



RIGHTS IN ROLES

RESOURCE PACK

RESIDENT ENGAGEMENT

brap

CONTENTS

INTRODUCTION.....	5
TOOLKIT 1	7
Introduction	7
Example of decision-making in action.....	8
TIP SHEET 1A	9
TIP SHEET 1B	10
TIP SHEET 1C	12
Top tips	12
TIP SHEET 1D	13
Introduction	13
An example of decision-making in practice.....	15
TIP SHEET 1E	16
Introduction	16
Top tips	16
TOOLKIT 2	17
Introduction	17
TIP SHEET 2A	19
Introduction	19
Prompts for discussion	20
TIP SHEET 2B	21
Introduction	21
Listening to what people say and giving staff feedback on how they phrase questions.....	21
Spotlight on discussing privacy and dignity.....	22
TOOLKIT 3	24
Introduction	24
TIP SHEET 3A	26
Introduction	26
Different forms of complaints	26
Responding to complaints.....	27
TOOLKIT 4	28
Introduction	28
TIP SHEET 4A	29
Introduction	29
Exercise: Responding to bias.....	29

Discussion point.....	29
Questions for you.....	30
TOOLKIT 5	31
Introduction	31
TIP SHEET 5A	32
Introduction	32
My behaviour	32
Rights into action	32
Reinforcing messages	33
TIP SHEET 5B	34
Introduction	34
The transition	34
Residents entitlements.....	35
NOTES.....	36
OTHER USEFUL RESOURCES.....	38

INTRODUCTION

This is one of five resource packs published by brap (funded by the Equality & Human Rights Commission) (EHRC) on the subject of human rights in residential care for older people. The five resource packs are:

- Human Rights in Residential Care for Older People: Commissioning.
- Human Rights in Residential Care for Older People: Leadership.
- Human Rights in Residential Care for Older People: Resident Engagement.
- Human Rights in Residential Care for Older People: Managing Risk Positively.
- Human Rights: An Overview for Residential Care Staff.

In recent years human rights have been incorporated into the Care Quality Commission's (CQC) inspection regime. We produced these resource packs because so far little practical guidance has been issued relating specifically to human rights in residential care for older people and that which has, has focused primarily on legal compliance.

The resource packs were developed with the active participation of care commissioners, care home staff and managers, and residents and their families and carers. Each consists of commentary, tip sheets and exercises aimed at providing practical help, suggestions and guidance to ensure that human rights are better embedded in the routine daily concerns of providing residential care for older people.

The resource packs are aimed at managers, leaders and frontline staff, commissioners of care and residents and their families, in short, anyone involved in the provision of residential care who wants to better understand the daily, practical implementation of human rights in this context. The exercises are designed for use in a variety of contexts: personal use, staff team development sessions, and even, where appropriate (e.g. in the resident engagement resource pack) with residents and their families.

This resource pack aims to help care home staff – and especially frontline staff – make the most of effective resident engagement by using it in a way that actively supports and promotes the human rights of residents and their relatives and carers.

It is in five parts. The first four of its toolkits are aimed particularly at frontline staff. The resource pack covers the following:

TOOLKIT 1 Decision making: Front line staff

- Why good quality decision-making is essential to promoting human rights.

- Includes practical tips on what frontline staff can do to empower residents and improve the quality of decision-making.

TOOLKIT 2 Communication: Front line staff

- Why a good quality approach to communication is essential to promoting human rights.
- Includes practical tips on what frontline staff can do to empower residents and improve the quality of communication.

TOOLKIT 3 Complaints: Front line staff

- Why complaints should be seen as a by-product of a good quality care environment, and the role that complaints can play in assuring and protecting human rights.

TOOLKIT 4 Bias: Front line staff

- Understanding your own bias and improving non-discriminatory practice as a care worker.
- The impact that bias can have on the experiences of those for whom you care.

TOOLKIT 5 Leadership and resident engagement

- How leaders can create an environment where engagement can flourish.
- Why good quality decision-making is essential to promoting human rights.
- Includes practical tips on how to support frontline staff to empower residents and improve the quality of decision-making.

TOOLKIT 1

DECISION-MAKING: FRONT LINE STAFF

Introduction

This toolkit will help you develop a better understanding of:

- Why good quality decision-making is essential to protecting human rights.
- What frontline staff can do to empower residents and raise their involvement in decision-making.

It contains the following Tip Sheets:

- Tip sheet 1A: What is autonomy? Considers the choice and control people have in the decisions that affect them.
- Tip sheet 1B: Spotting barriers to choice and autonomy.
- Tip sheet 1C: My behaviour – putting rights into action.
- Tip sheet 1D: Balancing rights in practice.
- Tip sheet 1E: Whose home is it? Empowering resident 'voice'.

How often do you find yourself making a decision you are not entirely comfortable with? When you make decisions with residents about their care, whose interests are you pursuing – yours or those of the resident? Are the decisions made really 'owned' by those on the receiving end?

Helping residents to make decisions in their own right has a close relationship to the protection of human rights – the right to respect for an individual's private and family life, for example. Understanding how and when this and other rights could be infringed can help promote independence, choice and individuality for residents – often referred to as 'autonomy'. Promoting residents' autonomy improves relationships between care staff and residents, raises the quality of services and improves staff knowledge of what residents need and value in their care.

Residential care services are different from other services in that they are places that people call 'home' and many residents spend most of their time there. Promoting autonomy, choice and independence in this setting can be challenging: even the most independent individuals can have a tendency to conform over time. This makes it all the more important. Being clear about how you encourage both quality and independence in decision-making can help older people 'own' their home.

Example of decision-making in action

Before reading the tip sheets below, consider the following example. It describes a routine decision in residential care for older people.

Residents commented that they needed longer meal times to eat and really enjoy their food. This request, although reasonable, was challenging for the catering staff, who felt that this would give them less time to clear and prepare food for the next sitting.

It might appear reasonable for the manager of the home to make a decision not to lengthen the mealtime, as this would interfere with the running of the meals times.

What decision would you make?

Listen to this audio: Care home manager discussing **how she solved this problem**

Content of audio: Interview with two care home leaders

- Meal times can be an issue, so we offer two meal times – people have to realise they are living in a community, although they've got individual rights.
- But if people aren't ready during the times available a meal can be kept. For example, for people with dementia, meals have been kept almost until the middle of night.
- Kitchen staff have difficult with two dinner slots. We added a second meal time and it did have a knock-on effect with cleaning staff who have to stay later to clean up and so on. That caused a bit of a problem because staff felt we were not thinking of them, only of the residents.
- We had to suggest to staff the perspective of the right of residents to eat when they want. This involved asking staff what they would want if a member of their own family were involved.

TIP SHEET 1A

WHAT IS AUTONOMY?

Autonomy refers to how much choice and control people have in the decisions that affect their lives, the professional decisions that are made about their care, for example. But 'autonomy' isn't just about the big issues of abuse and neglect. 'Low-level' autonomy matters too, including issues such as choice over food and drink. Thinking proactively about these issues can help prevent a slippery slope of gradually lessening autonomy in relation to the bigger things in people's lives. Ultimately this can help prevent people's rights being threatened.

Steve and John both live in care homes across the road from one another. Both care homes organise a trip each week where residents are supported to go out and visit somewhere. In Steve's home, staff have decided that they will take residents to the library one week and the local shopping centre the next, and they maintain this pattern over on alternate weeks. In John's home residents have a chance to decide where they go each week. Residents in Steve's home have less autonomy as they aren't able to choose or control where they go on their weekly trip.

Think about it...

Giving people a real choice is about empowerment: helping people to make the decision that is right for them. Asking what someone would like is not necessarily enough, this can be about offering a minimum. Example: "Would you like tea or coffee?" or "You usually like coffee, don't you?"

- Why don't the above questions offer real choices?
- What questions would you ask that would offer choice?

Prompts for discussion:

Open questions such as "what would you like to drink" generally promote more autonomy than closed questions such as "would you like coffee".

In a home environment residents will also value feeling that staff are aware of and remember their preferences. Yet the key here is remembering that people can still change their minds. So rather than "you usually like coffee, don't you?" a question that better promotes autonomy might be "would you like your usual, or something different today"?

TIP SHEET 1B

SPOTTING BARRIERS TO AUTONOMY AND CHOICE

Autonomy is about more than understanding whether somebody has made or can make a choice. Other issues also have a negative impact on choice – for example, the options available, and the expectations (or standards) that people have. Care staff can support residents' human rights by helping to expose barriers to people's autonomy. The table below is designed to show different ways in which residents could have their autonomy restricted in a residential care setting – and ways in which it could be promoted. As with other guidance in this series, this is best practice advice and not necessarily what the law requires.

Type of Autonomy¹

A resident is able to determine for themselves what they would like – and resists social pressures to make a particular decision

Barriers to Autonomy

Sometimes a resident's goals or expectations about care can be narrowed in an unhealthy way by previous experience (e.g. if they have been treated poorly in the past, or if they see a lack of choice as 'the norm' and have no hope of anything better).

Sometimes a resident can make decisions that they don't want to because they think it's expected of them (e.g. due to deference to staff). This may lead to somebody not feeling that they have the autonomy to make decisions that affect their health or care.

Ways of promoting autonomy

Frontline staff can notice if residents are deferring their choices – in other words they are saying things like: 'I don't mind', or 'What do you think?' or even 'I don't want to be any trouble'.

Such responses may make your life easier – but they also deny residents' rights to make choices for themselves.

Front line staff told us that when these comments are made they often respond by saying:

- 'I know you know what you want – come on, let me know'
- 'You're no trouble at all...what can I do for you?'

"The trick here is to place the decision making right back in their court"
(Care Home Manager)

Type of Autonomy ¹	Barriers to Autonomy	Ways of promoting autonomy
<p>A resident is able to make decisions for themselves when they have the capacity – and decisions are delegated to others appropriately when they do not have capacity.</p>	<p>Sometimes, an assumption can (wrongly) be made that a resident doesn't have the capacity to make choices independently. This might lead to infringements of human rights (e.g. the use of restraint without consent when person has capacity to consent and the restraint is not to prevent harm to the person).</p> <p>Sometimes a resident can't take an active role in making a decision because their preferences are overruled by somebody more powerful than them.</p>	<p>"Even if there isn't much capacity, I always ask them what they prefer – on good days, they answer, and on not so good days, well to me it just shows respect."</p> <p>"You can ask how people want to spend their days, and what they enjoyed doing in the past"</p> <p>Advocates can be a critical part of the choice and decision-making process – when someone is vulnerable and often can't choose for him or herself. Most good advocates will check if they are making decisions that are in keeping with the wishes of those they are advocating on behalf of.</p>
<p>A resident has a wide range of good quality options available to them and is aware of and able to choose from those options</p>	<p>Sometimes people are prevented from finding out about and choosing an option because they don't know the right people to ask, or don't have the same resources available to them (e.g. a resident that can ask for them).</p>	<p>Routine can inhibit choice and options – who does what? Who doesn't participate – what are their reasons for this? Checking out the 'patterning' of opportunities frequently can help to identify barriers to choice and autonomy.</p>

¹ For a more detailed explanation of different types of autonomy see: Burchadt, T., Evans, M., Holder, H. (2010) *Measuring Inequality: Autonomy*, London: GEO

TIP SHEET 1C

MY BEHAVIOUR: RIGHTS INTO ACTION

Top tips



Here are some suggestions for putting autonomy into action. As with other guidance in this series, this is best practice advice and not necessarily what the law requires.

♥ **What's on my face?**

Our body language can give a clear indication about what we think is an acceptable choice. Often we ask a question, and nod positively, before we have even heard the answer. Be careful about what you give away through your body language. We can be very expressive and this can persuade (or even coerce) others to answer in our favour.

♥ **People can change their minds**

It can be easier to assume and not to give people choice. Even after people have been in a home for a short time, they can become used to the routine. Routine can be comforting, but it can also reduce independence of thought and action. Your role is key to keeping people 'going' and helping them to lead fulfilled lives. Offer people choices when you can and be careful of 'assumptions' about people's care needs that might lead to gradual denial of their human rights.

♥ **Balancing rights**

In some situations a person may not be able to choose everything they would like to do. There may be insufficient time or resources to enable this, or their choices might be harmful to themselves, to other residents, or to staff. This may sound obvious and logical too, but making decisions that restrict somebody's choices or rights is not always straightforward. An understanding of human rights and which rights might be at stake can help you make these challenging decisions. The next tip sheet (1D) includes a practical example of balancing the rights of residents.

TIP SHEET 1D

BALANCING RIGHTS IN PRACTICE

Introduction

Though many day-to-day decisions about care are relatively straightforward and informed by professional judgement, there are times when decisions are more 'grey'.

For example:



Rose, an 85-year-old woman, is regularly helped with her care by Eddie, a retired male visitor, who was her neighbour for 30 years. When her niece discovers this arrangement she is outraged and requests that the home put an end to this immediately and take over. She does not want the neighbour to be allowed to visit.

In these situations making a decision is about more than just using your common sense. The framework in this tip sheet can be used to weigh up what's at stake when making decisions of this type. We are not suggesting that this should substitute for your own professional judgement, but confidence and self-assurance can make daring possible.

Before we look at how we might respond to the example about Rose and Eddie let's consider what a decision-making framework that could help you to think through the issues should look like.

Decision framework

It would help if you read this section in conjunction with Human Rights: An Overview for Residential Care Staff. This resource explains more about the types of rights that might be infringed in a residential care setting and introduces some of the legal concepts used in this framework (such as 'absolute' and 'qualified' rights).

STEP 1 Listen & explore	Talk to the resident (and if relevant to family/carers) to explore what they need and think is right for them (some residents may need support to explain what they need).	
STEP 2 Assess impact	What are the implications of the option? a. What would happen if the resident's preferred option were chosen and is this in their best interest? Could the decision be harmful to them or to others? Might there be other impacts, e.g. on resources. b. Which rights might be restricted if the resident's preferred option isn't chosen?	
STEP 3 Is it lawful?	Absolutely No way!	Some rights are must do's and should always be adhered to. These are called ABSOLUTE rights. For example, freedom from inhuman or degrading treatment.
	Qualified The balancing act!	Some rights may need to be BALANCED against other concerns, such as safety of residents or others, or in light of resources. For example, the right to respect for private and family life may be restricted if there is a high chance that someone may not be able to use the toilet without harming themselves. These are called qualified rights and the use of this method needs to be carefully weighed up. You must try to ensure that your restriction or interference with a person's right is in keeping with their respect, dignity and overall well-being.
	Limited There is a risk of harm!	Some rights can be LIMITED, such as depriving people of their liberty, for example, if it is unsafe for them to go out alone. This limitation, as you know, is subject to a number of conditions, following lawful reasons and procedures such as safeguarding checks and is regularly reviewed.
STEP 4 Decision	Once you weigh up the resident's views, the impact of the decision (both on the individual and on others), and finally the implications of the law, you are in a position to make a decision about what would be most helpful for the resident. You will be better assured that: <ul style="list-style-type: none"> • You won't be breaking the law. • You won't be infringing the rights of the resident or of others, and if you are, you have taken this seriously into consideration. 	

An example of decision-making in practice

Let's see how this framework might apply to the example of Rose and Eddie:

STEP 1 Listen & explore	<p>Talk to Rose. Understand her needs and what she would prefer to happen and why she feels that this is in keeping with her well-being. Talk to Rose's niece. What are her concerns? Is there any evidence for them?</p>		
STEP 2 Assess impact	<p>What are the implications of the option?</p> <ol style="list-style-type: none"> Let's say that Rose's preference is that care continues to be provided by her neighbour. What are the implications of this? What type of care is he actually providing? Has he had any training to do this? What conditions might you need to adhere to if this arrangement was to continue? What might be the impact of the decision on the relationship between Rose and her niece? What might be the impact on Eddie, who has clearly been supporting Rose for the past 30 years? 		
STEP 3 Is it lawful?	<p>Restricting someone's rights is not something we should do lightly, it is unlawful, apart from in some very particular circumstances (see below). Preventing Eddie from helping/seeing Rose could be an infringement of Rose's right to respect for private and family life which is a qualified right.</p> <table border="1" data-bbox="373 1093 1436 1641"> <tr> <td data-bbox="373 1093 555 1641"> Qualified The balancing act! </td><td data-bbox="555 1093 1436 1641"> <p>Staff may be concerned that Eddie poses a safety risk to Rose, to other residents, or to staff. Unless Eddie has any issues that might prevent him from offering support to Rose, then restricting Rose's right to be helped by Eddie does not appear to be a balanced decision. Preventing Eddie from seeing Rose appears to be too restrictive a measure to take. Clearly there may be a difference of opinion between Rose and her niece about who is appropriate to provide this support. In this case it might be Rose who is adversely affected should Eddie be prevented from visiting her, because her right to see the people she wants to will be infringed. Rose's niece may need help in understanding this decision.</p> </td></tr> </table>	Qualified The balancing act!	<p>Staff may be concerned that Eddie poses a safety risk to Rose, to other residents, or to staff. Unless Eddie has any issues that might prevent him from offering support to Rose, then restricting Rose's right to be helped by Eddie does not appear to be a balanced decision. Preventing Eddie from seeing Rose appears to be too restrictive a measure to take. Clearly there may be a difference of opinion between Rose and her niece about who is appropriate to provide this support. In this case it might be Rose who is adversely affected should Eddie be prevented from visiting her, because her right to see the people she wants to will be infringed. Rose's niece may need help in understanding this decision.</p>
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STEP 4 Decision	<p>Once you weigh up the resident's views, the impact of the decision (both on the individual and on others), and finally the requirements of the law, you are in a position to make a decision about what would be most helpful for the resident. In this case you may make the decision to continue to allow Rose and Eddie to see each other and to be clear about the care Eddie offers (what he is allowed to do, and what he isn't allowed to do). There may be little risk of harm, although you would want to be sure that Eddie receives any training that might be necessary to ensure that he can deliver support to Rose in this environment.</p>		

TIP SHEET 1E

WHOSE HOME IS IT? EMPOWERING RESIDENT VOICE

Introduction

This tip sheet looks at how to promote residents' autonomy in your work.

Top tips

"I think we can fall into the trap of treating older people like children. If people make complaints we don't always accept them as willingly as we should"
(Health Care Worker)

As part of the frontline team you are in a key position to promote autonomy. You can do this by:

- ♥ Putting older people in the driving seat: making them the owners of their decisions.
- ♥ Promoting different types of listening: noticing when older people are unhappy and not just waiting until the next resident survey or complaint happens.
- ♥ Being patient (even – and especially – when you are rushed) and giving people time to make their own decisions.
- ♥ Asking open questions (i.e. questions that residents can't answer yes or no).
- ♥ Suspending your judgement: not doing what you think is good for someone, but rather helping them to decide what is good for themselves.
- ♥ Using informal interactions to promote engagement: all interactions with older people are forms of engagement.
- ♥ Helping residents to be aware of what their rights are (see the accompanying resource in this series 'human rights: an overview for residential care staff') and helping them to understand the ways in which they can express how they'd like to enjoy those rights and when they feel those rights are being infringed (see toolkit 2 in this resource).

TOOLKIT 2

IMPROVING THE QUALITY OF COMMUNICATION

Introduction

This toolkit will help you develop a better understanding of:

- Why good quality communication systems and styles are essential to promoting human rights.
- What frontline staff can do to empower residents and improve the quality of communication.

It contains the following Tip Sheets:

- Tip sheet 2A: Communicating with residents.
- Tip sheet 2B: Getting feedback from residents and sharing information effectively.

Talking to others and getting to know them is something we all think we can do and many of us think we can do this with ease. But when was the last time you really reflected on your communication with older people and the impact this has on them? Do they say what they think? How is this done? Do they initiate a conversation with you, or you with them? Do they only talk to some staff and not others? Do you find out about a resident's needs directly from the resident or from their family or carer? It can be easy to mistake routine interactions for good communication.

Residents have the right to say what they think and get their voices heard, though there are of course limits to this, for example, voicing discriminatory views or views that incite hatred. Human rights can help you safeguard residents' 'voice' and also enable and encourage those who have not been used to exercising theirs to appreciate that it is safe to do so and that their input is welcome and can improve the quality of their care and the care of others.

Adopting a human rights approach means taking the time to work with vulnerable people to ensure it is not just the loudest or most articulate who get heard.

Listen to this audio: Effective communication and **listening to residents**

Content of audio: Interview with the son of a care home resident

- I visited once during a mealtime, my mum had made the choice that she did not want to eat in the dining room, she wanted to eat in her room. That's

fine, I believe she made that choice. I'm told that she made the food choice the day before, I understand why that happens, although I don't really like it because she won't remember.

- She is sitting in her easy chair when her food and a spoon arrives, and she is leant back quite far. She has the cognitive ability to feed herself but I'm watching her struggle as her food is arm's length away. By the time the spoon gets to her mouth the food is no longer on the spoon, it drops on her. I just thought what's gone wrong here? So I got cushions and put her in sitting position.
- Then I spoke to the staff and asked 'where's the knife and fork?' And they said 'she always eats with a spoon', since when? If she chooses the spoon, fine, but at least give her a choice of cutlery. And put her in a situation where she can actually eat. There's no process there. That's the kind of time when choices are taken away.
- There was no explanation, just that she always uses a spoon. It all just tells me that they're under resourced. When my mum first started living there she had a key worker, they would monitor a care plan or support people to independence of on how to make their life easier, but the last time I went to the care home they told me they don't have key workers anymore, they haven't for a while, but where is that communication?

TIP SHEET 2A

COMMUNICATING WITH RESIDENTS: EXAMPLES FROM THE FIELD

Introduction

The exercise below is designed for discussion with colleagues (e.g. in a team meeting). It outlines different situations you might find yourself in that relate to communication with residents and asks how you might respond so as to protect the human rights of residents. As with other guidance in this series, this is best practice advice and not necessarily what the law requires.

Case study 1

Some residents have visitors who are noisy and when they visit they treat the place as if it is their home. There have been comments that it is very difficult to ask them to be quiet as they are not speaking English.

- What would you do to help promote the rights of people who use your residential home?
- Who would you talk to?

Case study 2

Jennifer, one of the youngest and newest residents, does not want anything to be done for her even though she needs help. She says hanging around with some of the older residents makes her feel old so she stays in her room.

- Is there anything you need to do here to ensure you are promoting human rights?

Case study 3

The wife, Juney speaks for her husband, Ralph, and tells staff what he wants. The husband defers to his wife's authority and decision-making. Sometimes when asked Ralph will say, 'I'll do whatever Juney says' or 'Check with her first, I don't want to upset her'. He goes to bed when she does, early or late. They seem to be happy.

- How would you find out what they want or need as individuals?

Prompts for discussion

Case study 1

The right to respect for private and family life is relevant. If the care home were to decide to place restrictions on visits by the family in response to something like this, it would need to be a necessary and proportionate response. It would be important to talk to residents and staff about their concerns, for example, identifying what they mean by visitors 'treating the place like their home' and whether such an attitude is problematical, and to ascertain the extent to which these concerns are based on the visitors being from a different cultural background. Residents have the right not to be discriminated against on the basis of their background or identity in their access to services or equal enjoyment of other human rights. Similarly other residents have rights and it would be important to ascertain which, if any, rights they felt they were being denied by the actions of the 'noisy' visitors. Care home staff would then be in a position to explore solutions and compromises to help respond to residents' needs and concerns.

Case study 2

You could ask questions to identify whether Jennifer is being deprived of particular rights due to her age (for instance, if she is being made to feel by staff that she can't take part in social activities due to her age this might infringe equality and human rights laws). It would be important to establish whether there are ways that access to services could be improved for Jennifer. You should also check whether additional support might help Jennifer become more engaged. It may be a case where existing social activities may need to be periodically reviewed.

Case study 3

You could speak to Juney and Ralph both separately and together to check whether they are happy with life in residential care. This could include discussing whether there are things that each of them may want to do that the other person may not be keen on. To help prompt this discussion you could talk to Juney and Ralph, but also their family or friends to understand what each of them liked doing before coming to the care home. Similarly, you could discuss the subject of planning for the future and what they might want to do when one of them passes away. Such discussions will help to ensure you know they are acting with autonomy and sharing their preferences about what they want both as a couple and individually.

TIP SHEET 2B

GETTING FEEDBACK AND SHARING INFORMATION

Introduction

This tip sheet includes ideas for some team exercises led by a manager. Their focus is on promoting choice to residents, getting good quality feedback from residents and sharing information with residents. None of the exercises refer explicitly to human rights, but instead focus on key skills and strategies required to promote effective communication (which can in turn help promote human rights and avoid instances of abuse and neglect). For example, getting good feedback in a timely fashion can provide an early warning of problems and issues which may lead to infringements of residents' human rights.

Listening to what people say and giving staff feedback on how they phrase questions

Choices (dignity, autonomy)

- ? This is what we are doing today. What do you think?
- ? What would you like to do today?
- ? What kind of things would you like to be able to do as a resident here?
- ? What are the things you would like to do that you had to give up or cut back on?
- ? Tell me about the visit last night.

What is the difference in the type of questions asked? What kind of engagement is being invited? What is likely to empower?

Getting feedback

- ? Think of other options for communicating feelings and finding out how residents feel/are doing – e.g. on a scale of 1-10 regarding: How you are feeling today? How was that meal? Are you warm enough? Did I get that right?
- ? Consider the use of non-verbal tools that don't require people to say much but give you a good idea of what they think – e.g. emoticons that show different emotions on faces.

Information sharing

Good quality communication between all parties is essential, particularly at staff handover times and will enhance the quality of care. But do note that as information is passed on, it can become less like the resident's 'voice'.

'What does Gladys need?' – This question can be interpreted as instruction and process. Hand overs can forget about residents' requests.

'What does Gladys want?' – This question can explore a range of things, not only to do with the important aspects of Gladys's care, but also about the other important aspects, such as how Gladys is feeling.

'What does Gladys believe?' – This question may not always be needed, but in some cases it can help to encourage reflection on particular cultural, religious or non-religious beliefs that Gladys may have and that may be important to her care.

This dialogue between staff should not be a substitute for asking the resident to speak for him or herself. However, asking better questions can help to paint a fuller picture.

How do you run handovers? How can you enable staff to ask better questions that promote the needs of residents?

Spotlight on discussing privacy and dignity

Protecting the privacy and dignity of residents in residential care is one particular area where good quality communication is vital. Residents will have different views about what 'privacy' and 'dignity' mean to them. You need to be able understand what is important to residents and where their boundaries lie.

Translating the legal concept of human rights into behaviour or other things that are meaningful for residents gives a much more understandable, practical dimension to human rights. Talk about these behaviours openly with residents and explain what they can expect from you and your staff. Here are a few examples of behaviours that are consistent with promoting people's right to respect for private and family life:

- Only entering particular parts of resident's home when s/he has given permission to do so (e.g. a resident's bedroom when it is occupied).
- Protecting people's dignity and privacy when providing personal care (e.g. listening to people when a female resident would prefer to be dressed by a woman, or helping residents to cover themselves up when they are being helped to dress).

- Respecting people's right to privacy in their communication with others (e.g. not listening in on residents' phone calls, or restricting residents' access to email or the internet).
- Making sure that information about residents is only shared with people who need to know and in agreement with the resident.

In some cases not applying these behaviours could be a significant infringement of human rights. Other behaviours are also consistent with the protection of the right to respect for private and family life. For example:

- Calling people by the name and/or title they prefer.
- Only asking for particular types of personal information when it is really important to help you deliver care.
- Treating residents' visitors, friends and family with respect.

TOOLKIT 3

RECEIVING COMPLAINTS: FRONT LINE STAFF

Introduction

This toolkit will help you develop a better understanding of:

- Why complaints should be seen as a by-product of a good quality care environment.
- The role that complaints can play in assuring protection of human rights.

It contains the following tip sheets:

- Tip sheet 3A: Complaints and responding to them.

If people aren't free to 'vent' in their own homes, then where can they? This will be important for your residents. They are, after all, in their homes, which you happen to work in!

This does not mean that all complaints are automatically treated as legitimate, but rather that they are heard, that they are considered seriously and carefully, and that it is someone's responsibility to get to the bottom of the issues raised. Complaints can sometimes mask other issues that people either don't know how to share, or are afraid to share because they fear the consequences and know they must live with them.

Human rights can help in these instances. Residents have the right to say what they think about the conditions they live in and your home/workplace is expected to put a complaints procedure in place that can be used by everyone. However, as you work with vulnerable older people who have different levels of capacity and ability, you have to do more. Taking a human rights approach does not imply that you are bound to be at fault, nor does it require you to fix everything that people complain about. It is about creating an environment that is open, encourages all to say what they think, is honest with residents and their families and is ready to account for and respond to the things that might go wrong.

An effective complaints procedure is a useful additional warning system to help you identify any concerns your residents or their families and carers may have. Looking at complaints through a human rights 'lens' will also help you identify signs of potential abuse, neglect or any other infringements of human rights.

While complaints should, of course, be a last rather than a first resort, they are also a sign that residents are not afraid to say what they think and indicate that your role in promoting resident 'voice' and choice really is working.

TIP SHEET 3A

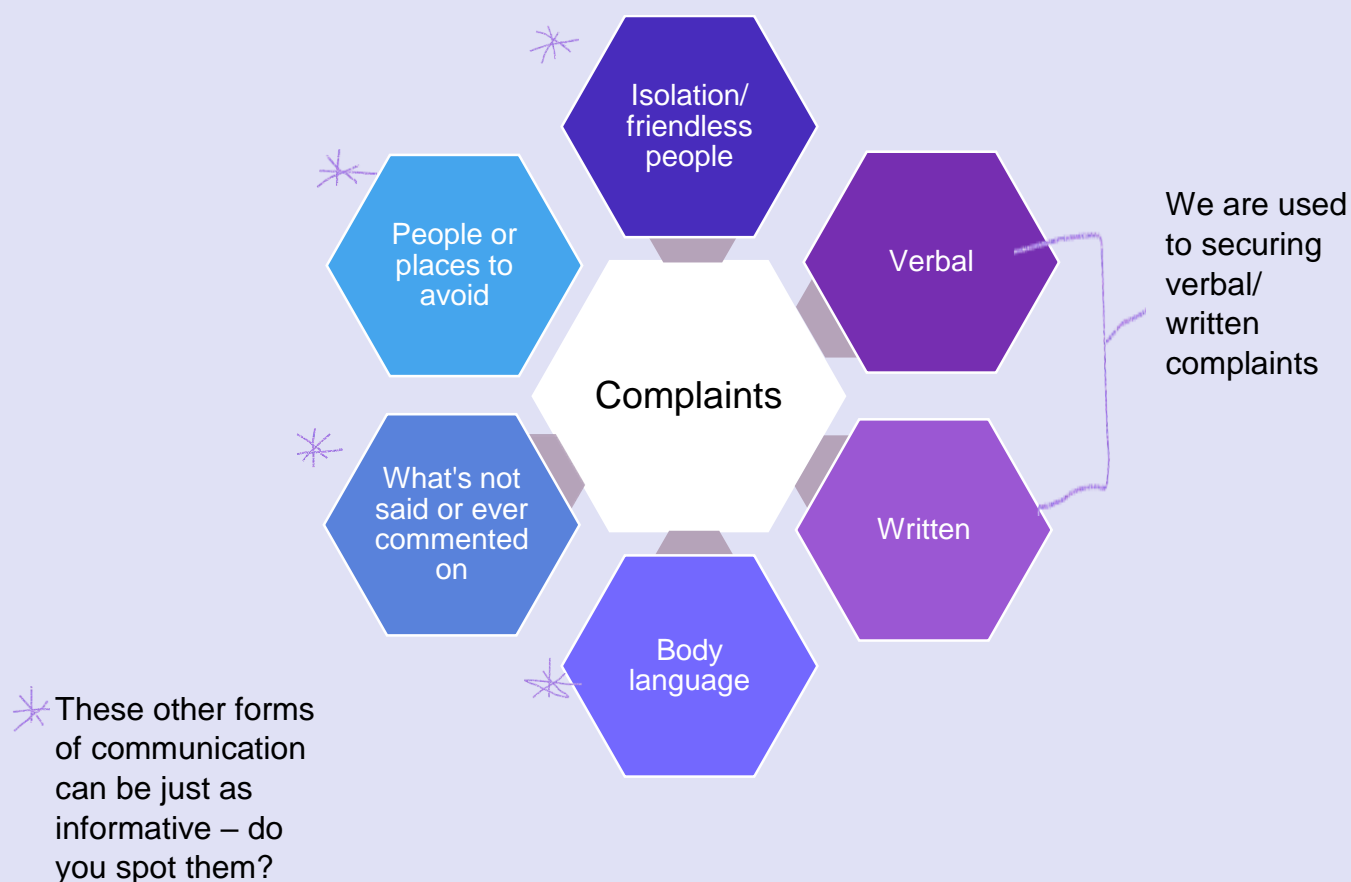
COMPLAINTS

Introduction

This tip sheet includes prompts that can be used to explore some of the different situations in which complaints might be made. You can use it alone or with colleagues to help you think about how you would respond to complaints in a way that complies with the human rights of residents.

Different forms of complaints

Complaints can be made in lots of different ways and for lots of different reasons (not all of which relate directly to the quality of service you provide). Being able to identify complaints and to understand where they are coming from is an important skill. The diagram below includes some examples of different types of complaints. Can you think of any other types of complaints you've seen?



Responding to complaints

The examples below are designed for you to think about on your own, or to discuss with colleagues as part of a team development exercise:

Residents complain about the way in which non-English food is produced and say they don't get what they want often enough. They think the quality is poor and those who have family would like to them to bring in more of their meals.

- What would you do?
- Is this comment only about the food?
- What do you think of their solution?

You have a number of residents who refer to black and minority ethnic residents and staff in racist terms and to some of the male carers in homophobic terms. Some visitors and staff have complained and think that something should be done about this.

- How would you approach this?

TOOLKIT 4

RECOGNISING AND ADDRESSING BIAS: FRONT LINE STAFF

Introduction

This toolkit will help you develop a better understanding of:

- Why understanding your own bias can improve non-discriminatory practice as a care worker.
- The impact that bias can have on the experiences of those you care for.

It contains the following tip sheets:

- Tip sheet 4A: Recognising and addressing bias.

We all have bias: things and people and places we like and others that we don't. Bias exists and does not automatically make us bad people. However, if we are not conscious or aware of the impact our bias has on the way we treat others, then this is a cause for concern. Most frontline staff do not go to work to treat older people badly. They would be horrified if their unconscious bias was well known to others, residents in particular, but not obvious to themselves. How do people accept care from you when they can feel or perceive that you do not like them?

A human rights approach involves ensuring that people are not discriminated against and that everybody has an equal opportunity to exercise their rights irrespective of any aspect of their identity. Adopting a human rights approach can help you to focus on the skills and attitudes you need to create and maintain a good quality environment for all residents. It should also help you to see when other staff or residents engage in behaviour that affects people unequally and infringes the rights of others.

Some people set the standards of their behaviour by recourse to the old phrase 'treat others as you would like to be treated'. But from a human rights perspective this can result in setting the bar way too low. Focusing on what can be done to help different residents to enjoy their rights helps to improve residents' experience.

TIP SHEET 4A

RECOGNISING AND ADDRESSING BIAS

Introduction

Recognising bias is not always an easy or a comfortable process. We are very aware of some types of bias, but other types may be 'unconscious' and displayed only in particular circumstances. The exercise below contains two case studies designed for discussion with staff teams. Think about whether you can see where bias (of residents or staff) might affect what happens to residents in the examples.

Exercise: Responding to bias

Case study 1

You have three non-white residents and they seem to spend all their time together. They will not go to meals without being together and they only speak to certain members of the staff team. Until nine months ago only one of them was a resident.

- Is there a problem? Does anything need to be done?

Case study 2

Some staff refer to one of the female residents as 'loose'. They say she is in the rooms of male residents late at night and is not very friendly toward female residents or staff.

- Is there a problem? Does anything need to be done?

Discussion point

The following list of issues came from resident and staff consultation about human rights in a care home. The list describes some of the ways in which residents might face bias (either from other residents or from care staff). It also includes some questions and suggestions to help staff respond to bias of this type:

Smelly food

Most food has a smell. Sometimes when people are complaining about the smell of a food, they are really complaining about who is associated with a particular food. This can be discriminatory behaviour and can make others feel unwelcome. All residents need to recognise that they are living in a community of different people and that habits and behaviour may need to change accordingly. This can be brought up by

care staff in relevant situations (e.g. when people are settling into a new home and when having discussions about how things are going in the care home).

Mind your language

If residents or staff are using discriminatory language or behaviour consider how people (both residents and staff) are inducted into the setting. It's important that induction processes are explicit about behaviours that are acceptable in the residential care setting, including the need to be respectful of others.

Those who speak the loudest

Which people always get their voices heard? Is it always the same people and do they speak on behalf of others? Bias can make us consider some people unimportant or discount the views of those least able to express themselves. Use methods that enable you to capture a range of voices and analyse responses well.

I'm not like you

Some residents can be made to feel uncomfortable about the clothes they wear, or their hairstyles, or skin products, especially if they are in a minority. Similarly, lesbian, gay and bisexual people can be made to feel that they don't 'fit in'. How will you help people be confident to be themselves and address the attitudes and behaviour of others who may not know that they are having a negative impact? Some of this is ignorance, but being old doesn't mean that you can't learn. Find opportunities for people to do things together and learn from one another. Some things require a zero tolerance approach, but everyone in the home needs to know what behaviour is acceptable and what is unacceptable. Staff also need to be protected from unacceptable behaviour.

Being part of a community

Think about who your residents are. What would it be like to live in a home where you are in a minority? Is your home a community of residents? If not, what would it take for it to become one? What would need to be done regarding engagement with residents to make your home a welcoming and non-biased place for everyone?

Questions for you

How would you reassure residents that they will be protected from bias and can report negative treatment or feelings when they think they have encountered them? Would they be taken seriously?

How do you make sure that it is normal to recognise diversity in residents' religious, non-religious, cultural and spiritual needs or beliefs?

TOOLKIT 5

IMPROVING THE QUALITY OF DECISION-MAKING: LEADERS

Introduction

This toolkit will help you develop a better understanding of:

- Why quality decision-making is essential to protecting human rights.
- How frontline staff can be supported to empower residents and improve the quality of decision-making.

It contains the following tip sheets:

- Tip sheet 5A: Leadership behaviours and resident engagement.
- Tip sheet 5B: Welcoming new residents and being clear about residents' rights.

This toolkit can be read in conjunction with Human Rights in Residential Care for Older People: Leadership.

As a leader you are in a key decision-making role. People expect this of you, it is a central part of your job. Enabling decision-making in other, both those you work with and those you work for, encourages independence of thought and problem solving, and promotes autonomy, personalisation of care and a shared responsibility for human rights.

Promoting autonomy can help both residents and staff understand the expectations of a personalised care approach. Being able to say what I want and how I feel requires those in control to create conditions in which these words are not only 'heard' but also welcomed and acted on. Helping staff to understand this and empowering them to act creates a culture of responsiveness and openness where autonomy can thrive.

Residents and staff also need to understand what rights they can claim and the standards of care they should receive (and give). Promoting rights in care settings is essential if residents are to appreciate what they are entitled to and their legitimate right to complain if they don't get it. The law can also help you in balancing the rights of individuals and how these may have to be negotiated in relation to a 'group' care environment.

TIP SHEET 5A

LEADERSHIP BEHAVIOURS AND RESIDENT ENGAGEMENT

Introduction

This tip sheet is designed to help care home leaders reinforce the vital importance of good resident engagement in protecting and promoting human rights. A leader's role is important because:

- Leaders create the conditions by which everyday interactions with residents are seen as important. Such engagement is routine and frequent, it should also be meaningful.
- Leaders can actively demonstrate meaningful engagement and help staff see that this is a crucial part of promoting residents' rights.
- Leaders can promote positive resident engagement by emphasising the importance and value of human relationships and human interactions within the home.

My behaviour

Rights into action

1. Using handover as a means to notice and discuss changes in resident behaviour and particular needs they may have (including emotional needs).
2. Routinely discussing resident feedback.
3. Depersonalising complaints and using them to make key learning points.
4. Empowering staff to address complaints in real time, fixing the issues that are within their control.
5. Asking staff to come up with solutions that help to improve the quality of care and respond to feedback.
6. Noticing when residents might become 'labelled' as someone who is 'difficult' or complains a lot. These may be indications that patient feedback is less valued.
7. Actively promoting compassion in your home.

8. Taking account of staff feedback. Are you enabling staff to respond to resident needs?
9. Taking note of the residents you don't really know, don't talk to much, or don't see others talk to.

Reinforcing messages

The table below provides some examples of how you can reinforce messages around resident, family and carer engagement:

Leader message	Staff hears	Leader reinforces message
It's fine if people make complaints, they are welcome. We also need to ensure we encourage and respond to feedback before it becomes a complaint.	I wonder if she really means this? Suppose the complaint is about me?	I'm pleased that we heard from Rose about her dislike of the food. This has given us the opportunity to try to make things better.
I want us to be the kind of place that puts older people first.	Hmm...does she really mean this? I've got competing tasks today...	It's good that you spent more time with Rose, she looked as if she needed the extra support.
It's important that we promote resident rights.	Yes, I agree, but aren't we doing this?	Did we take the proper steps to ensure we consulted with Mrs Caton's family before requesting deprivation of her liberty? Have you asked how Mr Jones would like to spend his free time?

TIP SHEET 5B


WELCOMING NEW RESIDENTS AND BEING CLEAR ABOUT RESIDENTS' RIGHTS

Introduction

This tip sheet is designed to help care home leaders encourage good quality resident engagement when inducting and welcoming new residents.

The transition

Most care homes have an induction process which enables individuals to make the transition to the residential home environment, and you will no doubt already do this. The pre-admission assessment (below) really helped to ensure the best fit between the care home and the needs of these new residents. A couple we interviewed described this process:



This was a big decision for us. Our whole life was in Cornwall, our families and friends, we had lived there for the 53 years of our married life. But the children were concerned that with my (the husband's) failing health, they were increasingly worried that we were unable to take care of ourselves. Chris (Care Home Manager) came to see us. She made it easy for us to understand how we would live here, and that we could make it our home.

Not only did the care home manager visit this couple to help put them at ease, she also discussed how they liked to live (what they enjoyed, their interests, what furniture and other items they would want to move to the new home – so that they knew what to expect from their new home environment).

The rights of residents were also specifically discussed as part of this transition process. An induction pack was made available which included a personalisation policy incorporating human rights, as well as practical information about the home. Assuring new tenants of their rights is central to helping them make this new environment their home

Residents entitlements

The list below is adapted with kind permission from Christadelphian Care Homes. They use this when welcoming new residents and also in discussions with existing residents. You'll notice, if you read the accompanying resource pack 'Human Rights: An Overview for Residential Care Staff' that some of the entitlements they say are important to them and their residents align closely to human rights protected in law.

Our home understands that all residents have the following entitlements and we have a responsibility to work together to uphold these:

1. To be treated with dignity and respect at all times.
2. To be protected from abuse or maltreatment
3. To choose how you want to be addressed.
4. To be treated as an individual.
5. To have equal access to a range of statutory and specialised services.
6. To choose what you want to eat or drink and where you want to eat or drink it.
7. To have access to an advocate if you are unable to express yourself.
8. To have privacy in your own room.
9. To have any proposed changes in your living arrangements discussed with you first.
10. To be able to suggest improvements.
11. To have visitors of your own choice.
12. To register and vote in elections.
13. To manage your own money if able to do so.
14. To mix with the local community.
15. To choose your own GP and dental practice.
16. To be independent without unnecessary or unjust restriction on movement.
17. To choose risks that you consider acceptable.
18. To have your cultural, religious views, belief and needs respected.

NOTES

[illegible]

[illegible]

OTHER USEFUL RESOURCES

Joseph Rowntree Foundation

My home life: promoting quality of life in care homes
www.jrf.org.uk/publications/my-home-life

National Voices

Supporting shared decision-making
www.nationalvoices.org.uk/supporting-shared-decision-making

National Voices

Improving information and understanding
www.nationalvoices.org.uk/improving-information-and-understanding

Skills for Care

Value communicating with individuals in ways that are meaningful to them
www.ccpdignity.com/downloads/principles_to.../principle_3.pdf

Social Care Institute for Excellence

SCIE Research briefing 34: Communication training for care home workers: outcomes for older people, staff, families and friends
www.scie.org.uk/publications/briefings/briefing34/index.asp

Social Care Institute for Excellence

Co-production and participation: older people with high support needs
www.scie.org.uk/publications/reports/report61

Social Care Institute for Excellence

Practice guide: the participation of adult service users, including older people, in developing social care
www.scie.org.uk/publications/guides/guide17/

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brap is transforming the way we think and do equality. We support organisations, communities, and cities with meaningful approaches to learning, change, research, and engagement. We are a partner and friend to anyone who believes in the rights and potential of all human beings.



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