need.

Case Study Example 3: A staff nurse commented that since completing Care About Rights she has used the FAIR framework when developing care plans to ensure that residents are involved and, for those without capacity to be involved themselves, that a carer/ advocate is involved in the development of the plan. FAIR ensures discussion of human rights issues and she feels this has enhanced the process for developing care plans (even in situations where the final plan is the same as it would have been previously).

5.30 Within this organisation, the Quality Team spoke about plans to formally introduce FAIR into corporate paperwork and the process for developing individual care plans. If followed through this would be a significant step to embedding a human rights based approach and ensuring the sustainability of Care About Rights, its outcomes and impacts.

5.31 The follow up survey found that just over a fifth (22%) of respondents have used the FAIR framework in a real life situation. Comments included:

"I have used it with the staff team to look at individual scenarios we have had as part of training/awareness raising sessions"

"In a situation where a client has dementia and the carer her daughter also has needs of her own. Our carers who attend to the mother have issues/concerns that the daughter is unable to cope due to her own problems"

"On return to work from the training I developed the FAIR process into a template to use with the staff to use for any type of issue within the care home from staff to residents to relatives. My colleague and I were nominated for an internal award from Bupa Care Homes for doing this"

"We use it when completing risk assessments for the residents in the care home"

"When risk assessing, developing care plans"

"FAIR helps focus the minds and actions of ourselves and fellow professionals on the needs of an individual service user. This has helped us to accept that, perhaps sometimes, we were part of the problem and to access the support we needed from other professionals"

"It [FAIR] is useful as a tool to focus on the events and as a problem solving mechanism to find the best outcome for residents - it enables staff to have a thought process, work in partnership with others and offer rationale for a decision"

"When developing care plans I use the FAIR framework as this helps give a more person centred effect to the care plan"

"[We use FAIR] in communication with families. Staff particularly like the FAIR model"

5. Service users and families empowered to be actively involved

5.32 At present there is limited evidence that care providers are actively engaging service users and their families in Care About Rights activity. The survey showed:

- Fifty three percent of respondents reported that Care About Rights has helped them to improve the way service users, their families and carers are involved in decision making. A further 29% expect that this will happen in future;
- Forty seven percent of respondents report that Care About Rights has helped them to develop a positive relationship with service users and their families. A further 35% expect that this will happen in future.

5.33 While this is a positive sign that service users and their families are being empowered to be actively involved, qualitative comments from care workers (through the follow up survey) and evidence from case study organisations shows little evidence that providers are (at this stage) promoting their involvement with Care About Rights to service users, families and carers. It would appear that improvements in the way service users, families and carers are involved are a result of changes in decision making and the process for developing care plans. The evaluation has not highlighted any cases in which the attention of service users has been drawn explicitly to Care About Rights. This was summarised by a care home manager who commented:

"FAIR provides a process for better engagement with families. It helps staff to recognise and consider their concerns and better communicate the type of care and support that is required/requested by residents" – **care manager (case study)**

5.34 This case study organisation did however speak of plans to involve service users, families and carers in future. The organisation has in place the mechanisms to do this, through service user and family forums. Before any roll out to service users begins the organisation wish to complete roll out to staff. They feel it is important to ensure that staff have full knowledge of Care About Rights and the FAIR framework, that they are confident enough to use it and explain it before they look to involve service users, their families and carers.

5.35 This outcome will be a focus of the programme evaluation going forward. The two fold objectives of Care About Rights to: empower people to understand their rights and increase capacity to ask for rights to be met; and increase the ability and accountability of those who have a duty to respect, protect and fulfil rights, means that future roll out to service users, their families and cares will be a critical indicator of success.

6. Organisational benefits

5.36 In addition to the outcomes illustrated by the logic model, there is evidence of additional benefits for care providers and workers as a result of participation in Care About Rights.

5.37 These specific additional benefits were highlighted in a care home run by one of the case study organisations. Although an isolated case, it is feasible that these benefits may accrue more widely. Additional organisational benefits include:

- **Increased staff morale:** frontline care workers spoke about increased confidence and a sense of empowerment as a result of Care About Rights. For example, a care assistant commented that “if an older person has a problem or concern they are likely to go to a member of the care staff...if we [care staff] know about rights and where they can go for help, we will be able to help better and will have more confidence to help”. The care manger added that, in his opinion, increased confidence and ability in the job role also increases job satisfaction for frontline workers, aids staff morale and has a positive impact on staff retention. At this stage there is no further evidence that Care About Rights is bringing about these benefits more widely;
- **Positive impact on inspection:** One care home involved in case study research has recently undergone inspection and received a top rated quality score; an improvement on the previous score. The manager commented on the importance of the value base of the care home for inspectors and the fact that values can be difficult to articulate and to evidence. The manager feels that the home (and the organisation as a whole) benefits from having a recognised and clearly defined set of values. He also commented that their commitment to Care About Rights is evidence of these values and that tools, such as the FAIR framework, provide evidence of how these values are implemented in the everyday delivery of care services.

The care home manager was confident that the roll out of Care About Rights in the care home had been instrumental in achieving an improved inspection score. Indeed, the fact that human rights training is being delivered to all staff was referenced in the inspector’s report.

Care About Rights also fits well and adds value to other activity in the care home. For example the care home have invited in an Advocacy Project which has been

working with residents. The manager feels that the Care Commission (now SCSWIS) has always looked for evidence that service users have a voice. He feels that Care About Rights and the advocacy work within the home provides evidence that they do have a voice and that this voice is valued by staff and the organisation as a whole. As a result, the latest inspection report for the care home also highlighted that service users are involved in a positive and meaningful way.

6 Outcomes and impacts as a result of the outreach programme

6.1 This section of the report looks at the outcomes and impact accruing to older people as a result of the outreach programme. In keeping with the reporting around work with care providers, evidence of outcomes and impacts is again collated under the themes included in the logic model for older people (Appendix C). Specifically:

- Participants understand what issues are human rights issues and their relevance to care;
- Participants consolidate and cascade their learning through discussion with peers;
- Participants are communicating human rights issues through their advocacy work.

6.2 As previously noted, a sample of 20 older people participated in the evaluation; approximately 25% of those who attended one or more sessions. This is considered a robust sample in qualitative research. However, in interpreting the findings it should be noted that by gathering consent at the final sessions, the consultation is likely to have involved those who were most engaged in the programme i.e. those who saw value for them and their communities and who decided to remain involved. There are participants who only attended one session and did not return, the evaluation has not (at this stage) captured the reasons for this drop off.

1. Participants understand what issues are human rights issues and their relevance to care

6.3 Prior to taking part in the Care About Rights sessions, the majority reported that they had only a basic understanding or awareness of human rights issues and their relevance to care. Many of them had decided to attend the sessions in order to enhance their knowledge and understanding.

6.4 The vast majority (19 of the 20 older people consulted) reported that they had learned something new about human rights and how they relate to care provision for older people as a result of their attendance. One participant summed this up saying:

"It's the smaller things that are particularly useful...it's about respect for privacy. For example, in the case of a care worker coming into a room and bellowing at a resident 'do you want to go to the toilet?' That doesn't respect dignity or privacy. Somebody who had been trained in this way, I would hope, would rethink their approach. What might be the smallest things are extremely important."

6.5 In the period between outreach sessions participants were asked to look in local papers for examples of human rights issues related to care. Very quickly participants began to recognise examples from all over the UK and this was an important element of their learning.

6.6 One participant noted that, it very quickly became apparent that human rights and care is a major issue and there are a lot of people - older people and care workers who could benefit from Care About Rights.

6.7 For those who reported some prior knowledge of human rights issues, the sessions have helped to give them a broader and more comprehensive view of the issues, including

what articles are relevant in certain circumstances. Human rights can be an emotive issue and one around which many people hold strong views. One participant commented that he previously held strong views on issues such as the rights of prisoners but, as a result of Care About Rights, he has realised that human rights issues are much wider than this. This sentiment was also echoed by other participants. Comments included:

"I learnt quite a bit... I think the most important thing I learnt is that I have actually got rights. Out with the law that I have other rights that I can appeal for"

"[Care About Rights] Clarified stuff and built on what I already knew and I have confidence in what I am saying now"

"... I do think there is a practical use of what we learnt. And I certainly learnt a lot more detail that I have ever retained before."

"The biggest and most important thing is that "you are not alone"...there are people to help and there is a legal framework to help ensure that standards of care that everyone knows to be right are met."

"there are broad based issues. For example that human rights legislation impinges on all other legislation and holds precedent over it. This legal underpinning is a very important feature of Care about Rights as it lends weight to the concepts. "

6.8 The general consensus of participants is that they have gained a lot of new information about human rights and how it applies to the provision of care, how the legal framework can be used to improve the quality of care provided. Involvement in Care About Rights has increased the depth of their knowledge and understanding about human rights issues and the complexities of these. Participants have also learnt how to describe and explain human rights issues to other people and how to use the legislation and framework to assist other older people.

6.9 One participant reported that she now actively watches for issues and listens to them when they are raised. Another reported that the sessions had reinforced her views about the quality of care that is provided to older people and that Care About Rights has given her a framework within which to contextualise this; she knew that what she was seeing was not right and not the best way to treat an older person but did not previously know how to address it. Care About Rights has therefore reinforced what people know to be right and has given them a framework to identify and articulate issues and work to bring about change.

2. Participants consolidate and cascade their learning through discussion with peers

6.10 Participants in the outreach sessions report that, although they may not have used Care About Rights information for a specific purpose (to date) they have shared the information and engaged in discussion with others – including family, friends, other members of their communities and networks. A number of respondents reported talking about the training to other people, chatting informally at social occasions and events and in home settings for example sheltered housing and retirement flats. Other comments and examples included:

"At every opportunity, everybody that I meet, social workers, care workers, managers of care homes, I'm spreading the word that we are doing this."

"I have already promoted it with my manager and I know he has moved onto Housing officer now so if there any other projects within the place that could benefit from it I have no doubt he will be proactive about putting it forward as well"

One participant stated that they have passed their Care About Rights information on to a friend who has been experiencing problems as a result of bullying by a neighbour

One participant attended the 'hustings' organised by Age Scotland and spoke informally about Care About Rights with other participants and Age Scotland members.

One participant who is an HNC student emailed her class mates informing them about Care About Rights. She included the web link to SHRC materials.

One of the outreach groups engaged in a practice meeting between sessions in order to facilitate consolidation of information.

6.11 One couple who attended the outreach sessions have informed many older people in their local community that they have had this training and that anyone with issues or concerns should feel comfortable to come to them for advice. The couple are engaged in a range of community projects and campaign activities. Overall the couple received positive feedback on this but they did experience some hostility from one community member who held strong views on human rights issues. The couple tried to explain that Care About Rights was a simple framework to aid the delivery of person centred care, for considering the impact of actions on individuals and finding the least restrictive options. It was not something to be feared. On this occasion they do not feel that they were able to make much of an impact on the community member as his views were very entrenched.

6.12 Through the evaluation activity (telephone consultations and observations at outreach sessions) participants have demonstrated consolidation of their learning. In general, participants reported that they were taking every opportunity to cascade the knowledge and information, about human rights and older people's care, to their communities, networks and organisations.

3. Participants communicate human rights issues through their advocacy work

6.13 Advocacy workers and volunteers consider it very important that they know and can clearly articulate human rights information. Several of the participants feel that Care About Rights sessions have clarified legislative issues for them and developed their understanding of the concept of proportionality. Comments included:

"It [Care About Rights] is giving me practical skills to actually use in my advocacy work. It's helped to make legalisation like that real."

"Where I used to sit in a meeting and say 'because it's their right to have that or do that', I can now say they have a right to do that because it says so in...the articles specifically. I think the case studies were useful"

"I've seen things happening before in hospitals and have accepted them and not spoken up. I realise now you should speak up. Sometimes you are frightened that if you say something it might affect the treatment of the patient. Stand up more, speak up more and complain more if things are not being done properly."

I keep coming back to this framework – one of my clients didn't want me to raise lots of points of concern while she was alive because she was afraid that it would backfire and staff would treat her even less well. I had things that I felt that were wrong but mentioning them was very badly received by the staff and they seemed to think I was picking holes. I don't know what they thought but they rejected what I said.....If I had had a framework of human rights I could have said what this treatment would come under and put it into some sort of better context"

6.14 During qualitative telephone consultations, one participant commented that she was asked by a local private care home to conduct an audit. She was asked to take on this role due to her previous professional experience. Information from the audit will be passed to the Care Commission (SCSWIS). The audit will involve looking at the care packages that are in place and the processes and procedures within home. Following the final outreach session (and discussion around the upcoming election) the participant went to the care home to check that all residents were registered to vote – which they were. This is the first audit to take place and the audit tool is still being developed. The tool will undoubtedly require refinement following the audit. It is envisaged that Care about Rights will inform the development of the audit tool and audit itself.

6.15 Some participants see a potential case for self advocacy in the future. One participant commented: *"If I end up in a care home, I will know where I stand"*. Advocacy workers and volunteers have learnt they have more rights and could advocate for themselves, their family, and friends.

6.16 Although, at the time of the interview, few participants had had an opportunity to take forward their learning and implement it in the course of their advocacy work many report a firm intention to utilise their new knowledge and understanding in their role as advocacy workers or older people's representative. Although it cannot be stated that participants are communicating human rights issues through their advocacy work the intention is clearly there for the future.

Longer term impacts as a result of outreach activity

6.17 Effective evaluation of longer-term impact is complex. Immediate reactions and learning (short-term outcomes) as a result of the training sessions have been measured and reported above. Taking the next step to measure medium-term outcomes and longer-term outcomes and impacts is challenging as robust measurement requires a sustained approach and longer term collection of data from the end users of services⁴⁷. At this stage of the project, this is not possible.

6.18 This section examines the perceptions of outreach participants regarding the potential benefits of Care About Rights. It considers:

- Perceived benefits of attending the awareness raising sessions for participants;
- Participant's views on the potential impact on care provision;
- Perceived barriers to implementation of human rights for older people using the care system;
- Participant's views on ways that awareness raising might be rolled out.

1. Perceived benefits of attending the awareness raising sessions for participants

6.19 Participants report increased knowledge and understanding of human rights and increased confidence to implement the human rights framework in their activities (including community and advocacy activities). Participants also feel confident and competent to use the FAIR framework for this purpose. They consider the FAIR framework is a good resource for discussion, debate and for finding workable solutions.

6.20 Participants expressed a firm intention to ensure that they put this new knowledge to use in their local communities and organisations. They reported that if they become aware of an issue related to Human Rights they would feel confident to use this knowledge and the Care About Rights resources to raise the issue with the relevant parties and to try to address it using a human rights based approach.

6.21 Participants consider that Care about Rights will help them to articulate their concerns and provides a framework for change. They now feel confident and able to speak on behalf of older people using human rights terminology. They can also explain to older people what their rights are and how to get them.

“the pack gives us ready access to an encyclopaedia of Human Rights. It tells you which avenue to go down, who to discuss with, if you should seek legal advice etc.”

“There are certainly lots of things in the care sector that I see (care homes and in the community) that could do with a more solid basis in knowledge of human rights on the part of the people who are giving the care. So I will do whatever I can.”

“I think it will be really powerful to use it [Care About Rights] when you come across those brick walls when something is an issue. I think you can use this training to say “I’m sorry that may be an issue but it is actually part of somebody’s rights.”

“I will encourage them [older people] to be more vocal about if their rights are being abused”.

“If there was a problem, I could refer back to the notes and go through the procedures to try and alert the appropriate authorities. I obviously couldn’t do it myself, I would need to see somebody else and bring to their attention what was wrong. I wouldn’t like to stand back and not do anything.”

6.22 If the intentions and expectations of outreach participants are realised, there is clearly potential for Care About Rights to be cascaded to other older people and to bring about benefits for older people who require care services.

6.23 While, at this time, there are only isolated examples of outreach participants using their new knowledge and understanding to raise awareness of human rights issues and bring about change in care services, it is still early days.

6.24 Evaluation of the BIHR and Age UK project, discussed previously, found that it took time for activity to gain momentum and for older people to recognise and take advantage of opportunities to cascade their learning. The Care About Rights evaluation team have spoken with the evaluators of the BIHR and Age UK project to discuss their experiences and to give an indication of the way in which outcomes and impacts as a result of outreach work may increase in future. This will provide a basis for evaluation of the Care About Rights outreach activity going forward. Discussion of the BIHR and Age UK project is included below.

Evidence from the evaluation of BIHR and Age UK – Older people and human rights projects

For a variety of reasons, the project groups established through Age UK Hackney did not continue as a collective following completion of the human rights sessions. One of the primary reasons for this was that the individuals involved were heavily involved with other groups and in a range of issues affecting older people. Evaluation of the project has demonstrated that the members of this group have taken their learning and are looking to use it in their wider work. For example:

- one of the members is part of the University of the Third Age. This individual is using their learning to develop training in human rights for participants;
- one of the members is part of an older people's health consultation group and will use learning to address issues that are raised through this group;
- one of the staff members who was involved in the facilitation of the Hackney group is now completing an MA in human rights;
- one member is part of the EU Survivors Network and will take their human rights knowledge to this forum.

The evaluation found that this activity came about over a period of time. When older people first finished the course they were unable to articulate exactly how they may use their human rights learning in future but hoped it would be useful to them.

For many of the participants, the first step in applying their learning was simply talking about human rights issues and the training they received with friends and family. The evaluation noted the way that impacts increased:

Stage 1: Participants used their human rights knowledge to do things for themselves

Stage 2: Participants started to share their human rights knowledge and bring about change for others

Stage 3: Some participants are now using their human rights knowledge to influence policy as a result of community work and to challenge service providers.

Source: Consultation with project evaluator (August 2011)

6.25 There are a number of important differences between the Care About Rights outreach work in Scotland and the Older People and Human Rights project in England. Specifically:

- Age UK paid a coordinator to facilitate each of the groups. Although there was not a lot of money available and payment was low, the coordinator role brought consistency, helped to sustain engagement of older people and maintain momentum to develop and drive the project forward;
- The Older People and Human Rights project included more training sessions for older people (five sessions as compared to three in Scotland) and activity took place over a sustained period (two years as opposed to ten months for Care About Rights). This helped older people to develop and consolidate their knowledge;

- The organisational structures of Age UK and Age Scotland differ significantly. This enabled the organisation to act as a more active partner in the relationship with BIHR;
- The materials used by the Older People and Human Rights project in England included scenarios similar to Care About Rights materials. However, the materials were not as structured as Care about Rights and did not include a practical tool like the FAIR framework to help older people to work through the issues. Once again this demonstrates the strength of Care About Rights materials.

2. Participant's views on anticipated impact on care from awareness raising

6.26 Overall, participants believe that awareness raising and training could improve the implementation of human rights for older people and ultimately improve the quality of care provided.

6.27 They believe there is value in making older people aware that human rights issues are relevant to the care they receive as human rights will become increasingly important in this challenging economic climate – there are already examples of local authorities denying qualified rights on the grounds of cost.

6.28 Care About Rights provides a framework for decision making, for assessing the impact on individuals, involving individuals and finding the least restrictive alternative. Participants consider this to be very helpful, especially when you consider it in the context of an ageing population

"More and more people will require care services and it is hard to accept.Elderly people deserve everything we can do for them at that stage in their lives – it's too important not to get right."

Participants view on barriers to implementation of human rights for older people using the care system

6.29 Participants highlighted that the economy, the coalition government, finance and budget restrictions may be barriers to bringing about change in the care sector. They also felt that future roll out of Care About Rights could be affected by lack of funding to hold workshops, ability to find and access venues, and resources to pay travel expenses.

6.30 For outreach participants hoping to cascade their learning to their peers, time may be a significant barrier; many of the participants are involved in a range of activities and have busy personal and professional lives.

6.31 Outreach participants were asked for their views on the way that Care About Rights may be effectively cascaded to others. Their views are summarised below:

- **Policy level:** Participants feel that there needs to be high level input and that human rights and care of older people should be a policy priority at local and national level. Participants feel that SHRC (and others) need to keep awareness and momentum high through sustained lobbying activity. This should involve senior parliamentarians, political parties and older people's organisations; a specific suggestion was the Scottish Senior Citizen Unity Pensioners;

- **Media exposure:** There should be more media exposure e.g. BBC, newspaper articles, advertising, TV programmes to raise awareness and get more people talking about human rights. Strategic leadership is required for this. Age Scotland and other organisations have a part to play in putting the issue in the public eye and they should be supported by SHRC;
- **Health and social care services:** Outreach participants feel that Care About Rights should be embedded in professional training and education for health and social care staff and care providers. Participants consider that leadership is key – human rights should be at the forefront of care for older people. Care About Rights reinforces moral obligations and provides a framework to help make this happen. Participants feel this is about an entire shift in culture. All stakeholders need to be involved, including older people, families, frontline workers and strategic decision makers. Human rights should be integrated into care plans and form the basis of decisions;
- **Continued provision of information and awareness raising for older people:** Outreach participants perceive that older people will be more confident and capable to speak up, make themselves heard and to ask for their rights if they have access to Care About Rights. This, combined with greater awareness among care staff, should lead to an overall improvement in the quality of care provided to older people. Outreach participants feel that the best way to do this is through workers, volunteers and older people's organisations. Specifically:
 - Advocates should be promoting human rights and awareness raising;
 - Awareness raising should take place in care homes with residents and should be promoted in hospitals and care homes by a "champion";
 - National (Scottish) and local older people's organisations should have access to leaflets or booklets about Care About Rights;
 - Older people's organisations might offer a synopsis of the training.
- **Older people themselves:** Outreach participants noted the responsibility of older people to disseminate their knowledge and understanding to others. The people involved in the outreach groups are well placed to do this. The groups involved a good mix of people who can spread the word about human rights through their voluntary and community activities with support from SHRC. Word of mouth communication will be important in cascading information as this can lead to a snowball effect with knowledge being passed on informally through the population. Outreach participants also saw value in additional (bigger) workshops to disseminate Care About Rights.

7 Conclusions and next steps

Development and roll out

7.1 The purpose of the Scottish Human Rights Commission (SHRC) is to promote and protect human dignity for everyone in Scotland. As a result of a public consultation SHRC placed special emphasis on providing support and guidance in promoting human rights in care settings for older people. The Care About Rights training and awareness raising programme is the primary tool for SHRC to achieve this strategic aim.

7.2 Care About Rights is well aligned with national policy priorities and values around the provision of care services for older people and vulnerable adults. Care About Rights was developed in response to public concerns and well researched issues in relation to the provision of care services. These have highlighted gaps in knowledge and understanding and inconsistency in the application of human rights principles in the care sector in Scotland and beyond.

7.3 Overall, the programme and the associated resources are considered to be very valuable. There is considerable support for the programme from strategic and operational stakeholders, care providers, care workers and older people. At the strategic level there is support for Care About Rights from the regulator (SCSWIS). Anecdotal evidence shows that, where the resources have been brought to the attention of inspection officers they have been viewed as a positive addition to the processes and procedures in place in care homes. Greater involvement of the regulator going forward is a priority for Care About Rights. Now reorganisation of the regulator is complete stakeholders see few barriers to increased engagement.

7.4 In spite of challenges, there is support for the cascaded model employed by SHRC and stakeholders feel this was an appropriate approach given the resources available. Training has taken place across Scotland via a number of routes. These were comprehensive training of trainer events in three locations, a series of SHRC facilitated half day sessions across the country and training that has been cascaded to frontline staff by trained trainers within the organisations they work for. The evaluation findings indicate approximately 800 care staff across the country have participated; the largest groups being care workers and care managers.

7.5 In spite of trainers self selecting to take part, SHRC have been largely successful in engaging staff with the ability to effectively deliver training and to mobilise resources to develop and implement a meaningful programme. This is demonstrated by high satisfaction scores in response to evaluation surveys completed following the training session. These showed that participants felt that the purpose of their training was clearly articulated; sessions were interesting and engaging and led by knowledgeable facilitators, were well structured and covered key points. In all cases the highest levels of satisfaction came from those attending training of trainer events.

7.6 There is considerable variation in the way training has been rolled out between organisations and within organisations. This potential for flexibility is considered a key strength of the programme. Where training has been successfully cascaded within organisations a critical factor has been strategic level buy in, commitment on the part of senior staff to the values and principles of Care About Rights and a clear understanding of the

way in which the human rights based approach adds value to existing activity and assists in the delivery of national care standards and mandatory requirements.

7.7 There are a number of barriers and challenges associated with delivery of education and training in the care sector, in translating it in to working practices and in sustaining the impacts. The structure and approach of Care About Rights is effective in addressing and overcoming many of these barriers to help bring about sustained change in practice. Specific features that contribute to this are:

- Flexibility in the way materials can be accessed and used;
- The high quality of the materials, with a firm foundation in human rights law, which encourage reflection and are highly relevant to practice;
- Practical tools which bring about increased confidence in the workforce to challenge colleagues and other professionals in cases where rights are at stake, in balancing risk and resolving conflict;
- Apparent success of SHRC in engaging those with the personal and professional skills to deliver effective training and secure management buy in for development and delivery to frontline staff.

7.8 SHRC established and delivered a programme of outreach activity to older people. The purpose of this was for participants to act as gatekeepers, helping to ensure that older people and their advocates are empowered to speak up when human rights are not respected.

7.9 SHRC worked in partnership with Age Scotland to engage participants in outreach groups. Four groups were established in Highland, North Lanarkshire, Scottish Borders and Orkney. Participants took part in three awareness raising sessions. Participants represented a range of older peoples groups and also included independent participants and interested individuals.

7.10 In line with findings from care workers, there was high satisfaction and considerable praise for the Care About Rights materials. Overall, the majority of older people who participated in the evaluation reported that they thoroughly enjoyed the sessions. Sessions were considered informative, interesting, and relevant and participants felt that they had been run in an engaging way.

Outcomes and impacts

7.11 The evidence shows that Care About Rights is proving successful in delivering against its intended aims and outcomes. Care staff report an increase in their understanding of what issues are human rights issues, their relevance to care and the way human rights add value to existing standards and legislation. In the majority of cases increased knowledge and understanding is attributed to Care About Rights.

7.12 Care workers report increased confidence to discuss human rights issues and concerns with colleagues and other professionals as a result of the Care About Rights. This is an important finding given evidence in the research literature which highlights confidence to speak about and act upon issues as a key driver in bringing about a sustained change in practice and organisational cultures; knowledge of issues and participation in training alone is

not enough. By increasing confidence in this way, Care About Rights can assist in bringing about real and sustained change.

7.13 Older people who participated in the outreach programme reported very similar benefits to care workers. Participants learned a lot of new information about human rights, how they apply to the provision of care and how the legal framework can be used to improve the quality of care provided. Involvement in Care About Rights has increased the depth of their knowledge and understanding about human rights issues and the complexities of these. Participants in the outreach sessions report that they have shared the information and engaged in discussion with others – including family, friends, other members of their communities and networks.

7.14 Among the most significant benefits of Care About Rights is the clear framework that it provides for assessing situations, identifying human rights issues and considering solutions that recognise the differing perspectives of those involved and look for the least restrictive option.

7.15 Care workers and outreach participants feel the FAIR framework is a useful tool for this purpose. The FAIR framework has practical application in the care setting and evidence shows that it is being used; the follow up survey of care workers found that just over a fifth (22%) of respondents have used the FAIR framework in a real life situation and a number of examples were provided.

7.16 Access to a practical tool that is a basis for decision making, for assessing the impact on individuals, involving individuals and finding the least restrictive alternative is considered significant in bringing about delivery of more effective person-centred care.

7.17 There is also evidence that, as the tool provides a clear rationale for decision making, it is instrumental in increasing the confidence of care workers, and outreach participants to speak out and challenge in cases where they feel rights are being infringed. In the context of public sector spending cuts, restricted resources and increasing strain on the care system (as a result of an ageing population), this will be very important.

7.18 Stakeholders identified an additional outcome as being the partnership working with the SHRC during the project. They believed that this relationship with the SHRC has laid a strong foundation for future collaborative work on issues of mutual concern. They also considered that Care about Rights materials could be easily adapted for application to other vulnerable groups.

Next steps

7.19 The evaluation highlights considerable success of SHRC in putting in place the resources, developing the skills and confidence of care sector workers and a small group of older people to take forward Care About Rights. In organisations where roll out is progressing well there is evidence that the human rights based approach is bringing benefits for older people, care workers and the organisations themselves.

7.20 Similarly, older people who participated in the outreach sessions report a number of personal benefits as a result (particularly increased knowledge and understanding of human rights issues, increased ability to talk about and reference human rights issues and increased confidence and ability to take action in cases where rights are at stake).

7.21 The challenge for both elements of Care About Rights (work with care providers and older people) is in taking the next step; bringing about sustained change in practice, increased knowledge and awareness more widely (including reaching further into the care sector and raising awareness among older people in care and in the community) to embed a human rights based approach and ultimately enhance the quality of care for older people. Potential next steps are considered below.

- Overall the profile of Care about Rights should be maintained to bring about real and lasting change. This could be achieved through a range of media including public education campaigns about human rights and their application, and newsletters for care sector workers and service users highlighting the role of Care about Rights;
- Regulation and inspection bodies can support Care about Rights by encouraging care providers to use the materials as a resource to support them in fulfilling their obligations, as they implement policy and demonstrate compliance with National Care Standards;
- Public sector spending cuts will have a significant impact on resources in the care sector and will require difficult decisions on spending allocations to be made. It is essential (to meet legal and moral obligations) that rights are respected and taken into consideration in this decision making process. Care About Rights and a human rights based approach provides a practical framework to ensure this is the case. To promote wider use and the embedding of a human rights based approach it is important that care providers recognise the way in which Care About Rights can assist them; helping them to comply with legislation and occupational standards, meeting obligations to staff to support their professional development and providing evidence of the value base of the organisation. Promotional activities (such as those outlined above) will support the communication of this message;
- SHRC should follow up trainers to maintain their momentum and provide support where possible. This could take various forms depending on the resources available. for example, an e-bulletin, telephone calls, and/or refresher workshops;
- There is potential for Care About Rights to be rolled out further within the social care sector (for example local authority and voluntary sector providers and providers of day care services). There is also considerable potential for Care About Rights to be rolled out in the health care sector. There is clear alignment between the aims and objectives of Care About Rights and the priorities of the Scottish Government in relation to health services and care for older people and vulnerable adults. Stakeholders, care providers and outreach participants highlighted the potential of Care About Rights to contribute to this agenda and add value to existing initiatives, legislation and standards;
- In achieving the above, consideration should be given to the potential for Care About Rights to be embedded in statutory health and care sector training. This could include SVQ qualifications for care staff and nurse training (especially in acute and general care; a priority area for the Scottish Government). SHRC should work with the SQA to consider the potential for embedding human rights in the National Occupational Standards;
- To ensure a lasting impact (which can be measured through evaluation) SHRC should maintain a link with outreach participants and the coordinators who assisted

in the establishment of these groups. The majority of outreach participants are keen to take forward their human rights knowledge but may need support and encouragement to do so. It is important that momentum is maintained if knowledge is to be cascaded effectively to other older people. SHRC could consider bringing the groups together in refresher sessions, newsletter updates (similar to work with care providers) or involvement in an action learning project similar to that of BIHR and Age UK.

APPENDIX A – Case studies



Care About Rights Case study – Southern Cross

Description: Until recently Southern Cross was considered a major provider of residential care homes in the United Kingdom. The organisation provides a range of care services, including nursing, residential and dementia care.

In May 2011 it was announced that, due to financial difficulties Southern Cross was to hand over responsibility 750 care homes to their landlords. In Scotland, the Government has pledged wherever possible to ensure quality and continuity of care for Southern Cross residents. Plans are now in place for Southern Cross care homes in Scotland to be taken over by another provider. This case study presents evidence from Southern Cross gathered prior to recent announcements.

Introduction: As an organisation Southern Cross has taken an interest in Care About Rights from its inception. Care About Rights is considered a good fit with national and local policy priorities around care for older people. In a time of significant public sector cuts programmes like Care About Rights can ensure that rights remain a focus for care providers, that they are not lost among competing priorities or compromised by decisions on resource allocations.

Reasons for getting involved: Southern Cross consider that Care About Rights is well aligned with and adds value to existing professional and occupational standards. Strategic staff and care managers recognise that human rights are built into the National Care Standards and view Care About Rights as a useful tool to bring this to forefront in a delivery setting. The quality manager noted:

“It is easy to become task oriented and risk averse...Care About Rights it is a tool to support delivery person centred care and to give staff the confidence ability to deliver it. It also makes people accountable and gives everyone (staff and the older people) a voice”.

Within the organisation, Care About Rights is also seen as a good fit and natural progression from other work that has been undertaken. For example, around a year ago the organisation organised an Enablement Conference. The conference focused on *risk* (perceived to be one of the greatest barriers to a person centred approach). It highlighted that risk can be a positive thing and that people have the right to take risks. The conference challenged ideas (that are often inherent in corporate and policy documentation) that risk should be constraint; a view that may easily restrict rights. Care About Rights has provided a platform and a practical tool to take this work forward across the organisation.

The roll out of Care About Rights: Southern Cross has taken a strategic and top down approach to the development and roll out of Care About Rights.

Each of its Quality Service Managers (the team with responsibility for delivering training and supporting care managers to enhance quality to meet the requirements of internal Quality Inspectors and the Regulator (SCSWIS)) attended one of the two day *training of trainer* events facilitated by SHRC.

Quality Managers have since started rolling this training out to Care Managers and/or Supervisors in each of the organisations care homes. Roll out is currently at a different stage in each of the organisation's operational areas but it is the intention of Southern Cross that all staff receive Care About Rights training. In each area Quality Managers have been given freedom to deliver the training in the way they feel is most appropriate. For example:

- In Area 4 (Glasgow and Lanarkshire), managers in all 21 care home have been trained in full day training sessions dedicated to Care About Rights.
- In Area 5 (Paisley and Ayrshire), approximately 75% of managers have been trained and Care About Rights has been incorporated into Adult Support and Protection training; an area where it is considered to be well aligned.

In many cases delivery of Care About Rights has also begun for frontline staff. Progress with this wider roll out is dependant on the internal priorities of the care home and is affected by extent to which Care About Rights has been embraced by care home managers. Roll out in some care homes has progressed more than others due to competing priorities. For example, in one Glasgow care home (involved in this case study research) training has been cascaded to staff at all levels and job roles. This includes supervisors, nursing staff, domestics, activity staff and kitchen staff.

Training has been delivered by team leaders and the format of sessions has been altered to meet the needs of the care home and the individual participants. Care About Rights has been delivered to between 60-70% of the 70 staff in this care home and they are on course to roll out the training to all staff. Care About Rights is also being incorporated into the comprehensive six week induction programme as a full day session for new recruits. When the roll out is complete, it is the intention of the manager run yearly update courses (drawing on different sections of the materials) to refresh staff skills.

For the most part training is voluntary (but encouraged). Staff who are off shift when training occurs are paid for attendance in line with the organisation's policy to encourage and support the uptake of training.

Awareness and priority: Across the organisation awareness of Care About Rights is perceived to be high. Training is being rolled out to all managers and Care About Rights resources are available in all care homes. In some instances Care About Rights has been built in the strategic plans for care homes; particularly those in which Quality



Service Managers are supporting staff to address specific issues and enhance quality.

Quality Managers feel that awareness and priority among frontline staff tends to be linked to the approach and leadership of care managers in individual care homes; where management are completely bought in there is more of an impetus towards early roll out and embedding of non-statutory training. This is not restricted to Care About Rights.

Within the two care homes which took part in this case study, awareness among frontline staff was high. This included one home where roll out to frontline staff has begun and one where it has not (in this second home the manager commented that staff are now asking for the training to take place). Nursing staff and care assistants who have received training were able to articulate the way in which human rights issues are relevant to their role and the areas in which Care About Rights has increased and changed their understanding.

Barriers and challenges: Although the organisation has faced challenges in the development and roll out of Care About Rights, these are not insurmountable. The most significant challenges to further roll out of Care About Rights are considered to be staff and resources to drive delivery; the organisation is being affected by highly publicised financial difficulties and this has brought increased scrutiny of service provision and a range of competing priorities.

For some staff the word training can be a barrier to participation as staff can be very apprehensive. Southern Cross have branded the programme as engagement as opposed to training to try and alleviate these concerns and encourage active participation. One Quality Service Manager commented that when staff realise there are no exams and there is nothing to be afraid of, they are generally more that willing to take part.

Human rights are a complex and emotive issue. Care About Rights encourages reflection and can ask difficult questions of participants. One of the barriers to embedding a human rights based approach is in overcoming issues of institutionalisation and supporting an cultural shift. Care home managers and the Quality Service Manager involved in this case study commented that some staff are very much of the mindset that they, as a carer, are wholly responsible for the resident and that this approach can manifest itself in a “we know best” type of way with the needs and preferences of the individual being overlooked (although with the best of intentions). Over the years this issue is perceived to have become more engrained as the sector as a whole has become more and more risk averse.

Outcomes and Impacts: The case study research highlighted a number of outcomes and impacts as a result of Care About Rights and work to embed a human rights based approach across the organisation. These include benefits to residents, staff and the organisation.

Benefits to residents: Strategic staff, care home managers and care workers involved in the case study feel that the roll out of Care About Rights is contributing to improved quality of provision for older people. They feel that a human rights based approach was embedded in the culture of the organisation but that Care About Rights is a useful framework to bring this to the fore and to evidence the value base of the organisation. Where human rights is a high priority residents will benefit as a result of more effective person centred care. The FAIR framework is useful as a tool

for resolving conflicts, addressing competing priorities and ensuring the active and meaningful involvement of older people, their families and carers in decisions that affect them. This is demonstrated in the examples below.

Example 1: A Care Assistant commented that she has been using the FAIR framework in the development of care plans. There is not a formal process and paperwork in place for this (at this time) but informally care staff are working through the FAIR framework and using the principles of a human rights based approach in the development of care plans that meet the needs of the individual. Prior to the roll out of Care About Rights, the care assistant felt that care plans were mainly the responsibility of senior carers. Since participation in the training she, and other care assistants, are now much more involved and the plans ensure that all the facts are in place to help improve decision making and the overall quality of care.

Further, the care assistant also feels that residents benefit as a result of increased knowledge and understanding of those involved most closely in their care. For example, if an older person had a problem or concern they are likely to go to a trusted member of the care staff for advice, help and support. If these care staff know about rights and where to go for help they will be better able and more confident to assist them.

Example 2: A Staff Nurse commented that she has used FAIR when developing care plans to make sure residents are involved. For those who do not have capacity to be involved, the FAIR framework ensures that a carer or advocate is involved on behalf of the older person. In many cases the final care plan may not look much different than it would have in the absence of Care About Rights training and FAIR, however, Care About Rights is perceived to have improved the process and put in place a framework that helps ensure that individual rights are met and points of view are sought and heard. She feels this has enhanced the care plans.

Example 3: The case study considers the case of an elderly lady in a care home. As a result of her medical condition the lady was not able to verbalise her wishes. When she moved to the care home her family requested that she was put to bed early and woken up early in the morning. This was the routine the lady was used to when she was cared for at home (as this fitted with the visits of home care workers) and her family did not want to change the routine as this may have caused her distress. Her family also wanted to ensure that she did not miss mealtimes at the care home.

The lady often displayed challenging behaviour, including kicking and spitting, when staff tried to hoist her into bed. Staff assumed she did not like the hoist.

The care home manager was alerted to the case. He used the FAIR framework to establish the *facts* that were apparent. By looking objectively at the facts (as they were seen by all the parties involved) it became clear that this challenging behaviour was happening only around this bedtime routine. The manager suggested that the real issue may be that the lady did not want to go to bed when she was being made to and that this was her way of expressing it.

The care home used the FAIR framework to discuss their concerns with the lady's family and to discuss the alternative options for her care. This alleviated their concerns (for example about missed meals) and the family were happy for the care staff to try a different bed routine where the lady could choose when to go to sleep and get up.

The lady's challenging behaviour has now stopped, her medication has been reduced. It is apparent the care home manager that the lady is much happier and has an improved quality of life. There is also a better relationship between the care home staff and the lady's family.

Benefits to staff: The perception is that staff are benefiting from Care About Rights in a number of ways. These include increased knowledge and understanding, empowerment, confidence and increase morale and job satisfaction.

- **Increased technical knowledge and understating** of the legal underpinning for rights and why it is necessary. Care managers feels that staff enjoy this element of Care About Rights as it gives them better insight into rights and the legislation that underpins them. This knowledge is important in giving them the confidence to advocate on behalf of older people.
- **Empowerment:** Care managers noted that staff are working in a sector that is rife with people who think they are acting in the best interest of the older person - doctors, social workers, regulators and families. Care About Rights provides a framework for care staff to speak up for the older people. FAIR is key to this and although staff may have worked through a similar though process previously, FAIR provides a framework for discussion and a rationale for decision making. It gives care staff the confidence and ability to get their point across.
- **Confidence:** Linked to the point above, by providing a practical tool Care About Rights has instilled confidence in staff to challenge institutionalisation. Care managers feel it has given care workers a louder voice and the confidence to challenge medical staff when they feel it is necessary to uphold rights and support person centred care.
- **Increased staff morale and job satisfaction** as a result of being able to provide higher quality care.

Benefits to the organisation: The organisation is benefiting from having a recognised and standard set of values. They have evidence of these values and procedures in place to show how they are working towards them – for example, Care About Rights is being rolled out across the organisation, it is written into strategic plans in some care homes, it is being included in induction processes and it is the intention of Quality Service Managers to develop paperwork to include FAIR in the formal process for developing and reviewing care plans.

This is all activity that is likely to benefit care homes during inspection. The regulator considers the value base of the care home during inspection. Care managers recognise that values can be difficult to evidence and that their strategic and operational commitment to Care About Rights can provide this evidence.

Managers at two care homes commented on the positive feedback from inspectors in relation to Care About Rights activity in their care homes. The manager of one of the care homes is confident that Care About Rights was instrumental in the improved scores given to the Care Home at its last inspection. Indeed the fact that human rights training was being delivered was specifically referenced in the report.

Looking to the future: Going forward, the organisation plans to continue roll out of Care About Rights with the aim of training 100% of staff. They also see opportunities to embed human rights in other training that is delivered to the workforce, such as adult restraint training. Care managers commented that they regularly experience issues around the use of bedrails - If you are over 65 and in hospital you automatically get bedrails which is essentially a form of restraint. This

can be a problematic issue for care homes to address with families once an older person enters the care home environment. Care About Rights will be a useful tool to explain the human rights implications of this to families and find solutions that are suitable for all parties.

Strategic staff and care home managers also commented on the ever increasing focus on their ability to assess the process and provide evidence of the value base that is present in care homes. In this case managers feel confident that they can evidence the values they aspire to as they are committed to rolling out Care About Rights.

Given the current economic climate and recent bad publicity around the quality of care in UK care homes, there is a perception that a demonstrable commitment to Care About Rights will benefit the organisation but ensuring that rights are not overlooked in order to make cuts and savings.



Care About Rights Case study - Highland Home Carers

Description: Highland Home Carers (HHC) is one of the major independent providers of home care in the Highland region, employing approximately 240 staff. The organisation provides home care to a range of client groups including those with mental or physical disabilities, the elderly, or simply those who are injured and unable to care for themselves for a period of time.

Introduction: Colin Campbell, Staff Training and Development Co-ordinator and Natalie Thomson, Support Worker, attended a two day Train the Training course in November 2010

Reasons for getting involved: A number of the senior staff within Highland Home Carers are heavily involved with the Private Care Sector Workforce Initiative within Inverness and were made aware of the Care About Rights programme through this.

The decision to embark on the programme was driven by two distinct desires. The first of these was that, from the information provided to them, it was evident that undertaking this training could potentially enhance the service they offer to people within the Highlands.

At the same time, by becoming involved in Care About Rights, HHC were provided with the opportunity to link in with the Scottish Human Rights Commission (SHRC). The organisation currently have close relationships with a number of organisations including the Scottish Social Services Council (SSSC) and Scottish Care at Home (SCAH), both of whom provide them with a great deal of information and work related training. However, they had never previously had any involvement with the SHRC so this is seen as an ideal opportunity to create such linkages.

Strategic Fit: HHC considered the Care About Rights programme to be very appropriate to national policy in relation to care for older people, particularly in this time of severe budget constraints. With budget cuts affecting care services offering across the country, it is incredibly useful to have staff properly equipped with a knowledge of human rights within a care sector context.

Care About Rights was also believed to fit and add value to the standards of the social care sector. The FAIR process was identified as a significant end user tool that allows staff to work through issues and problems as they arise with a far more person oriented approach. Previously such a tool was lacking within the sector. Furthermore, once learnt, HHC felt that the aspects of FAIR could be applied to other care groups, not solely older people. The potential to benefit those working with people suffering from severe learning disabilities was seen to be huge.

Care About Rights within Highland Home Carers: To date, Care About Rights 'roll out' has been predominantly restricted to senior and management level staff; approximately 10% of the workforce, through four informal ½ day sessions. Strategically it was imperative for HHC to make senior staff aware of Care About Rights and competent in how to use it in order that 'buy in' occurred from decision makers. A small number of care workers had also been trained.



Providing training in such a way has allowed for real dialogue to be created, with learners sharing personal experienced and putting an HHC slant on to examples.

It is the aim of HHC to have all staff trained in Care About Rights, although it was recognised that this will take time due to issues such as the geographic distribution of staff throughout the region and the heavy reliance on part time carers.

Discussion is also ongoing around building the FAIR process into company procedures and future risk assessments.

Outcomes and Impacts: Given the low level of roll out within HHC so far, it was believed to be too early to gauge impacts within the organisation. However, the training was highly regarded and a number of impacts were predicted for the future:

- **Staff** – Impact on staff will focus around responsibility. Through successful completion of the training, staff are likely to have a greater understanding of not only when to get involved, but also to what extent their involvement should go.
- **Service users** – Care About Rights is likely to provide all HHC's service users, not solely older people, with a stronger, more suitable service through access to a higher quality of trained care staff
- **HHC** – From an organisational perspective, involvement with the SHRC and the Care About Rights programme was seen as a real 'feather in their cap', allowing HHC to provide a better service and the ability to publicise their close attention to the human rights of the people they care for.

Looking to the future: HHC are very enthusiastic about Care About Rights and feel it will have a positive impact on the quality of service they provide to their service users. They feel that many other organisations could benefit from the training and would like to see a continued roll out; not only to those caring for older people, but rather the entire health and social care sector. To this end, it was suggested that more collaboration between SSSC and SHRC may be required.

They see no significant barriers to roll out of the training throughout their organisation, but acknowledge that it will take time.

With unprecedented budget cuts occurring throughout the sector and further cuts likely in the future, HHC view Care About Rights as a key piece of training that should

be protected. HHC feel that a future step may be to campaign to the Scottish Government for Care About Rights to become a legal requirement of the social care sector, with the introduction of formal assessment. This would help improve the quality of service throughout the sector whilst also providing the SHRC with a remit to continue to update and refresh the training as appropriate.



Care About Rights Case study – Bupa Care Homes

Description: Bupa Care Homes promotes itself as one of the UK's leading providers of care services. Bupa Care Homes has over 300 care homes in the UK, offering expert residential, respite and nursing care, and specialist homes in dementia and other conditions.

Bupa Care Homes presents itself as committed to the principles of person centred care and this is embedded in staff training and development for all levels and job roles. Residents of Bupa Care Homes are supported by a key carer or a named nurse to ensure that care meets the needs of the individual.

Introduction: Following the roll out of Care About Rights and the awareness raising and media activity that surrounded it, Bupa Care Homes made a strategic decision to implement the programme across its residential care homes in Scotland.

Bupa has no shareholders which allows the organisation to re-invest any profits to provide better health care. Bupa sees this as a feature which differentiates them from other private care providers and a key factor that facilitates its involvement in staff training and development.

Reasons for getting involved: Bupa Care Homes considers itself to be committed to the highest standards and quality in care services. Provision is routed in the principles of person centred care and staff training and development opportunities are intended to support this.

Senior managers and strategic level staff recognised the alignment of Care About Rights with the organisation's internal aims and objectives and also the potential of Care About Rights to add value to existing services and aid the delivery of person centred care that meets and exceeds professional standards. The decision to get involved was taken at the strategic level by the organisation's regional managers.

Awareness raising around the principles of a human rights based approach and an understanding of why it is so important was one of the key factors driving the involvement of Bupa Care Homes in Care About Rights.

The roll out of Care About Rights: Unlike many other care providers, Bupa Care Homes staff did not attend SHRC training of trainers or external short courses. Instead, Bupa Care Homes approached SHRC about the possibility of providing dedicated training sessions for their managers.

SHRC provided a one day Care About Rights training session for Bupa Care Homes staff in November 2010. A representative (generally a Care Home Manager or

Clinical Services Manager (CSM)) attended from each of the organisations 30 care homes in Scotland.

This dedicated training session was well received by staff. A Care Home Manager consulted for this case study commented on the quality of the resources and the structure of the session. She felt that the facilitators were excellent and that their knowledge, enthusiasm and passion really helped to secure the buy in of all participants.

The Care Home Manager perceived that, at the outset of the training a number of staff (including herself) were sceptical about what human rights training would add to their knowledge or the quality of their services. She was however pleasantly surprised by the session and felt that she, and the other participants, took a lot from it.

Following the training session, the individual Care Home Managers have been tasked with taking forward Care About Rights in their own care homes. Different models of roll out are in place in different care homes.

In the care home involved in this case study, the Home Manager began by cascading training to her Deputy Manager in a one to one session. This session also involved a detailed discussion around the most appropriate way to introduce and disseminate training to frontline staff.

The manager was very keen that Care About Rights should not be seen as training and she wanted to keep the sessions as informal as possible to facilitate discussion and secure the buy in of staff (who may be more reluctant to engage in 'training').

Awareness raising and discussion around Care About Rights and a human rights based approach took place during the care home's regular team meetings. This is a time when staff are used to being brought together and when time is set aside for them to come together and discuss issues. Dissemination of information through this channel also avoided any difficulties in releasing staff to attend training and the need to find additional resources to back fill. In this case the care home is relatively small and it is challenging to release staff for training.

Sessions were short and informal. The Care Home Manager and Deputy Manager provided information to participants, facilitated discussion and debate and answered questions from staff. They did not work through the scenarios provided by Care About Rights. The Home Manager was conscious that the session should not be seen as training. Instead they discussed as a group the key issues and related them to their experiences.

All of the care home's 24 care staff have taken part in Care About Rights sessions. The Care Home Manager is also planning to deliver to all support staff; although this has not started yet.

While Care About Rights has been delivered informally, Bupa Care Homes is also committed to the delivery of Tell Someone; training to support responsibilities under the Adult Support and Protection Act. Care About Rights is well aligned with Tell Someone.

Tell Someone has however been rolled out in a more structured way than Care About Rights. The roll out of Tell Someone has also been happening for some time. Since participation in Care About Rights, the Care Home Manager reported that

elements of this have been integrated into their delivery of Tell Someone – the programmes are therefore supporting one another.

Awareness and priority: Across the Bupa Care Homes awareness of the human rights approach and the organisation's commitment to respect and dignity is considered high. The nature of the role out (which in this specific example has been largely informal and/ or delivered in conjunction with adult support and protection training) has meant that many staff may not identify this as Care About Rights. Care Home Managers are however confident that staff have good knowledge and awareness of the principles.

Barriers and challenges: Time and resource pressures (in terms of backfilling posts and organising rotas to release staff) are perceived to be the most significant challenges to further roll out of Care About Rights. This issue may be even more acute in smaller care homes.

However, in the care home that is the subject of the case study this was overcome by delivering Care About Rights in an informal way and utilising existing forums in which staff are able to come together.

The Care Home Manager noted an additional barrier in that she was the staff member who received the initial training from SHRC. She has many competing priorities may not always be available in the care home to cascade her knowledge. As she manages a small care home there is no Clinical Service Manager (CSM) to pass responsibility for training and development to. This may not be such an issue in bigger homes where Clinical Service Managers are available to provide training to frontline staff.

Outcomes and Impacts: The case study research highlighted a number of outcomes and impacts as a result of Care About Rights, the human rights approach and the other initiatives that Bupa Care Homes has taken on. The perception is that this activity is all coming together to enhance the quality of care that is provided to residents.



Increased knowledge and awareness among care staff is perceived to be one of the most significant outcomes of the approach taken by Bupa Care Homes. By focusing on rights, the values and principles of person centred care staff are encouraged to reflect on their own practice and consider the implication of their actions for others. Essentially it is helping staff to “fit their role and their care tasks around the needs and wishes of the resident – not the other way around”.

The Care Home Manager feels that it is all about ‘best practice’ in the approach to care and the principles and values that define the organisation. By embedding this culture across the organisation the manager hopes to sustain and enhance the quality of care provided. This should, in turn, enhance job satisfaction for care workers who will benefit as a result of having the knowledge and resources to deliver high quality care.

The Care Home Manager added that “*it is also about accountability and responsibility*”. Where care staff (at all levels and in all job roles) have a clear understanding of the approach they are taking and why it is valuable then they will be empowered to make decisions, confident to act or speak up about concerns and issues and to challenge other staff (including higher level staff and external professionals).

By way of example, the Care Home Manager noted the increased number of adult support and protection, and rights related issues that have been brought to her attention since Care About Rights and Tell Someone were introduced to her care home. While in the vast majority of cases these were minor and easily resolved, the Home Manager is happy that her staff now feel confident enough to highlight concerns and ask questions where they feel that the views of the individual are not being given full consideration.

Looking to the future: Going forward the Care Home Manager is looking to develop formal training based on Care About Rights to be included in the induction process for new staff. This will help embed the human rights based approach and induct new staff into the culture of the organisation.

The delivery of Care About Rights in conjunction with Tell Someone will also continue and the Care Home Manager is considering the introduction of human rights issues as a permanent agenda item at the care home’s regular team meetings. This would ensure that the human rights based approach is always a high priority and something that staff are aware of and alert to.

APPENDIX B – Research tools

Evaluation of Care about Rights? – Baseline Survey

You are due to attend a training session on human rights and care services called ‘Care about Rights?’, supported by the Scottish Human Rights Commission. Prior to your attendance at the training, we would be very grateful if you could spend a few minutes to answer some basic questions about your understanding of human rights issues and their applicability to your work. The results of the survey will be important to us, as they will help us to understand the perceptions and understanding that attendees at the training have. This will help us pitch the training at the right level, and to measure the impact of the training in changing perceptions or understanding among participants.

The results of the survey will be analysed by an independent company (GEN), and individual responses will be anonymised before being passed to the Commission.

Please can you return the form either to the facilitator of your training session or alternatively post to David Eiser GEN, 4/1, 137 Sauchiehall Street, Glasgow, G2 3EW.

Introduction

1. Date of training (dd/mm/yy): _____

2. What is your current role:

- | | |
|--|---|
| <input type="checkbox"/> Care worker | <input type="checkbox"/> Care service owner/ director |
| <input type="checkbox"/> Care Supervisor | <input type="checkbox"/> Care Commission Officer/ Manager |
| <input type="checkbox"/> Care Manager | <input type="checkbox"/> Trainer/ Assessor |
| <input type="checkbox"/> Other _____ | |

3. What is your current setting? (tick all that apply)

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Care Home | <input type="checkbox"/> Care at Home | <input type="checkbox"/> Housing Support |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> HQ | |
| <input type="checkbox"/> Other _____ | | |

4. Are you currently employed in the.... (tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Private sector | <input type="checkbox"/> Local Authority Sector |
| <input type="checkbox"/> Voluntary Sector | |

5. Which local authority(ies) do you work in? (tick all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Aberdeen City | <input type="checkbox"/> East Renfrewshire | <input type="checkbox"/> Orkney |
| <input type="checkbox"/> Aberdeenshire | <input type="checkbox"/> Edinburgh | <input type="checkbox"/> Perth & Kinross |
| <input type="checkbox"/> Angus | <input type="checkbox"/> Falkirk | <input type="checkbox"/> Renfrewshire |
| <input type="checkbox"/> Argyll & Bute | <input type="checkbox"/> Fife | <input type="checkbox"/> Scottish Borders |
| <input type="checkbox"/> Clackmannanshire | <input type="checkbox"/> Glasgow | <input type="checkbox"/> Shetland |
| <input type="checkbox"/> Comhairle nan Eilean Siar
Ayrshire | <input type="checkbox"/> Highland | <input type="checkbox"/> South |
| <input type="checkbox"/> Dumfries & Galloway | <input type="checkbox"/> Inverclyde | <input type="checkbox"/> South Lanarkshire |
| <input type="checkbox"/> Dundee | <input type="checkbox"/> Midlothian | <input type="checkbox"/> Stirling |
| <input type="checkbox"/> East Ayrshire | <input type="checkbox"/> Moray | <input type="checkbox"/> West Dunbartonshire |
| <input type="checkbox"/> East Dunbartonshire | <input type="checkbox"/> North Ayrshire | <input type="checkbox"/> West Lothian |
| <input type="checkbox"/> East Lothian | <input type="checkbox"/> North Lanarkshire | |

Perception of human rights and their applicability

6. To what extent do you agree with the following statements?

1 = Strongly agree

5 = Strongly disagree

	1	2	3	4	5	Don't know
I understand what human rights issues are, and how they are applicable to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what human rights issues are, but am not sure how they are relevant to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human rights issues are not directly relevant to our organisation, because we already meet all of our legislative and regulatory responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the relationship between human rights and other legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the relationship between human rights and the National Care Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the confidence to communicate with colleagues about how human rights issues can help us improve delivery of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I regularly talk about human rights issues with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are already so many regulations governing care that human rights cannot add any value to how care is delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human rights issues are only relevant in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

extreme cases, when regulations have been breached						
--	--	--	--	--	--	--

Potential benefits of applying human rights to the delivery of care services

7. To what extent do you agree or disagree with the following statements about the benefits that applying human rights to care might bring to the delivery of care for older people?

Human rights can...

1 = Strongly agree

5 = Strongly disagree

	1	2	3	4	5	Don't know
improve the way that care providers balance risk in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
support the delivery of person-centred care and improve the quality of life of the primary care user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
improve the way that service users, their families and carers are involved in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
help care providers to develop positive relationships with service users and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
help resolve conflicts between the needs of different service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benefit care staff as well as service users, their families and carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What do you think are the main barriers to implementing human rights in your work? (tick all that apply)

- ☐ Lack of awareness of human rights and how they are relevant
- ☐ Too little time to consider the issues
- ☐ Other (please specify)

Expectations

9. What do you hope to get from the training event that you are going to attend on human rights in care?

Further Research

We would like to speak to you again in a few months to find out about the ways in which this training has impacted on your role.

If you are happy to be re contacted to take part in a short survey or a consultation please tick the box below and provide us with your contact details.

Your continued input into the study is greatly appreciated and will impact on the future roll out of this and other SHRC programmes.

Please note: by providing contact details you are not committing to be involved in further research and future participation is optional.

- ☐ I AM HAPPY to be re contacted to explore these issues in greater depth and discuss the impact of this training on my role

Please provide your name and contact details:

Name:

Telephone number:

Email address:

Thank you for your time

Evaluation of Care about Rights – End Line Survey

You previously attended a training session on human rights and care services called Care about Rights, supported by the Scottish Human Rights Commission (the Commission). This programme is being independently evaluated by GEN.

Prior to this training you completed a short survey to about your understanding of human rights issues and their applicability to your work.

We are keen to understand if your knowledge and understand has developed of changed since you completed this training. This will help us to understand the impact of the training and allow it to be developed going forward.

We would be very grateful if you could take the time to complete this survey to tell us if and how your knowledge and understanding has changed since you complete the training.

The results of the survey will be analysed by GEN, and responses will be anonymised before being passed to the Commission.

If you would prefer a paper version of the questionnaire. You can contact Kathleen Latimer, GEN, 4/1, 137 Sauchiehall Street, Glasgow, G2 3EW to arrange for this to be posted to you.

Introduction and background details

1. Approximately how long (in months) has it been since you completed Care About Rights training?

2. What was the format of the training you attended?

- ☐ Two day training of trainer event (Glasgow/ Paisley/ Inverness) (go to Q3)
- ☐ Half day programme delivered by a Care About Rights trainer outside your workplace (go to Q3)
- ☐ In-house training delivered in your workplace (go to Q2b)

2b. Please describe the training you completed:

How long was the training?

Who delivered the training?

Did you receive a copy of the Care About Rights training materials?

3. What is your current role:

- | | |
|--|---|
| <input type="checkbox"/> Care worker | <input type="checkbox"/> Care service owner/ director |
| <input type="checkbox"/> Care Supervisor | <input type="checkbox"/> Care Commission Officer/ Manager |
| <input type="checkbox"/> Care Manager | <input type="checkbox"/> Trainer/ Assessor |
| <input type="checkbox"/> Other | |

4. What is your current setting? (tick all that apply)

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Care Home | <input type="checkbox"/> Care at Home | <input type="checkbox"/> Housing Support |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> HQ | |

☐ Other _____

5. Are you currently employed in the.... (tick all that apply)

☐ Private sector

☐ Local Authority Sector

☐ Voluntary Sector

6. Which local authority(ies) do you work in? (tick all that apply)

☐ Aberdeen City

☐ East Renfrewshire

☐ Orkney

☐ Aberdeenshire

☐ Edinburgh

☐ Perth & Kinross

☐ Angus

☐ Falkirk

☐ Renfrewshire

☐ Argyll & Bute

☐ Fife

☐ Scottish Borders

☐ Clackmannanshire

☐ Glasgow

☐ Shetland

☐ Comhairle nan Eilean Siar

☐ Highland

☐ South Ayrshire

☐ Dumfries & Galloway

☐ Inverclyde

☐ South Lanarkshire

☐ Dundee

☐ Midlothian

☐ Stirling

☐ East Ayrshire

☐ Moray

☐ West Dunbartonshire

☐ East Dunbartonshire

☐ North Ayrshire

☐ West Lothian

☐ East Lothian

☐ North Lanarkshire

Perception of human rights and their applicability

7. To what extent do you agree with the following statements?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I understand what human rights issues are, and how they are applicable to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what human rights issues are, but am not sure how they are relevant to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human rights issues are not directly relevant to our organisation, because we already meet all of our legislative and regulatory responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the relationship between human rights and other legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the relationship between human rights and the National Care Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the confidence to communicate with colleagues about how human rights issues can help us improve delivery of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I regularly talk about human rights issues with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are already so many regulations governing care that human rights cannot add any value to how care is delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human rights issues are only relevant in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

extreme cases, when regulations have been breached					
--	--	--	--	--	--

8. To what extent do you agree or disagree with the following statements about the benefits that applying human rights to care might bring to the delivery of care for older people?

Human rights can...

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Improve the way that care providers balance risk in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the delivery of person-centred care and improve the quality of life of the care user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve the way that service users, their families and carers are involved in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help care providers to develop positive relationships with service users and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help resolve conflicts between the needs of different service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The impact of Care About Rights for you...

9. Do you think that your attendance at Care About Rights has had an impact in relation to any of the following...

	Significant positive impact	Slight positive impact	No Impact	Slight negative impact	Significant negative impact
Your understanding of what human rights issues are and how they are applicable to your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your understanding of the relationship between human rights and other legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your understanding of the relationship between human rights and the National Care Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your level of confidence to communicate with colleagues about how human rights issues can improve the delivery of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often you talk about human rights issues with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your understanding of how human rights can add value to the way care is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

delivered					
-----------	--	--	--	--	--

10. Since attending Care About Rights training, do you think that what you learnt has helped you to...?

	Yes, Care About Rights has helped me to do this	Maybe, Care About Rights may help me to do this in future	No, Care About Rights has not/ will not help me to do this	No. this is not applicable to my role
Balance risk in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliver better person-centred care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve the way that service users, their families and carers are involved in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop positive relationships with service users and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolve conflicts between the needs of different service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. (If you answered YES at Q10) Can you tell us about a situation in which Care About Rights has helped you?

12. Since attending Care About Rights training, have you used the FAIR framework in a real life situation?

- ☐ Yes
☐ No

13. (If you answered YES at Q11) Can you tell us about how/ when you have used the FAIR framework?

14. Do you think the training session you attended has helped you implement human rights approach in your daily work?

- ☐ Yes

- ☐ No
- ☐ Too soon to say (go to Q9c)

14b. Why do you say this?

15. Do you think the training session you attended will help you implement a human rights approach in your daily work in future?

- ☐ Yes
- ☐ No

15b. Why do you say this?

16. Are there any other comments you would like to make about Care About Rights or human rights issues in relation to the care of older people more widely?

We may like to speak to you again to find out about the ways this training has impacted on your role. If you are happy to be re contacted provide us with your contact details.

Your continued input into the study is greatly appreciated and will impact on the future roll out of this and other SHRC programmes.

Please note: by providing contact details you are not committing to be involved in further research and future participation is optional.

17. Please provide your name and contact details:

Your name:

Your email address:

Thank you for your time



Queen Margaret University
EDINBURGH



Interview Schedule SHRC evaluation

INTRODUCTION

My name is ----- I am the researcher/consultant from COPA/GEN. Can I just check that I am speaking to ----- .

We recently met at an awareness session in -----.

Many thanks for agreeing to help with this evaluation. You should already have an information sheet but I would just like to remind you of the purpose of this interview. The Scottish Human Rights Commission (SHRC) has produced a human rights learning resource called "Care About Rights? They have also undertaken a series of three awareness raising sessions about the relevance of human rights in the care of older people. They have asked us to evaluate the project and so I would like to ask your opinion of the materials and sessions.

The interview should take no longer than 40 minutes but we can stop at any time should you wish to.

- Can I just check that you are still happy to participate in the interview
- and also assure you that any information you give us will be complexly confidential and no records of this interview will be kept with your name on it.

Would it be OK if I taped the interview to help me to keep my notes? The tape will be erased after I have taken a note of the information.

SECTION ONE

Background information

I would like to ask a couple of questions to give me some background information

1) Which local authority do you live in?

- ☐ Scottish Borders
- ☐ Orkney
- ☐ Highland
- ☐ North Lanarkshire
- ☐ South Lanarkshire
- ☐ Other -----

2) Role

- a) Are you a volunteer?
- b) What organisation do you represent/volunteer with?

3) How did you become involved with the “Care About Rights?” awareness raising sessions?

4) Why did you become involved with the “Care About Rights?” awareness raising sessions?

SECTION TWO

Prior perception of human rights and their applicability

5) What was your awareness of how human rights issues may affect older people prior to the “Care About Rights?” awareness raising sessions?

6) Before your involvement did you think that human rights were relevant to care of older people?

7)

- a) Do you think that people who work in the care sector understand human rights?
- b) Do you think staff consider that they apply to the older people they work with?

SECTION THREE

Expectations

8) What did you hope to get from participating in the “Care About Rights?” awareness raising sessions?

Prompt

- What did you think the benefits of participating in the “Care About Rights?” awareness raising sessions might be?

SECTION FOUR

Materials and content

Now that you have read the materials and completed the awareness raising sessions I would like to hear your views on the sessions, the materials, and how you think you might use them

9) What did you think of the “Care About Rights?” materials?

Prompts

Are they easy to use?

What is your view on the:

- Written materials
- Film materials
- Case studies
- Scenarios
- Exercises

Was there any particular bit of the materials that was particularly useful?

10) Do you think that the materials have increased your knowledge of human rights in the context of care?

11) Is there anything you would change to make the materials better?

Prompts

Would you recommend any other format for the materials?

- DVD
- Electronic/internet/Web
- Other methods/formats

12) Is there anything else you would like to say about the content and format of the “Care About Rights?” awareness raising materials?

I would now like to ask you about what you thought of the awareness raising sessions

13) There were three sessions - was this the right number of sessions for you?

Prompt

- Were you able to attend three sessions?
- If not then how many?
- How many would be suitable?

14) Was the length of time between the three sessions suitable for you?

Prompt

- How long was there between sessions
- If not suitable then how long would have been better?

15) Do you think the length of the sessions (around 5 hours) was:

- too long
- too short
- about right?
- If not then how long

16) Was the aim of the sessions clear to you?

Prompt

- What did you think the aim was?
- If not clear then how could this have been clearer?

17) Did you enjoy the sessions?

Prompts

- Was the format of the sessions suitable for you?
- What did you think of the pace of the training?
- Did the sessions cover what you wanted or expected?
- Was the facilitator helpful?
- Would you recommend the sessions to other older people?

18) Would you change anything about the sessions?

19) Do you have any other comments about the structure/content and organisation of the sessions?

SECTION FIVE

Outcomes and impact

Potential benefits of the “Care About Rights?” awareness raising project

20) Do you think you have learned any new information about human rights and how they might apply to older people using care provision services?

- If so if what?
- What is the most important, significant or useful thing that you feel you have learned or gained?

21) Have the sessions changed your own views about human rights at all?

- If so in what way?

22) Do you think the “Care About Rights?” project has been beneficial to you in any way?

- If so in what way?

24) Have you used the information from:

- the sessions
- the materials

Prompt

- If so in what way have you used the information?
- In what way might it have been helpful?

25) Do you think you will use the information in the future?

- If so what do you think you might do with the information?

26) Have you shared/or do you plan to share the information with others?

- Who with?

- How?

27) Do you think this type of awareness raising could make any difference to the care of older people?

- If so what difference?
- How would it make a difference?

28) In your view do you think it would be useful to make older people aware that human rights issues are relevant to the care of older people?

- What would be the best way to do this
- Who should be involved the awareness raising
- What might the barriers be?

29) Have you any other comments about the “Care About Rights?” project?

30) Many thanks for giving your time to help with this evaluation. Your input is most valued and will be used to develop and improve the “Care About Rights” project. Do you have any questions at all?

Thank You



Consultation with strategic stakeholders: Topic guide

This topic guide will be used with strategic stakeholders involved in the development and roll out of Care About Rights across the care sector and with delivery of the outreach programme for older people.

The research is being undertaken in line with the Market Research Society codes of conduct. All responses will be treated in confidence.

Role of consultee(s)

1. Name:
2. Role:

Background to involvement

3. What do you see as being the aims of the 'Care about Rights' project?
4. **(For those who have been consulted before)** Has your understanding of the aims of the project changed over the course of the project?
5. How does Care About Rights fit with policy and practice at a Scottish and local level?
6. How does this fit with the strategic objectives of your organisation now and in the future?

Note: This may be particularly relevant to stakeholders representing the Care Commission (Scottish Commission for the Regulation of Care) which has been significantly reformed and Scottish Care which is also being reorganised.

7. What has been your/ your organisation's involvement/contact with 'Care about Rights'?

Note: This discussion will be guided by our understanding of the involvement of the individual stakeholders and their organisations.

8. **(For those who have been consulted previously)** What have been the main developments for the project since you were last consulted?

Your views on the way in which the project has been rolled out and embedded so far

Note: this discussion will be guided by our understanding of the involvement of the individual stakeholders and their organisations. We understand that this section will not be relevant to all stakeholders and questions will enable us to assess their understanding. This discussion will be most relevant in consultation with Scottish Care and Age Scotland.

From your knowledge of the Care about Rights project, what are your views on:

9. The involvement of care providers (care homes and care at home providers):
 - How providers are being involved in the project?
 - How best to engage care providers in the project?
 - Other care providers which should be involved?
10. The trainers:
 - Have the right people been selected as trainers?
 - If not, which people should be involved in the project? e.g. are staff involved at a high enough level/ in the right positions to implement change?
 - Have trainers been adequately prepared to carry out training/ implement change effectively?
 - Do you have any suggestions for how to improve trainer preparation/ their ability to implement change?
11. The involvement of service users, older people and their advocates through the outreach network of older people organisations? (**Note:** this is particularly relevant to Age Scotland)
 - Are the right people involved?
 - Is the structure and content of the programme correct?
 - Is there anything else the outreach programme should be doing to?
12. The barriers and challenges to the further roll out and embedding of Care About Rights for care providers?
 - What are these?
 - How can they be overcome?
 - Which agencies need to be involved?

Note: For all of the above consider any change in views since the previous consultation.

Your views on the impact of Care about Rights:

13. What do you anticipate will be the impact of Care about Rights on the experiences of older people receiving care?

Note: consider the impact of work with care providers and the outreach programme with older people depending on the involvement of the stakeholder.

Probe for detail on:

 - Person centred care for older people

- Dignity of older people receiving care
 - Empowerment of older people receiving care and their involvement in decision-making
 - Communication with older people receiving care and their families
 - Care sector workers' understanding of human rights:
 - their ability to communicate effectively with older people and their families
 - their ability to promote person-centred care,
 - their ability to involve older people in decision making, balancing risks and rights.
14. Are you aware of any examples which demonstrate these impacts to date?

Rolling out and embedding Care About Rights and a human rights approach to care?

Interviewer script: Through the evaluation we are keen to discuss what happens next for Care About Rights and the ways in which a human rights approach can be embedded in the sector going forward:

Note: This discussion will be guided by the table overleaf which highlights specific areas of interest to discuss with each stakeholder.

15. Thinking about the programme for care providers, do you have any suggestions for how the project could be rolled out and embedded effectively in the future?

- In how care settings are involved?
- prepared?
- In the way the trainers are rolling out training with other staff? e.g. through induction programmes/ ongoing CPD/ incorporation of human rights into other statutory training
- Any other suggestions?

Note: some of this may be captured already through Q9-12 but for those who have not been very involved and do not know the specifics of the projects this gives us a second opportunity to get to this information.

16. Thinking about the outreach programme for older people, do you have any suggestions for how this could develop in future? Specifically the ways in which learning can be cascaded/ shared by participants on the outreach programme?

17. **What (if any) plans does your organisation have to work with SHRC to embed a human rights approach to the delivery of care services in future?**

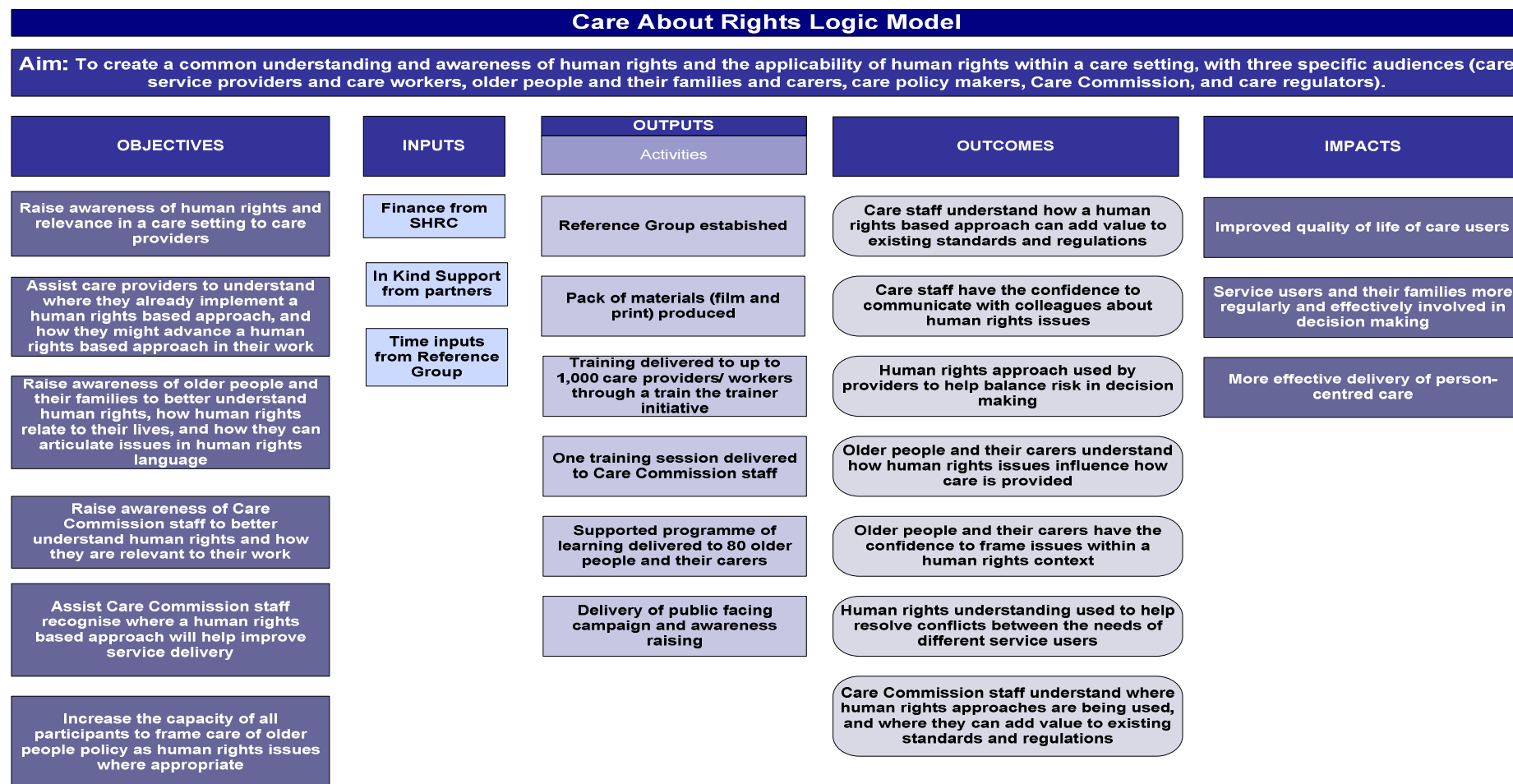
- What would be the benefits of this?
- What are the barriers and challenges associated with this?
- How can these be overcome and which partners need to be involved?

Other comments about the Care about Rights project:

18. Are there any other comments you would like to make about the Care about Rights project, progress to date and future roll-out and embedding of a human rights approach to care?

If yes, ask the stakeholder to expand on their response?

Appendix C – Logic Model



APPENDIX D - Endnotes

¹ Scottish Parliament. 2006. Scottish Commission for Human Rights Act. Available from: <http://www.legislation.gov.uk/asp/2006/16/contents/enacted> Accessed: 18/05/2011

² Scottish Human Rights Commission. 2009a. *Strategic plan 2008-2012*. SHRC

³ Scottish Human Rights Commission. 2009b. Human Rights in a Health Care Setting: Making it Work for Everyone - An evaluation of a human rights-based approach at The State Hospital. Glasgow: SHRC

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