



Ministry of  
**JUSTICE**

# Human Rights Insight Project

Constitution and Strategy Directorates

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# Foreword

The report presents the findings from the Human Rights Insight Project, which set out to establish whether human rights could be used empirically as a tool to improve the public's experiences of public services and if so, how we in Government could encourage and facilitate this.

The Project aimed to assess:

- awareness of and attitudes towards human rights, the Human Rights Act 1998 and the key principles underlying the Act, among the general public and among staff in specified public services;
- the extent to which those key human rights principles are reflected in the delivery of certain major public services;
- how much this matters to the public in general and to frequent users of the specified services;
- ways of encouraging public authorities to improve customer satisfaction and/or promote a culture of respect for human rights by incorporating human rights principles in the delivery of services, and
- the potential for wider strategies to implement the principles underlying the Human Rights Act.

The report assesses the interface between human rights and public perception and demonstrates that the British public recognises that there is a need for a law to protect human rights in this country.

The report contains important findings which informed the Human Rights Programme arising from the Review of the implementation of the Human Right Act, set in train by Lord Falconer. The programme was successfully completed in September 2007. I believe it is now time for the findings to be made more widely available.

The Human Rights Insight Project was commissioned by the Department for Constitutional Affairs (DCA) whose functions were taken over by the Ministry of Justice (MoJ) on 9 May 2007. Any reference in the document to DCA should be interpreted as **now** applying to the Ministry of Justice.



Michael Wills MP  
Minister for Human Rights

# Executive Summary

## The Human Rights Insight Project

This report presents the findings from the Human Rights Insight Project which was conducted by the Department for Constitutional Affairs (DCA) from December 2004 to May 2006. The Human Rights Division in DCA's Constitution Directorate commissioned the Project from the Strategy Development Division (Consumer Strategy Directorate) to provide an evidence base for human rights policy development. In particular, the Project set out to establish whether human rights can be used as a tool to improve the public's experiences of public services, or of life in this country more generally; and, if so, how the Ministry of Justice can encourage and facilitate this.

## The Impetus for the Project

The Human Rights Insight Project was commissioned after a number of independent reports by expert bodies had concluded that the potential of the Human Rights Act (HRA) to improve the lives of people in this country was not yet being realised. The historical context is discussed further in Annex A, but key findings are summarised here from two of these reports: 'Human Rights: Improving Public Service Delivery', a 2003 report of a study which the Audit Commission had carried out with 175 public authorities, and 'Something for Everyone', a report of the findings of a qualitative study with voluntary sector providers, carried out by the British Institute of Human Rights (BIHR) in 2002.

The key findings of the Audit Commission and BIHR studies include the following:

- most public authorities do not have a strategy or a corporate approach to human rights (Audit Commission, 2003);
- most public authorities treat the HRA only as a legal statute, i.e. very narrowly (Audit Commission, 2003);
- most public authorities have not taken any proactive steps to ensure that the HRA informs their decision-making processes (Audit Commission, 2003);
- most public authorities are not making sure that their sub-contractors are taking steps to comply with the Act (Audit Commission, 2003);
- very few public authorities make information on the HRA available to the public (Audit Commission, 2003);
- decision-makers in most public authorities have little or no understanding of the implications of the HRA for their work and no training is provided (BIHR, 2002);
- front-line staff are not aware of the implications that the HRA could have for their work (BIHR, 2002);
- awareness of the HRA has not spread outside the legal field (BIHR 2002).

The Parliamentary Joint Committee on Human Rights (JCHR) reinforced these conclusions in its 6<sup>th</sup> report in 2003:

“The Act has not given birth to a culture of respect for human rights or made human rights a core activity of public authorities... Too often human rights are looked upon as something from which the state needs to defend itself, rather than to promote as its core ethical values. There is a failure to recognise the part that they could play in promoting social justice and social inclusion and in the drive to improve public services. We have found widespread evidence of a lack of respect for the rights of those who use public services, especially the rights of those who are most vulnerable and in need of protection.”

## Key findings

The key findings from the Human Rights Insight Project are as follows:

- The term ‘human rights’ has mainly positive associations (with liberty, security, freedom of expression etc) but there is little understanding of the application of human rights / the HRA to normal life / public service delivery
- The general public perception is that there is a need for a law to protect human rights in the UK, but that too many people – especially asylum seekers and immigrants – take advantage of the HRA
- Key human rights principles such as respect, dignity, equality and fairness are highly valued, both in relation to public service delivery and more widely, but are not generally associated with human rights/ the HRA
- People perceive a general lack of respect, a ‘values vacuum’, in British society, which they would like to see filled by something like these key human rights principles
- Increasing the extent to which key human rights principles are respected and applied in public service delivery could increase user satisfaction
- Vulnerable, frequent users are particularly exposed to service delivery that fails to respect their human rights
- ‘Customer care’ policies founded on human rights values assist in ensuring that key human rights principles are respected in the delivery of services and reduce the risk of breaches and challenges
- Appropriate human rights training for managers and decision-makers in public authorities is key to ensuring that service delivery complies with the HRA

## Key Conclusions

The key conclusions of the Human Rights Insight Project – drawing on the findings summarised in Section 1 of this report and set out more fully in Sections 2-4 – are listed below, and explained and analysed in Section 5 of the report. All are proposed in the expectation that the Ministry of Justice will take matters forward in consultation with key stakeholders, including other Government Departments and external experts such as the Parliamentary Joint Committee on Human Rights.

It is also assumed that the Ministry of Justice will, in particular, continue to liaise with Communities and Local Government in relation to the establishment of the Commission on Equality and Human Rights. The findings and conclusions of this report are intended to inform the work of the CEHR, once it is established, as well as the work of the Ministry of Justice in the interim period and beyond.

The report's conclusions do not at this point represent the Ministry of Justice's or the Government's position, nor do they necessarily reflect agreement on its conclusions as policy by the individuals and organisations represented on the Human Rights Insight Project Steering Group. They are intended to stimulate discussion among the human rights and wider community and to contribute to the planning of the Ministry's forward work programme on human rights.

1. The Ministry of Justice should develop a communications strategy for human rights that builds on, and reinforces, the public's positive attitudes to human rights and their protection by law in this country, as identified by the Human Rights Insight Project, and addresses the need to correct public misunderstandings, including those arising from reporting of the impact of the Human Rights Act.
2. The Ministry should work with other Government Departments, public authorities, the key inspectorates and regulators, the voluntary sector and other interested parties to ensure that information on the application of human rights to public services is:
  - readily available to consumers who need it and
  - proactively supplied to vulnerable people or their representatives when they become dependent on public services.
3. The Ministry's human rights strategy in relation to Whitehall should make it a high priority, using 'business arguments' based on the Insight Project and related research, to co-ordinate, encourage and monitor the progress of Government Departments:
  - in adopting human rights strategies of their own which uphold and promote the standards and values in the Human Rights Act and recognise the importance of making customer care, based on human rights values<sup>1</sup>, central to service design and delivery, and

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<sup>1</sup> A strong statement of what this report terms 'customer care based on human rights values' may be found in one of the NHS Core Principles, set out in the Preface to the NHS Plan: "The NHS will shape its services around the needs and preferences of individual patients, their families and their carers. The NHS of the 21<sup>st</sup> century must be responsive to the needs of different groups and individuals within

- in facilitating the adoption of equivalent human rights strategies in the public authorities they fund or sponsor.
4. Putting forward the case for Departments and public authorities to:
    - comply with the HRA and develop best practice standards based on a human rights framework
    - make customer care, based on human rights values, central to service delivery and ensure that this message is received and understood by all staff, and
    - provide to managers and decision-makers training and guidance on human rights and the HRA that is relevant to their work and demonstrates the application of the HRA in sound decision-making, including where a balance has to be found between rights (e.g. those of the individual and those of the community) and where proportionality has to be brought into play, should be a key element in the Ministry of Justice's human rights strategies in relation to Whitehall and public authorities. In implementing those strategies, the Ministry should give priority to those Departments and public authorities dealing face-to-face with the public that have yet to make effective arrangements in this field.
  5. Supplying advice, guidance and tools to help Departments and public authorities cascade their human rights strategies to frontline staff, and working with other Government Departments and the key inspectorates and regulators to ensure that a range of incentives and disincentives is put in place to support the implementation of those strategies, should be key elements of the Ministry's human rights strategies in relation to Whitehall and public authorities.

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society and challenge discrimination on the grounds of age, gender, ethnicity, religion, disability and sexuality. The NHS will treat patients as individuals, with respect for their dignity." (NHS 2000)

## Development since this Report

Since this research was conducted, the Ministry of Justice has been involved in raising awareness of the Human Rights Act through a number of human rights seminars for senior managers and staff, the wide distribution of human rights desk-top guidance, the publication of articles in in-house magazines, and the development of an internal human rights web-site. In addition, a recent audit of training needs has been conducted, and its findings will inform future training provision.

The Ministry has also encouraged the development of a culture in which fundamental rights and principles are seen as key to the design and delivery of policy, legislation and front line services.

Furthermore, the Ministry of Justice has published three pieces of human rights guidance to assist officials in implementing the Human Rights Act effectively, as follows:

- Human rights: human lives handbook;
- Making sense of human rights: a short introduction with a dvd consisting of human rights case studies; and
- 3rd Edition of the Guide to the Human Rights Act 1998.

[www.justice.gov.uk/guidance/humanrights.htm](http://www.justice.gov.uk/guidance/humanrights.htm)

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\* Since the completion of this research in 2006, there have been significant improvements in the promotion of equality and human rights in the NHS. In response to the findings of the Insight Report, the Department of Health initiated the Human Rights in Healthcare project in conjunction with the British Institute of Human Rights and five NHS Trusts with the aim of developing and promoting human rights based approaches and raising awareness of human rights across the service. In March 2007 the Department launched Human Rights in Healthcare - a Framework for Local Action to assist organisations across the NHS use a human rights based approach to help improve the way services are delivered.

The Department has recently established an national advisory group, chaired by Surinder Sharma, National Director for Equality and Human Rights, with representation from a range of bodies including the Healthcare Commission and the Equality and Human Rights Commission to oversee the development of the next phase of the Human Rights in Healthcare project.

The Department also continues to promote the core values of fairness and dignity through campaigns such as Dignity in Care, Essence of Care and Valuing People, all of which aim to ensure that vulnerable groups in the health and social care system are protected and treated with dignity and respect.

# 1 Introduction: The Human Rights Insight Project

## 1.1 Project Aims, Objectives and Deliverables

The Project **aimed** to assess:

- awareness of and attitudes towards human rights, the Human Rights Act 1998 and the key principles underlying the Act, among the general public and among staff in specified public services;
- the extent to which those key human rights principles are reflected in the delivery of certain major public services;
- the extent of the gap between the Government's aspirations, in legislating to make human rights enforceable in the domestic courts, and the current situation in terms of attitudes among the public and among staff in public services;
- how much this matters to the public in general and to frequent users of the specified services;
- ways of encouraging public authorities to improve customer satisfaction and/or promote a culture of respect for human rights by incorporating human rights principles in the delivery of services, and
- the potential for wider strategies to implement the principles underlying the Human Rights Act.

The detailed **objectives** of the Project are set out in **Annex B**.

The **deliverables** required of the Project were:

1. an objective evidence base, covering:
  - an understanding of what 'human rights' means to consumers and providers of public services; their awareness of human rights; what language they use in talking about human rights (and the principles underlying the Human Rights Act) in this country, and what are the most important proxies for human rights;
  - any links between awareness, among consumers and providers, of human rights / the Human Rights Act, and the quality of public services or of life in general;
  - any causal link or correlation between good human rights practice in public services and positive consumer experiences, and
2. objective, evidence-based recommendations as to:
  - how public services can best be influenced to protect and respect individuals' human rights and incorporate key human rights principles into service delivery, and how DCA can use available levers to bring this about;
  - whether a human rights-based initiative to increase respect for human rights / the principles underlying the Human Rights Act and for recognition of responsibilities, not only in public services but in society more generally, deserves further consideration;
  - the focus of future work on Human Rights.

## 1.2 Overview of Project Conduct, Context and Scope

The early stages of the project were guided by the Human Rights Research Advisory Group, which included representatives from the research agencies. In its later stages the project was guided by a Steering Group, chaired by the Head of the Human Rights Division, with representatives from other Government Departments as well as from Strategy Development Division, together with an external human rights expert.

The Project was divided into two Phases. In Phase 1, desk research was carried out to establish what was known from existing studies on users and providers of health, social and council services about the extent to which human rights were reflected in the delivery of those services. Two Phase 1 studies were carried out, on users and providers of public services respectively. Their findings are summarised in the 'Evidence Base' sections of this report.

The Phase 1 work on consumers was carried out by the Strategy Development Division and completed in June 2005. The Phase 1 study on providers was commissioned by the Human Rights Division from the Institute for Public Policy Research (IPPR) and was also completed in June 2005. A report, by Frances Butler, is available from the IPPR (IPPR/Butler F 2005).

For Phase 2 of the Project, original qualitative and quantitative research was commissioned by the DCA from external research agencies. The ways in which the various studies were conducted are described in the 'Evidence Base' sections of this report, together with their findings. Relevant findings from the MORI and Promise fieldwork are summarised throughout this report and whilst unpublished are referenced as MORI (2006) and Promise (2006) throughout.

The evidence base constructed by the Project was therefore conducted in two Phases; in relation to two population groups, public service users and providers; and is based on three types of research: desk research carried out for Phase 1; qualitative research, based on small samples of the public and staff in public services, and quantitative survey research. A further desk research paper on learning points from other jurisdictions, carried out by the Strategy Development Division, is summarised in this report, together with a paper by Peter Kinderman and Frances Butler on a review of psychological perspectives on human rights approaches within public services. (The latter study, although not originally conceived as part of the Insight Project, is reported here because its findings are also relevant in relation to providers.). Findings from all these phases and types of research, together with discussions which took place between members of the Insight Project team and key external stakeholders, are reflected in the Conclusions section of this report.

Details of the different methodologies employed in the Project and the underlying reasoning are set out in context in the remainder of this report and

its Annexes. There are, however, four key aspects that are so fundamental to the Project and to what follows in the report, as to require explanations here.

### **1.2.1 Public services and vulnerable groups**

The context of the Project is the apparent gap between the aspirations expressed by the Government for the Human Rights Act to help bring about respect for human rights in the design and delivery of public services, and the present reality. The Government made clear that the changes the Act was intended to bring about in public services went beyond strict legal compliance, to provision that was “habitually, automatically responsive to human rights considerations” (Lord Irvine, 2001), recognising users’ individual needs and protecting the vulnerable.

By agreement with the Human Rights Division, the two Phase 1 desk research studies focused on health, social and council services because of their wide applicability and particular relevance to vulnerable groups. The Phase 1 research concluded that there was significant room for improvement in meeting the aspirations expressed by Government in relation to the Human Rights Act; the potential for human rights to improve public service delivery and the experience of users therefore needed to be further explored. (This gap between aspirations and reality is analysed in greater detail in Annex A of this report.)

Phase 2 of the project therefore looked for evidence – particularly through fieldwork – that would assist understanding of public service users’ and providers’ awareness of human rights and their attitudes to human rights, and enable the importance of these factors to be assessed in relation to users’ experiences of public service delivery. Assessing the awareness of both service providers and users was important, since it might be possible to show that raising awareness of human rights, and/or of the HRA and its underlying principles, could improve service delivery.

The Phase 1 work on consumers paid particular attention to the needs of vulnerable groups who were likely to be more dependent on public services than the general population and recommended that this emphasis continue in Phase 2. Phase 2 therefore focused solely on health and social services, as two areas with which members of the public are likely to have come into contact and on which vulnerable groups particularly depend – to the extent, in some cases, of relying on them for personal and/or residential care. It should, however, be noted that although the Human Rights Insight Project focused on health and social services, it is intended that its conclusions should be applied more widely - particularly to other services that deal face-to-face with the public, such as the social security, police, courts, immigration and prison services and local government services such as housing and education.

Consistent with the need to understand the relevance of human rights to vulnerable people’s experience of public services, the original research commissioned for Phase 2 of the Project divided public service users into two broad groups: one group that was representative of the general population and one representing different groups with vulnerabilities that were likely to have brought them into more frequent contact with the examined services.

### **1.2.2 Human Rights principles**

The Human Rights Insight Project has focused throughout on a set of values, or ‘human rights principles’, that are to be found in the HRA and relevant to the delivery of public services. These comprised:

- Being treated with dignity and respect
- Fairness and involvement in personal decision-making
- Non-discrimination (in relation to other Convention rights)
- Confidentiality of written and verbal communication
- Freedom of thought, conscience and religion
- Right to respect for one’s private and family life
- Right to life

Some of them are clear statutory entitlements set out in the European Convention on Human Rights and the Human Rights Act, while others – best described as ‘principles underlying the Human Rights Act’ - both derive from and underpin the statutory rights. The principles that would be examined in the Project were analysed in detail for the Phase 1 desk research on providers and consumers. Briefly, however, the underlying principles examined by the Project are ones which have been described in judgements of the European Court of Human Rights and/or the domestic courts and have obvious application to, and implications for, the types of public services considered by the Project.

For example, the concepts of dignity and respect have both been expounded in human rights judgements of the UK courts or the European Court of Human Rights. ‘Respect’ appears in the Human Rights Act and the European Convention on Human Rights on which the Act is founded, but it is in the form of ‘the right to respect for private and family life, home and correspondence’ – the qualified right set out in Article 8. Dignity does not appear on the face of the statute or the Convention. The concepts of dignity and respect, as described in the case law, derive from a combination of Article 8 and the absolute right under Article 3 not to be subjected to torture or to inhuman or degrading treatment or punishment.

From the outset, it was decided that the Project should examine the full range of service delivery behaviour related to the principles listed above (or their absence), not excluding minor instances that would generally be considered as ‘customer service’ rather than human rights. It was recognised that – in the unlikely event of minor instances being brought before the courts – the courts would not be likely to find that human rights had been breached. However, failures by public services to respect the spirit – the underlying principles and core values – of the Human Rights Act would potentially be of as much interest to the Project as justiciable breaches. By including such behaviour within the focus of the Project, it should be possible to clarify the relationship between human rights and customer satisfaction (a relationship discussed briefly in Annex C to this report). It should also shed light both on the language people use in relation to human rights and on the conditions and attitudes which either facilitate or inhibit human rights breaches.

### **1.2.3 The comparative element of the Project**

The Human Rights Insight Project represented the first attempt by Government to find out, in detail, what the public thinks and knows about human rights and the Human Rights Act and about how the principles underlying the Act operate, in practice, in relation to public services. The Phase 1 desk research identified the potential for the Human Rights Act to improve public service delivery and consumers' experiences, as well as the need for further qualitative and quantitative research to substantiate this.

Against that background, it was decided that the Phase 2 research should attempt to compare the awareness, attitudes and experiences of consumers and providers of public services delivered by two contrasting types of public authority. The first type would comprise public authorities that were thought to have taken some action to 'mainstream human rights', whereas the second type would comprise public authorities that were not known to have taken any proactive steps to introduce human rights principles in their thinking and decision making. (The concept and advantages of 'mainstreaming human rights' are discussed in Annex D to this report.)

In practice, the Project found it very difficult to identify enough public authorities where sufficient progress might have been made towards the mainstreaming of human rights to have significantly influenced service delivery by front-line staff, and therefore service users' experiences. Confidentiality prevented access to details of the results of the Audit Commission's 2003 survey of the extent to which human rights had been implemented in 175 public authorities. Because DCA did not wish to miss a possible opportunity to demonstrate the effectiveness of any human rights strategies that already existed within public authorities, however, it was decided instead to employ a mixture of factors to identify a sufficiently large group of what the Project termed 'supposedly corporately aware' public authorities. The methodology employed for this is described in Annex E to this report.

### **1.2.4 The need for a 'business case' for mainstreaming human rights**

Phase 1 of the Human Rights Insight Project drew attention to the general failure of public authorities to go further than mere compliance with the letter of the Human Rights Act. Its findings pointed the way for Phase 2 to explore the potential gains, for both consumers and providers of public services, to be made where public authorities have done more to 'mainstream human rights'.

Annex D of this report analyses the concept of mainstreaming in relation to the requirements of the Human Rights Act and suggests that public authorities may be difficult to convince of the need to do more than comply with the letter of the law. Moral arguments alone are unlikely to convince public authorities that human rights should be seen as fundamental, integral and helpful to their work. A business case, highlighting the benefits and opportunities of mainstreaming human rights, will be required.

The cornerstone of any business case for mainstreaming human rights must be that the HRA is law, applies to all public authorities and protects everyone in this country; and therefore public authorities have a statutory obligation to comply with it. Even compliance may be insufficient to remove the risk of legal challenges, bad publicity and compensation payments, however - unless it takes into account not only the letter of the Act but its 'spirit' and the underlying principles such as dignity and respect for everyone.

The need for additional arguments, if the Ministry of Justice wanted to construct a business case strong enough to convince public authorities of the need to mainstream human rights, was integrated in the research as another element under investigation. In order to assess the strength of the potential business case for mainstreaming human rights, the Project aimed to highlight any reported effects of staff attitudes and behaviour that were 'conducive to the protection of human rights' on the following aspects of service delivery:

1. service user satisfaction
2. service user outcomes
3. staff job satisfaction
4. ease and quality of staff decision-making.

## **1.3 Summary of Findings**

### **1.3.1 Summary of findings in relation to the public / service users**

Only minor differences, on a very few factors, were identified between those living in 'informed' and 'uninformed' areas (see Annex E). Since this finding has more implications for service providers than for users, the likely reasons for it are considered more fully in section 1.4.2 below, in conjunction with the parallel finding in relation to providers. However, one possible contributory reason applies specifically to users, and that is that there is no guarantee that NHS services are provided to any individual solely or mainly by the NHS Trusts covering the area in which he or she lives. In particular, for a variety of reasons, people often receive care from hospitals outside their own area.

The main distinctions that can be drawn under this heading are between the general public / 'average' users of health and social services, and vulnerable, frequent users.

#### **(i) Experiences of service delivery in relation to human rights principles**

When asked to reflect on their recent experiences of workers in the examined services in the context of human rights and customer service factors, both the general public and vulnerable groups reported mainly positive experiences. The vulnerable sample were, however, more likely to rate their experiences negatively, suggesting that poor treatment (in human rights terms) is disproportionately perceived and experienced by vulnerable people. Among these groups, former mental health inpatients showed the greatest propensity to rate their experiences as unsatisfactory. Members of the vulnerable sample were also more likely to have complained in some way. If vulnerable people had not complained, this was much less likely to be because the matter didn't

seem important or didn't really bother them (the most usual reasons cited by the general public), and much more likely to be because they didn't know what to do or who to complain to, or were worried that they would receive even worse treatment.

These quantitative findings support the indications from the qualitative research that experience of the examined services is variable and that the lowest standards of service delivery are disproportionately experienced by vulnerable people. The qualitative researchers also heard many more stories of poor treatment from frequent users than from average users, and the most disturbing stories among those living in residential care.

### **(ii) Awareness and understanding of human rights and the HRA**

While most people have heard of the Human Rights Act, most also perceive themselves as knowing little about the Act or about human rights in general. There are indications, from both the qualitative and the quantitative research, that few think of human rights as relevant to their dealings with workers in NHS or social services, although vulnerable groups in the quantitative survey made that association more frequently (13% compared with 4% for the general public). Some of the general public rated human rights and the HRA as not at all relevant to their dealings with workers in the NHS and social services, and yet agreed with the majority that being treated with dignity and respect was very important. This demonstrates a lack of understanding that this and the other key principles listed in section 1.2.2 are part of 'human rights'.

The general public associate the term 'human rights' strongly with rights, freedoms and the key human rights principles, and much less strongly with prohibitions (on torture etc), immigration and other international matters and a range of negative associations including political correctness. Among the vulnerable sample, the contrast is less strong; although even more of them than of the general public make the association with rights, freedoms and the key human rights principles, significantly more also link 'human rights' with prohibitions, international and negative factors. The vulnerable sample were also much more inclined to list the key human rights principles, 'human rights', the HRA and other laws and a wide range of customer service factors as relevant to them when dealing with workers in the NHS and social services. It appears, therefore, that vulnerable groups are overall somewhat more aware and/or reflective than the general public, in relation to both human rights and to what constitutes good service.

### **(iii) Attitudes to human rights, the Human Rights Act and its key underlying principles**

The term 'human rights' is associated much more with positives such as freedom of speech / expression and the right to liberty and security than it is with negatives such as terrorism, 'compensation culture' or 'nanny state'. The concept of having a law that deals with human rights in Britain is also overwhelmingly popular. It is only when it comes to the current application of the Human Rights Act that negative views are in the ascendant, with a net total of 43% of the general public agreeing that too many people (mostly

asylum seekers and other 'foreigners) take advantage of the Human Rights Act. Far fewer – a net total of 16% – agree that the Human Rights Act has caused more problems than it has solved. In general we may conclude that most people support the concept of both human rights and the Human Rights Act, but see some problems with how the legislation currently operates.

Both the qualitative and the quantitative research found that the key human rights principles listed in section 1.2.2 are rated by public service users as very important – in a similar league to such key customer service factors as cleanliness, professionalism, being seen quickly and quality of service. Being treated with dignity and respect is at the top of the list of key human rights principles for both the general public and vulnerable people, when asked to rate the relevance to their dealings with social and health services workers of a mixed list of human rights principles and customer service factors; however, cleanliness is placed marginally higher by the general public – although not by the vulnerable sample. Human Rights, the ECHR and the Human Rights Act are seen as less important, which again suggests that people do not necessarily associate such factors as being treated with dignity and respect with human rights.

### **1.3.2 Summary of findings in relation to providers**

Qualitative research only was carried out with front-line staff and managers in health and social services (a total of 76 people) and therefore the findings are indicative rather than representative. (Please see Annex F for a discussion of the appropriateness of qualitative and quantitative methodologies for different applications.)

Although the research with providers covered similar areas of awareness, understanding and attitudes to that explored in the consumer research, it is more helpful to consider its key findings across the board rather than under those headings. Consistent with the Project's need to identify factors that will benefit public service users, the researchers focused on the identification of attitudes and behaviour that either were or were not conducive to the protection of human rights.

#### **(i) The failure of the comparative element**

The first issue to address is the lack of identifiable differences between the attitudes and behaviour of those staff employed in 'supposedly corporately aware' and 'supposedly corporately unaware' Social Services Departments and NHS Trusts, as defined in Annex E of this report and in accordance with the thinking outlined in section 1.2.3 above. No differences were identified except in the case of a very few members of staff who had received training specifically on human rights, who were able to describe the benefits this had brought to their perceptions and practices.

This finding corresponds with the lack of significant differences found, in the quantitative study with vulnerable people, between those living in 'informed' and 'uninformed' areas (again, as defined in Annex E). This finding requires exploration because any identifiable benefits from the corporate mainstreaming of human rights would have contributed to the business case

that will be needed if public services in general are to be recommended to mainstream human rights.

One likely contributory factor associated with public service users is set out at the beginning of section 1.3.1 above: that the comments from the public service users included in the research could relate to services received from organisations based elsewhere than where they live. Other likely factors include the weak basis on which the distinction was drawn and the relatively short period of time those strategies and policies have been in operation. The significance of these factors will now be outlined.

The comparison between the 'supposedly corporately aware' and 'supposedly corporately unaware' areas was devised as a potential means of assessing the effectiveness of any existing human rights strategies within health and social services. However, the Project's initial hopes of identifying Social Services Departments and NHS Trusts which had not only incorporated human rights into their corporate plans but also trained all their staff in human rights, in sufficiently large numbers for the purposes of the research, proved unrealistic. It appeared that few authorities, as yet, had made sufficient progress to be considered 'corporately aware' of human rights across the board. The Project was also unable, for reasons of confidentiality, to gain access to the data from a survey of 175 public authorities from which the Audit Commission's 2003 report, 'Human Rights: Improving public service delivery' was drawn. A mix of criteria was therefore employed in order to create a sufficiently large group of 'supposedly corporately aware' Social Services Departments and NHS Trusts from which the research agency could draw. The criteria used are described in Annex E.

However, it was never likely that front-line staff employed in public authorities selected in accordance with these criteria would demonstrate significantly more enlightened attitudes and behaviour, in relation to human rights, than those employed elsewhere. First, for the reasons set out in Annex E, reliance had to be placed on overall star ratings awarded (in 2005 and 2004 respectively) by the Healthcare Commission and the Commission for Social Care Inspection, which bear only a very limited relation to human rights standards. Secondly, in the limited time available for the selection of public authorities for the research, it was not possible to obtain adequate evidence of whether any action had been taken by the 'supposedly corporately aware' group to ensure that corporate human rights strategies and policies (where they existed) bore on front-line delivery.

For all these reasons, it is unlikely that all – or possibly even most – of the 'supposedly corporately aware' group of public authorities would claim to have mainstreamed, or to be 'corporately aware' of, human rights. The small number that might claim that distinction would also be likely to make the point that they have some way to go: that is, that they have not yet had sufficient time or resources to implement their human rights strategies and policies (for example, in relation to staff training) to an extent that would allow a fair evaluation of their effectiveness.

## **(ii) Awareness, understanding and attitudes**

Because of the limitations explained in the preceding section, the research findings cannot be used as a basis for general conclusions about any differences in attitudes to human rights, the Human Rights Act or its underlying principles between respondents who worked for 'supposedly corporately aware' and 'supposedly corporately unaware' organisations. An important difference was found, however, in the case of respondents who had received specific training on human rights, which was perceived as beneficial not only to the member of staff who received the training, but to the organisation and the service users for and with whom he/ she worked.

It is clear from the examples given to the researchers that specific training on human rights is particularly beneficial in decision-making, helping to ensure that all relevant factors are appropriately taken into account and that decisions are HRA-compliant. Decision-makers or managers, in particular, need to be acquainted with the requirements of the HRA and with concepts such as balancing of rights and proportionality, in order to understand how the Act relates to their work and to make best use of its provisions. The Insight Project research suggests that, in order to be effective, training must be interactive, tailored and relevant to the needs of the trainee, and should include opportunities to consider practical examples of dilemmas likely to be encountered in their work.

Only three of the 76 staff interviewed in the Providers study had received such training, however. It is important, therefore, to examine any other factor(s) that the Insight Project research suggests made a difference to the extent to which the attitudes and behaviour of staff appeared to be conducive to the protection of human rights.

Other than specific human rights training, what made a difference - the research indicated - was the corporate ethos of the organisation: specifically, the extent to which it prioritised individual customer care<sup>2</sup> in comparison to management priorities such as targets and efficiency. Staff in organisations where individual customer care was seen as crucial tended to have a 'person-centred' focus which indicated a high 'implicit' awareness of the importance of human rights. "Values such as dignity, respect and inclusion in decision-making were embedded in their customary way of thinking and working – even though many did not know that these values had anything to do with human rights" (Promise, 2006).

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<sup>2</sup> The term 'customer' is unusual in relation to health and social services, whose customers are more usually referred to as patients or clients. The use of the term in this report opens the way, however, for the drawing of important conclusions with regard to 'customer care'. The term 'customer care' will, it is believed, be widely understood as referring to the everyday, environmental and relational aspects of the staff/client interface in any public service. The difficulty in using the terms 'patient care' or 'client care' is that they may be understood to encompass some of the higher professional skills as well as the basic day-to-day interactions encompassed within 'customer care'. 'Customer care' is therefore used in this report specifically to denote this important but sub-clinical level of interaction between staff and their patients or clients.

For a variety of reasons, explored in detail in the research report and summarised in Section 3 of this Report, the researchers found that similar 'person-centred' attitudes were more prevalent among the staff they interviewed from social services organisations than among those from NHS organisations. Consistent with this, 'explicit' awareness and understanding of human rights were also more prevalent among the social services contingent in the study. The awareness and understanding of most of the health services contingent resembled much more closely the awareness and understanding the researchers had found in the qualitative study with the general public.

The research indicated, not only that human rights awareness and understanding (at least of an implicit kind) were fostered by an organisation's prioritisation of individual customer care, but that this awareness and understanding in turn fostered attitudes that were conducive to the protection of human rights. Conversely, human rights abuses and breaches appeared more likely in target-driven organisations where individual customer needs were not placed at the heart of service delivery. This points to the conclusion that much might be achieved, in terms of promoting attitudes and behaviour that are conducive to the protection of human rights, through the wider adoption of 'customer care' strategies informed by human rights values. A simple message about customer care, espoused at all levels in an organisation and easily transmitted to new recruits and temporary staff, could noticeably raise standards and customer satisfaction.

This is the Project's most important finding. It is reflected in the Conclusions set out in the Executive Summary and in Section 5 of this report.

### **1.3.3 Establishing a business case for the mainstreaming of human rights in public authorities**

The need for a business case, if public authorities are to be convinced to take action to promote human rights, is explained in section 1.2.4 above. That section explains that the Project looked for any evidence that four potential indicators - service user satisfaction, improved service user outcomes, staff job satisfaction or the ease and quality of staff decision-making - were increased by staff attitudes and behaviour that were 'conducive to the protection of human rights'. The evidence that was in fact found by the Project in these four areas may be summarised as follows.

#### **(i) Service user satisfaction**

The research with consumers showed that service users perceive the key principles underlying the Human Rights Act as very important in their dealings with health and social services staff, with particular importance placed on being treated with dignity and respect, confidentiality and fairness / involvement in decision-making. The most popular 'proxy' for being treated with dignity and respect was 'being treated as an individual (not a number)'. The research with providers demonstrates that a focus on individual customer care is far more conducive to the recognition of customers as individuals than a focus on targets, throughput and efficiency. While the quantitative research with consumers calls into question the differences in attitudes and behaviour between some NHS and social services staff suggested by the qualitative

research with providers, the research as a whole suggests that user satisfaction will be maximised where individualised customer care is regarded as a priority.

### **(ii) Improved service user outcomes**

The qualitative research with providers found numerous instances, many of which are cited in this report, where staff with implicit or explicit awareness of human rights prompted actions likely to secure a better outcome for the user. For example, staff from 'person-centred' organisations gave a number of examples of occasions on which they had challenged proposals from others that would have put a service user's human rights at risk – typically, by failing to involve the user and consider his or her point of view.

### **(iii) Staff job satisfaction**

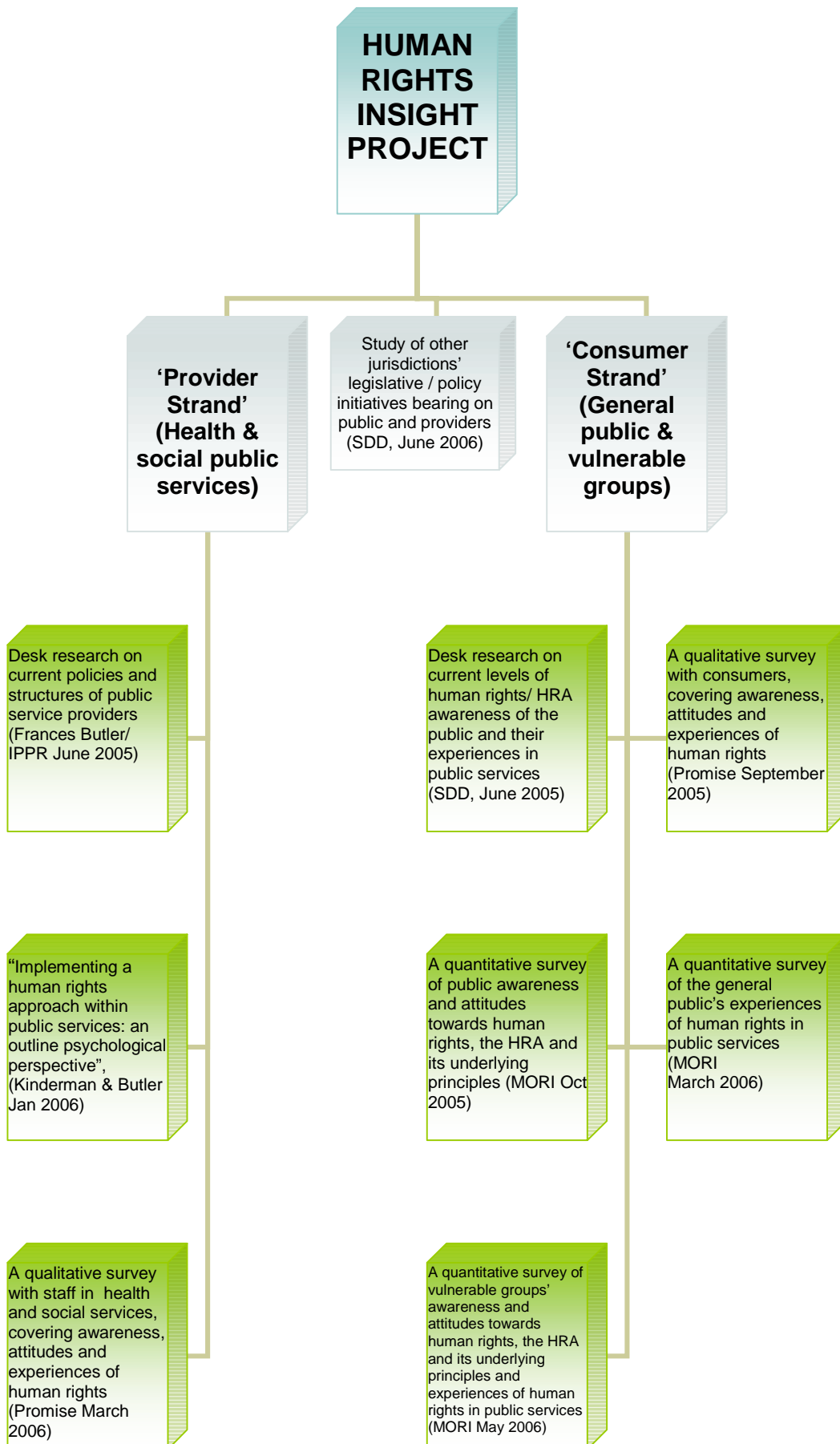
Several of the staff included in the provider study suggested that opportunities to think about human rights - in the course of training or otherwise - would help to remind them of their original motivation for choosing to enter one of the caring professions. Statements from these and other staff illustrated the concern they felt on witnessing or hearing about treatment of service users that was not conducive to the protection of human rights, and/or the satisfaction they gleaned from looking after people properly. Attitudes were somewhat mixed among those staff who perceived the environment in which they worked as highly target-driven, some of whom considered it impractical and even undesirable to give a higher priority to individual customer care. Others who had already made this shift, however, were able to identify the benefits: "Now that we design our provision according to what people want, our relationships with users are much easier" (Senior Manager quoted by Promise, 2006).

### **(iv) Ease and quality of staff decision-making**

The best evidence that the Project found in this area relates to the perceptions of the small number of staff included in the qualitative research with providers who had received specific human rights training from the British Institute of Human Rights. They gave numerous instances in which the training had proved useful: some in terms of giving them confidence that their own decisions were human rights-compliant and in the best interests of those involved, and others in terms of empowering them to challenge proposals from others that would have put a service user's human rights at risk. This evidence tends to support the Project's conclusion that managers and decision-makers, in particular, can benefit from 'explicit' human rights awareness and understanding, most obviously to be acquired through specific human rights training.

The fact that the Human Rights Act is law and that public authorities are legally bound to act in accordance with it will be the underlying bedrock for any business case for the promotion of human rights in public services. In addition, however, the Project has been able to identify evidence under all four of the above headings to support the construction of a business case.

## 1.4 The structure of the Human Rights Insight Project



## **2 The Evidence Base: Consumer research findings**

### **2.1 Methodology, objectives and scope**

The Project applied a number of complementary methodologies to construct an evidence base of knowledge about what matters to the individual and the consumer of public services in relation to human rights standards and the usage of the Human Rights Act 1998.

The consumer side of the Project started with desk research that collected evidence from the extant literature on:

- the current levels of human rights/ HRA awareness both of the general public as well as of specific vulnerable groups;
- misunderstandings and hostility that might obstruct the wider implementation of human rights
- the extent to which human rights are respected when delivering public services;
- whether any correlation exists between respect for human rights and customer satisfaction with public services.

The second phase proceeded with fieldwork that was carried out with qualitative methodologies. 113 consumers were included in the study, which aimed to:

- understand what human rights means to people, and what they think the most important elements of it are – their perceptions of what makes a ‘good human rights culture’;
- explore current awareness of human rights;
- explore people’s experiences of whether and when their human rights have been respected or breached, and the impact this has had on them;
- discover whether people know where to go to find out about their rights if there is a problem;
- understand whether awareness of human rights correlates with any views of the quality of public services or views on government/state bodies;
- discover what language and vocabulary resonate with people when discussing issues to do with human rights.

The qualitative findings were then followed up with three separate quantitative studies. The objectives of the quantitative research were to:

- test the findings of the qualitative survey with frequent and average consumers of health, social and council services;
- quantify the findings on good and bad human rights experiences with health, social and council services as these were reported by different users;
- quantify the findings on expectations and aspirations of (a) average users (b) frequent users from vulnerable groups with the examined public services in terms of the human rights principles underlying the HRA;

- quantify the findings on attitudes to human rights, the HRA and its underlying principles particularly in relation to specific vulnerable groups such as disabled people;
- quantify the findings on awareness of human rights and the Human Rights Act that were collected from: (a) the general public (b) specific vulnerable groups such as older people from ethnic minority groups etc;
- potentially, to provide additional data on vulnerable groups that were not originally included in the qualitative research and whose human rights could be at higher risk when coming into contact with the examined services.

Two omnibus surveys with samples of around 2,000 people were carried out; the first focused on quantifying the qualitative findings on awareness and attitudes and the second on quantifying the findings on experiences of public service delivery. A separate quantitative survey was carried out to quantify the findings on awareness, attitudes and experiences of vulnerable consumers. A total of 500 people were interviewed, divided equally between five groups (mobility-impaired people, older people, young people who had been in residential care, people with physical communication difficulties and former residents of mental health institutions).

## **2.2 Findings from the desk research of Phase 1**

Phase 1 of the project asked whether the principles underlying the HRA could be used to improve the delivery of public services and/or to increase consumer satisfaction with those services.

### **2.2.1 Lack of awareness of human rights and the Human Rights Act**

According to the evidence considered in Phase 1, the public lacks awareness both of the Human Rights Act and of human rights more generally. The desk research found that it was very uncommon for consumers of public services to treat either the HRA or its underlying principles as a safety net for use in everyday life. No evidence was found of consumers using the HRA or its underlying principles to improve their interactions with public service providers. Phase 1 (Consumers) concluded that the way the Act was initially introduced and campaigned for had not provided the public with sufficient information about its main features and use.

If human rights are not seen to be a 'good thing' there is no incentive to encourage greater understanding and use by either public service providers or users. Accordingly, Phase 1 (Consumers) recommended that, while the Government is in the process of setting up the Commission on Equality and Human Rights, some preparatory work needs to be carried out to prepare the ground for the Commission's statutory duty to raise awareness of human rights and the HRA.

Existing evidence on the awareness of certain groups of consumers – young people, older people, disabled people and black and minority ethnic groups - was considered in detail. The awareness of all these groups appeared to be at least as low as that of the population at large. Some evidence suggested that awareness among black and minority ethnic groups might be lower than that of the wider population and that this could be directly related to experiences of unsatisfactory public service delivery.

### **2.2.2 Misunderstanding and hostility around human rights and the Human Rights Act**

Phase 1 (Consumers) used evidence from the extant literature to conclude that misleading media coverage and inaccurate political campaigns had spawned misinformation and hostility in relation to the Human Rights Act and sometimes to human rights in general. The evidence further suggested that few people immediately associate human rights with their everyday encounters with public services, and that considerable confusion exists around the origin and source of the HRA. Some members of the public appeared to believe that the Act had been imposed by the European Union and that the European Court of Human Rights is an EU body which overrides UK sovereignty, the authority of Parliament and the judiciary. Phase 1 recommended that these preliminary findings be tested in original fieldwork.

### **2.2.3 Treatment incompatible with the principles underlying the Human Rights Act**

The evidence examined for Phase 1 suggested that there remains significant room for improvement in respecting people's human rights when providing them with public services. Data collected by academics, research centres, NGOs, charities and governmental bodies revealed numerous human rights breaches by the examined services (social/council and health services). It was recommended that the desk research findings be followed up with qualitative and quantitative research with consumers.

## **2.3 Findings from the qualitative research with consumers of public services**

In the light of the findings of Phase 1 (Consumers), the qualitative research was organised in a way that would allow a follow up of the two main areas (awareness/ attitudes and experiences of human rights), in respect to small samples<sup>3</sup> both of vulnerable groups and of the public at large. Therefore, the focus of the study was two key consumer groups:

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<sup>3</sup> Small samples are usual in qualitative research; please see Annex F for a brief description of the factors which make qualitative or quantitative methods appropriate for different types of research.

- 38 ‘representative’ consumers, who had used key public services at least twice but not more than 12 times in the preceding year. Within that parameter, these people were selected on demographic factors.
- 75 ‘frequent users’, who had had 12 or more contacts in the last year with key public services. Of these, 22 were in residential care and 53 were not).

The key public services covered were:

- Health services, including but not limited to hospitals, GPs, mental health services, addiction, A&E, therapy and rehabilitation support, clinics and health support services. All mental health in-patients had been resident since October 2000 (although they may have been released by the time the study took place).
- Council and social services, including but not limited to housing including sheltered housing; care at home services; care homes for older people, disabled people, children and others; social worker services and childcare services.

In total, 23 one-to-one interviews, 8 focus groups and 1 workshop were carried out for the DCA by the research agency Promise. In terms of geography, the sample was split approximately 50:50 North: South and included people from both urban and rural areas.

### **2.3.1 Awareness of human rights and the Human Rights Act, both generally and in relation to public service delivery**

“Human rights is for when people are really trampled on. In a community like this that doesn’t happen” (Female, elderly, North)

The findings on awareness were along the lines of the evidence collected by Phase 1.

- The qualitative research found virtually no awareness of the fact that the Human Rights Act had come into force in British law. In fact, there was very hazy awareness of the Act at all, and those who knew of it associated it with something they tended to refer to as ‘the European Courts’.
- People did not know accurately what their Human Rights are and had no idea of their relevance to public service settings. Some people associated human rights with very broad and ill-defined notions of personal freedom, e.g. ‘to be yourself’; an association which led others to link human rights with irresponsible self-expression.
- Even those who might have had a reason to think that their human rights had been in some way affected (i.e. those who had received poor treatment from Public Services) had no notion that human rights were relevant to them. Indeed, even if this was pointed out, the reaction was one of incredulity: “Surely that’s got nothing to do with me. Human Rights seem to be to do with much worse situations than mine” Male, frequent user, North

- Human rights were seen to be relevant to individuals – often ethnic minorities - suffering at the hands of, and seeking to confront, repressive, dictatorial regimes. Human rights in this kind of context were held to be obviously a good thing; BME participants were often the most emphatic about this. As one Jamaican woman declared: “Human Rights are the reason we are in the position we’ve reached today” Female, minority group, South
- However, when transposed to the British context, human rights begin to take on connotations that are more negative. Most interviewees felt that human rights were irrelevant in this country, and that those who invoked them in this culture were individuals abusing the notion in order to take advantage of the system. In particular, those seen to take recourse to human rights law in this way were:
  - immigrants and asylum seekers;
  - disruptive children in schools;
  - criminals trying to escape conviction ‘through a legal loophole’;
  - travellers;
  - celebrities;
  - people ‘hijacking’ a politically correct agenda for their own ends.

From this qualitative study with a small number of people, the research agency identified that “Overall, there is a tendency to imagine that Human Rights could facilitate a negative phenomenon in our society whereby individuals can selfishly exercise too much power against the system and find justification for antisocial behaviour in terms of their ‘rights’ ... On the face of it, then, Human Rights are seen to have no relevance to a Public Service setting: indeed, there are concerns that a Human Rights initiative would burden providers and encourage unscrupulous individuals to seek unjustified compensation” .

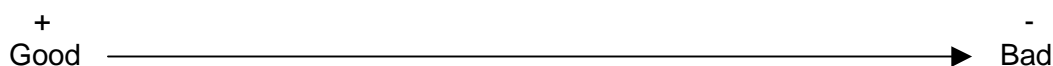
### **2.3.2 Experiences of human rights in public services**

“I asked a nurse to take me to the toilet, and he said I should take myself to the toilet. I told him I couldn’t but he ignored me. I tried to get there but I couldn’t. I wet myself and I heard them joking about it. It was dreadful. I felt a fool. I told the sister and she just told me to make sure I told them, really told them, to take me to the toilet” (Male, residential care, North).

- The most striking finding from this part of the research was the inconsistency of people’s experiences, which the research agency described as having “ranged from the sublime to the grotesque”.
- The treatment people receive was felt to be ‘the luck of the draw’ and dependant on the character of the individual provider (frontline manager or authority).
- There was a clear relationship between user-type and reported experience.

Three groups were identified:

- (i) 'Representative' consumers of public services: for 'representative' consumers, relational and service aspects of public services played a somewhat less significant role in their experiences. They agreed with other target groups that public services could be both inconsistent and impersonal, and that ideal treatment would be empathic and respectful. However, they tended to see this as a utopian ideal as compared with treatment in the 'real world'. Their expectations were adjusted to accept current standards of interaction. Besides, they felt able to 'stand up for themselves' in the event of poor treatment.
- (ii) 'Frequent users' of public services, not living in residential care: "The human element is not there. You're dealt with as a number. If you were a customer – like with a bank – they'd be striving for personalised care" (Female, Frequent user, North). Relational issues were far more to the fore in this group's minds, and there was more overt dissatisfaction with current treatment. As with other groups, treatment was seen to vary enormously, depending on different individuals and settings. However, there were many more stories of poor treatment than in the mainstream group.
- (iii) 'Frequent users' of public services, living in residential care: "Some of the nurses just didn't seem to care. They would stand over my bed talking away [to each other] as if I didn't exist. Once I was taken to the toilet and left there - they just forgot about me. I remember coming back from the toilet and I had missed my dinner and they just told me – 'too late'. I didn't complain – well, you just don't, do you?" (Female, Elderly, North). These were a distinct group again in terms of having the most disturbing stories to tell, yet seeming the least likely to complain or take action about poor treatment. According to their reports, these people, the most dependent on public services, are both the most likely to receive poor treatment and the least likely to do anything about it. The least likely of all to complain were older people, who made it clear that they valued stoicism and felt uncomfortable about 'grumbling'.



Efficient, acknowledging, empathic, caring	Impersonal/arrogant	Lacking empathy	Abusive
Efficient Acknowledge me as an individual Empathic attitude: treat me as they would want to be treated themselves Caring behaviour	Treat me as a number Expect me to be grateful	Don't understand my difficulties Fail to make concessions Treat me as a nuisance	Persecutory attitude: blame me for my problems Negligent behaviour

**Spectrum of human rights experiences in public services**

Source: Promise

**2.3.3 Attitudes towards human rights**

“People don’t stand up for what’s right. Society feels soulless at the moment”  
Male, frequent user, North

- The qualitative research with consumers found wide agreement that something was amiss in the broader backdrop of relationships in the community. Whatever the words used, the sentiment was the same: that we were living in a moral vacuum, where there were no clear standards of behaviour, morals or ‘manners’ to which society as a whole subscribes. Sometimes the absence of a code or set of conventions was talked about explicitly, sometimes more implicitly. “People are just out for themselves” Female, Frequent user, North; “There’s a lack of respect” (Female, Elderly, South)
- In terms of where responsibility was seen to rest, there was a tendency to place the blame elsewhere. Thus, frustration about the issues tended to find a focus in some ‘other’ group of individuals. In particular:
- Immigrants and asylum seekers: Many mainstream members of the British public, including second-generation immigrants, blamed problems on immigrants and asylum-seekers. There was frustration that ‘political correctness’ means that, as they saw it, these problems cannot be openly spoken about or challenged. “The indigenous population is being neglected at the moment. The Government should redress the balance and look after their own first” (Male, Frequent user, South)

- Young people: Another commonly voiced view amongst those aged 50 and above was that younger generations were brought up without proper discipline or respect for old-fashioned values. In a similar vein, younger people were often themselves aware of being a target for blame. There was a sense that “Older people assume we are all jobs, and don’t listen to or respect us” (Male, Frequent user, South)
- Members of Black and Minority Ethnic Communities: A number of the BME respondents spoke both of frustration and of pain at being a focus of blame for problems in society.
- Compensation culture: The idea of ‘compensation culture’ was felt to typify an attitude where individuals take unfair advantage of organisations and the state. “There’s a lot of people complaining and seeking compensation instead of seeking to improve themselves and take responsibility” (Male, Disabled, South)

“We identified a paradox: the very individualism about which people complained coloured their attitude to the problem, in the sense that they often did not perceive themselves to be part of the ‘community’ problem, nor its solution” (Promise 2005).

#### **2.3.4 Speaking the ‘principles language’: human rights explained – reactions and attitudes**

“This is only going to work if all of society plays by these rules. Poor public servants if only they have to!” Male, ‘Representative’ consumer, South

During the course of the research, and after the sample’s initial reactions to human rights and the HRA were recorded, the principles underlying the HRA and the notion of human rights were explained. Once respondents separated the notion of human rights principles from that of human rights law, and once the principles were clearly understood, there was a shift in attitude.

- “When it was understood that we were talking about principles to drive behaviour, there was a positive – even inspired – response. People were responding positively to:
  - the idea of a clear set of principles to fill the ‘moral vacuum’ in which we live;
  - which would be respected in society generally, and would apply to individuals as much as to any system such as public services” (Promise, 2005).

The study suggests that the term ‘human rights’ - although it might make sense to academics, lawyers and judges - does not resonate with members of the public. However, the study was able to identify the terminology used by consumers of public services to refer to human rights principles the HRA’s underlying principles. The paradox is that when consumers’ language is used, both the value and significance of human rights are highlighted and acknowledged. However, when the language of the media and academics is

used then the most common reaction is one of suspicion and sometimes hostility. For this reason, the following table was prepared to identify the proxies used by consumers to refer to the principles underlying the HRA and the notion of human rights.

<b>CONSUMERS' LANGUAGE</b>	<b>CORRESPONDING UNDERLYING PRINCIPLE(S) IN HUMAN RIGHTS*</b>
I am treated as an individual, not a number	Dignity and respect
Providers can put themselves in my shoes, and treat me as they would wish to be treated themselves	Dignity and respect, fairness
They are respectful	Dignity and respect, freedom of thought, conscience and religion
They keep me informed	Fairness, equality, confidentiality
They treat me as a paying customer	Dignity and respect, fairness, equality
They are accountable to clear standards of behaviour	All principles: Dignity and respect, fairness, equality, confidentiality, private life, freedom of thought, conscience and religion
It is easy to complain about unacceptable behaviour, and complaints can be addressed somewhere other than to the service that has fallen short	Dignity and respect, fairness, equality, confidentiality
Providers take prompt action to reply and respond to complaints	Dignity and respect, fairness, confidentiality

### **Human rights: using the consumers' language**

Source: Promise

#### **2.3.5 Attitudes towards public services**

Among the 113 consumers included in the study, there was a difference in recorded attitudes towards the NHS, social and council services. In particular:

- The NHS: “Sometimes people [in hospitals] can be insensitive and abrupt – but who can blame them? You see the things they have to deal with every day” (Male, frequent user, North). “They have to bully some people a bit for their own good” (Male, ‘Representative’ consumer, South). Of all the services, people were most reluctant to criticise the NHS – despite the fact that the treatment people described from staff at all levels was very variable
- Social Services: “I feel they simply ignore my mother-in-law because her English is poor which means she can’t make much fuss” (Female, BME, frequent user, South). Overall, the research detected a strong feeling that the ‘system’ as a whole is inefficient, bureaucratic, and not transparent in its dealings.
- Local Councils: “I’m a paying customer – why don’t I get the service I deserve?” (Male, Communication difficulties, North). People tended

to feel both more entitlement, and more frustration, as customers in relation to local councils.

### **2.3.6 Aspirations and expectations of consumers from public services**

These can be classified into two groups:

#### **(i) expectations in relation to the services currently received**

- Since public services are 'free', respondents in the qualitative research did not feel as justified in making demands as they would in the case of commercial services. They were unclear about what they had a 'right to expect' in service terms, or when standards had fallen short of the acceptable.
- At the time of experiencing problems, respondents and particularly those from vulnerable groups did not feel they had the clarity or self-esteem to perceive the problem, nor 'the strength to fight'. "When you're going through these things, you're too down to do anything about it" (Male, frequent user, North).
- Respondents who were in residential settings felt reluctant to complain against the carers for fear of resentment and even retribution. "I told my daughter not to complain, because I was going to be stuck in there afterwards, and I didn't want to make enemies" (Female, elderly, North).
- For older people, it was felt that complaining was "taboo".
- There was also a general sense that complaining made no difference. "I suppose you could call Social Services, or your MP. But all they'd do is pass it along the line. You'd never get anything done" (Female, frequent user, South). "You think – what's the point of complaining? They don't listen" (Male, frequent user, North).

#### **(ii) aspirations in relation to future services**

In the respondents' view, a positive culture of human rights can be pursued by way of two targets:

- **Consistent principles to drive service**

In practice, this meant:

- 'treating me as an individual', 'empathy', 'respect' and 'transparency in communication': key Human Rights-related principles that many respondents – particularly frequent users – wished to see reflected consistently in public services.
- overall, respondents felt that people's human rights are already taken care of with other measures: "Surely, this kind of thing is in place already. You have the Hippocratic Oath, you have the Data Protection Act". Therefore, a problem of terminology and language was again identified.
- the prevailing opinion among the 'representative' consumers was that the very idea of a 'human rights problem' in public services was absurd, even offensive, particularly – but not uniquely – in the case of the NHS: "Human Rights is the very ethos of the whole National Health System, surely. The idea of taking care of everybody in a fair

way. It's like teaching grandmother to suck eggs!" Male, frequent user, North

- among 'frequent users' who perceive themselves to have had poor treatment, however, there was some cautious approval for the idea of applying key human rights principles in public services. Most enthusiasm for this was expressed among disabled people, the young, and those who were or had been mentally ill, drug addicts or alcoholics, and least among the elderly.
- those who endorsed the idea of applying human rights in public services generally wanted to see the principles underlying the HRA reflected in clear standards and accountability, supported by an impartial complaints procedure. In common with others, they showed less enthusiasm for the idea that individuals might be encouraged to take up human rights violations through the courts.
- **Greater accountability**  
In practice, this meant:
  - a 'higher authority' overseeing Public Services and holding them to account.
  - simple and clear behavioural guidelines, making it clear when 'a line has been crossed' in terms of acceptable vs. unacceptable behaviour.
  - a clearer, easier complaints procedure – ideally to a body other than the offending Service.
  - better disciplinary procedures – where staff who behave unacceptably are dismissed.

## **2.4 Findings from the quantitative research on the general public's experiences, attitudes, aspirations and awareness of human rights and the Human Rights Act**

Patients' experiences of NHS service delivery – including their perceptions of the extent to which they have been treated with dignity and respect by the different professional groups involved in their recent treatment - are already monitored in a programme of National Patient Surveys conducted by the Healthcare Commission. The studies carried out for the Insight Project were still necessary, however, in order to obtain greater detail on human rights issues – albeit from a smaller sample and in relation to less clearly defined experience and professional groups. For example, the National Patient Surveys ask about specific recent experience of treatment by – separately – GPs, psychiatrists, hospital doctors, hospital nurses and so on. The nearest equivalent question in the Insight Project quantitative studies with the general public and with vulnerable groups was phrased in terms of 'thinking about your own recent experience of workers providing health and social services'.

Similar surveys have repeatedly indicated that perception following a specific experience tends to be more positive than overall perception, and a comparison of the results of the Insight Project research with those of the

National Patient Surveys bears this out. Although the differences in methodology mean that the results are not directly comparable, both indicate that most people are treated with dignity and respect on most occasions by the professionals with whom they deal in the NHS; but that there remain issues to be addressed - both generally, in terms of reducing still further the proportions reporting unsatisfactory experiences, and specifically, in relation to areas within the NHS or sections of its workforce where human rights may not yet have received sufficient attention.

The first quantitative follow up was carried out in October 2005 with 1,965 adults (aged 15 and over) from across Great Britain. The interviews were conducted face-to-face as part of an Omnibus survey. This initial quantitative study revolved around:

- the level of public awareness of human rights and the Human Rights Act
- public attitudes towards the Human Rights Act, the notion of human rights and the principles underlying the Human Rights Act;
- public expectations in relation to the examined public services.

Following up one of the clearest findings of the qualitative research, the quantitative study divided its focus between two groups of questions. The first used 'human rights/ HRA language' and the second the 'principles language'.

#### **2.4.1 Awareness and understanding of human rights and the Human Rights Act**

Public awareness of human rights and the Human Rights Act was high although there was low understanding of what the Act is and does. Levels of understanding of human rights more generally were low, though not as low as expected in the light of the preceding qualitative and desk research. "...There is a lack of clarity about what the Human Rights Act means in a UK context, and what people can expect it to cover regarding their treatment by public services" (MORI 2005). In particular:

- 62% of respondents recognised that they do not know much about human rights and 77% said the same about the Human Rights Act. However, 20% said they know a great deal about human rights and the Human Rights Act.

#### **Awareness and Perceived Knowledge**

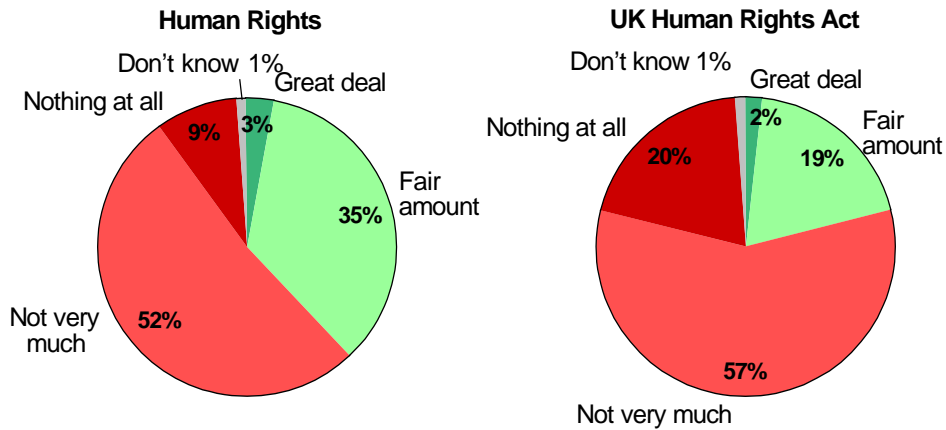
While nearly all of the population say they have heard of the Human Rights Act (89%), it should be borne in mind that one in five (20%) respondents also reported being aware of a fictional law. What this research does show, however, is that there is a lack of clarity about what the Human rights Act means in a UK context, and what people can expect it to cover regarding their treatment by public services. This is explained more fully below.

People say they feel more informed about Human Rights than the Act itself, although depth of awareness is still quite shallow. Three in five (61%) recognise that they don't know much about the Human Rights Act. Only one

in five (20%) say they know a great deal or a fair amount about *both* Human Rights and the Human Rights Act.

## Knowledge about Human Rights and HR legislation

- Q How much, if anything, do you feel you know about Human Rights generally?  
 Q How much, if anything, do you feel you know about the UK's Human Rights Act?



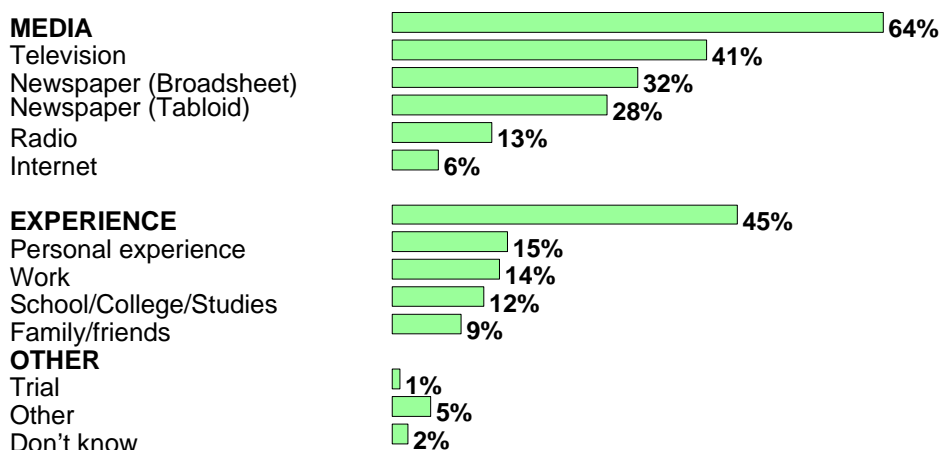
Base: All respondents (1,965), 20-25 October 2005

Source: MORI

- In terms of sources of knowledge about human rights and the Human Rights Act, the strongest was the media (64%) with television said to be the most commonly used medium (41%). However, sources such as work (14%) and school/college/studies (12%) were also recorded.

## Sources of knowledge about HR legislation

- Q Where did you find out about the Human Rights Act?



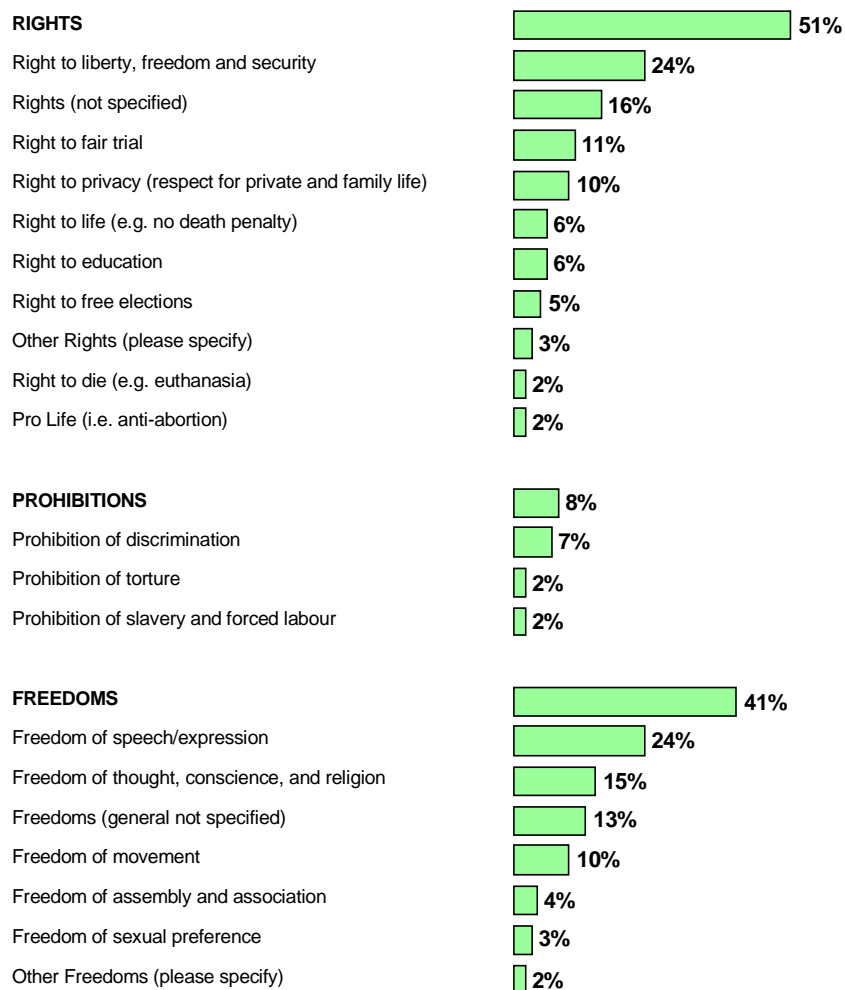
Base: All who say they know a great deal or a fair amount about the Human Rights Act (433) 20-25 Oct 05 Source: MORI

\* In a number of tables, responses have been summarised in order to allow broader comparison to be drawn. Summarised responses have titles in capital letters at the start of the responses included in this group.

- The term ‘human rights’ was mostly associated with ‘freedom’ in the sense of freedom of speech, liberty and security. When asked what the term human rights meant to them, the most common spontaneous answers were: freedom of speech/ expression (24%); right to liberty, freedom and security (24%); freedom of thought, conscience and religion (15%); right to a fair trial (11%) and freedom of movement (10%). Only 2% associated the term with political correctness and 1% with either ‘the nanny state’ or ‘compensation culture’.

### What does Human Rights mean?

Q What does the term Human Rights mean to you?



Base: All (1,965), 20 -25 October, 2005 Only those in ‘other’ category over 5% reported Source: MORI

#### 2.4.2 Attitudes towards human rights and the Human Rights Act

- In general terms, respondents were positive about the need for human rights legislation; 84% agreed that it was important to have a law which deals with Human Rights in Britain.
- 73% said that human rights are about more than laws, lawyers and courtrooms.
- A significant proportion expressed negative views on the way the current legislation is implemented, however; 57% agreed that 'Too many people take advantage of the Human Rights Act'.
- Similarly to the qualitative study, the respondents thought that the groups who most often take advantage of the Human Rights Act are asylum seekers and refugees (46% of those who agreed that too many people took advantage), 'foreigners' and immigrants (21%) and criminals and lawyers (11%).
- 40% of respondents agreed that the Human Rights Act has caused more problems than it has solved.

The fact that the proportion agreeing on the need for a law dealing with Human Rights in Britain was significantly higher than the proportion agreeing with any of the negative responses cited above, however, "indicates that frustrations about people taking advantage of the Act do not outweigh the perceived benefits of the legislation" (MORI 2005).

Again, similarly to the qualitative study it was found that people perceive a lack of shared values, with 56% agreeing that 'this country lacks a shared sense of rights and responsibilities' and 94% agreeing that 'we need to treat each other with more respect'.

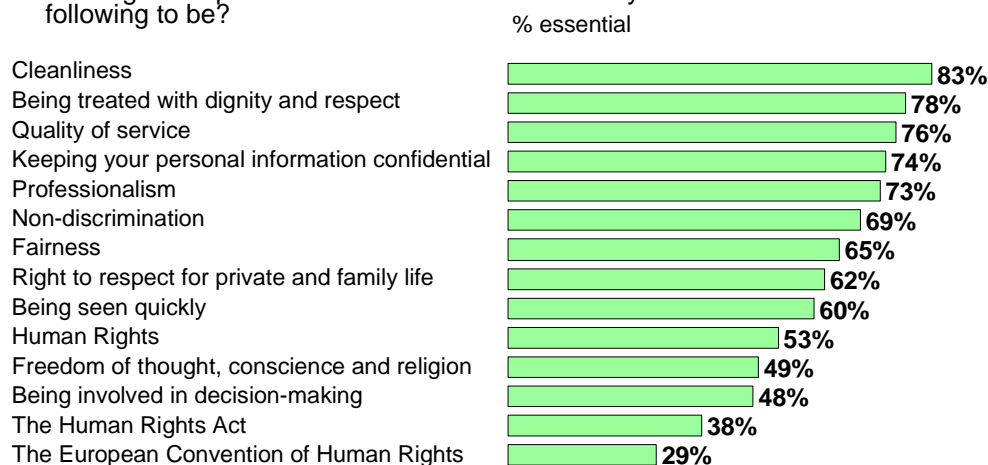
#### 2.4.3 Speaking the 'principles language': human rights explained – reactions and attitudes

Similarly to the qualitative study, the gap that was identified regarding the attitudes and general reactions between 'human rights' and the HRA on the one hand, and the examined human rights principles on the other, was significant. In particular:

- Dignity and Respect: Being treated with dignity and respect was crucial to customer satisfaction with public services.
  - Unprompted: 32% of respondents, unprompted, gave 'being treated with dignity and respect' as one of the most relevant factors when dealing with social and health services – a higher percentage than those proposing any other single factor. (The second most important factor cited was being seen quickly, at 28%).
  - Prompted: When the sample was prompted with a list that combined human rights principles with customer service factors, 78% chose being treated with dignity and respect as the second most relevant factor in 'the types of service delivered by GPs, social workers and people working in hospitals/care homes' – surpassed only by cleanliness at 83%.

## Factors seen as essential when prompted

Q Thinking about the types of service delivered by GPs, social workers, people working in hospitals/care homes how relevant do you consider each of the following to be?



Base: All respondents (1,965), 20-25 October 2005

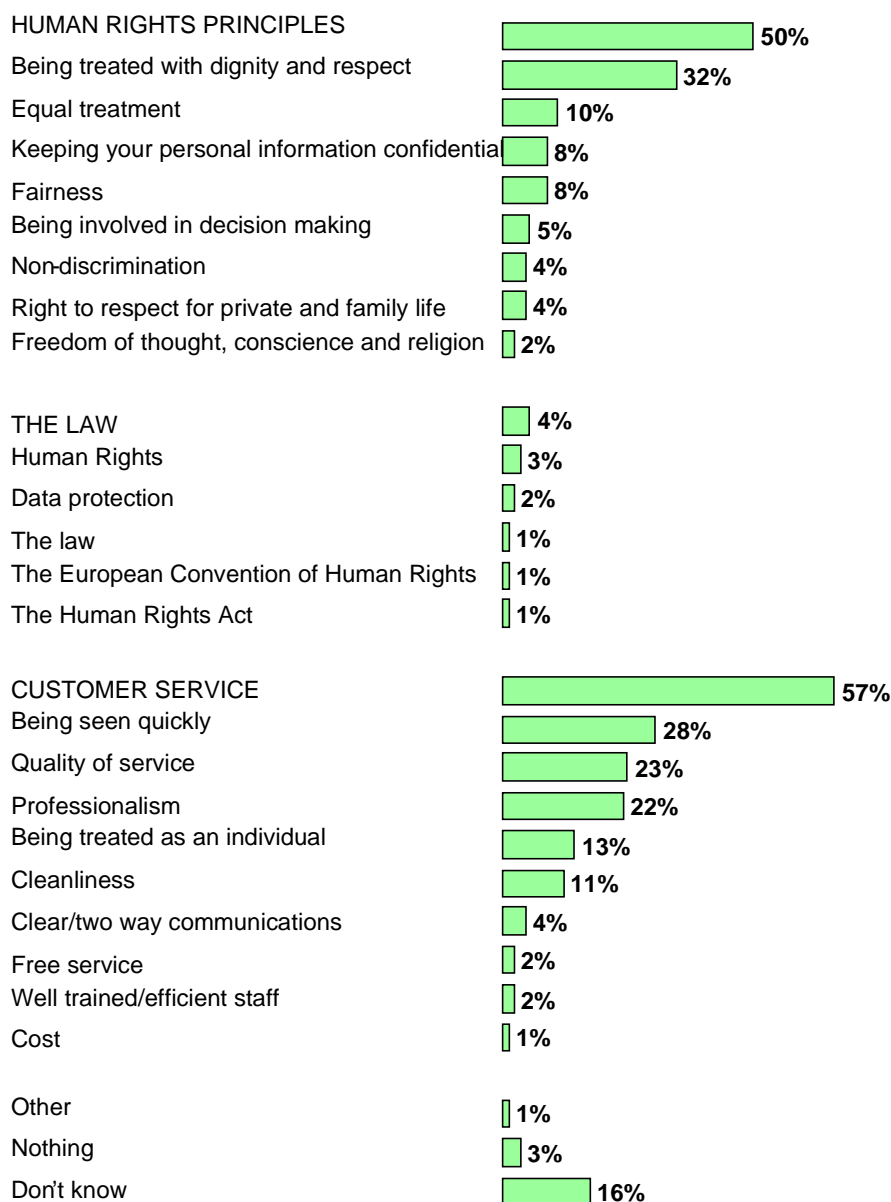
Source: MORI

- Principles language vs. HRA/ human rights language:** The individual human rights principles examined by the Insight Project were mostly accorded a higher importance by participants in the quantitative survey than either 'human rights' or the Human Rights Act. This again confirms the gap that exists between the human rights/ HRA language and the principles language. Although all the principles included in the study were drawn from the Human Rights Act and/or case law, the links between these principles and human rights were generally not recognised by respondents. For instance, when asked about the factors they considered relevant when dealing with public services, although being treated with dignity and respect scored 32% (the highest of all other factors), the term 'human rights' scored only 3% and the HRA 1%. Although the percentages changed, the order of preference among these three factors stayed the same when the sample was prompted to answer the same question. Although being treated with dignity and respect scored 78%, the term 'human rights' scored 53% and the HRA 38%. The ECHR scored even lower on both accounts.
- Among those who feel that human rights and the HRA are clearly irrelevant when dealing with social and health services (7% and 6% respectively) around three in five (62% and 59% respectively) still feel that being treated with dignity and respect is essential. "This clearly shows that there is a lack of public understanding about what Human Rights means in the context of public service delivery as people are not necessarily linking the principles which underlie the Act to the area of Human Rights" (MORI 2005).
- Human Rights principles vs. customer service:** "People spontaneously feel that being treated with dignity and respect, a key principle underlying Human Rights, is the single most relevant factor when dealing with workers in the NHS or social services. However,

the other areas most often mentioned focus on customer service-being seen quickly (28%), the quality of the service (23%) and being dealt with in a professional manner (22%).” (MORI 2005).

### Most relevant factors when dealing with social and health services

Q What factors do you think are relevant to you/members of your family when dealing with workers in the NHS or social services?



Base: All (1,965), 2025 October, 2005

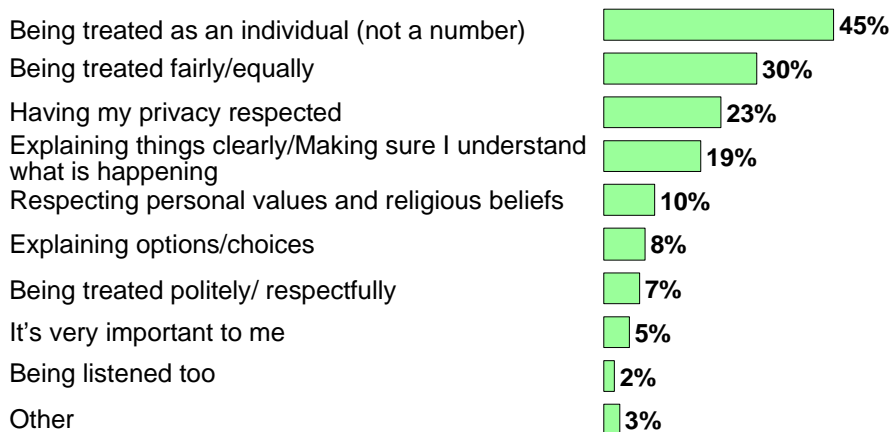
Source: MORI

- **Dignity and respect explained:** Since the principle of dignity and respect was considered the most relevant factor when dealing with health and social services, the respondents were asked to describe, without prompting, what it meant to them. The most common answer (45%) was 'being treated as an individual / not as a number'. These concepts had also been identified by the qualitative study as 'proxies'

for the human rights principle of being treated with dignity and respect. The next most common answers were ‘being treated fairly / equally’ (30%); ‘having my privacy respected’ (23%); ‘explaining things clearly / making sure I understand what is happening’ (19%) and ‘respecting personal values and religious beliefs’ (10%). All of these clearly relate to one or more of the principles underlying the HRA that were the main focus of the Insight Project.

### What does dignity and respect mean?

Q What does it mean to you to be treated with dignity and respect by NHS or social services workers?



Base: All respondents (1,965), 20-25 October 2005

Source: MORI

#### 2.4.4 Human rights experiences when receiving health and social public services

To collect information on the public’s human rights related experiences when receiving health and social services, a second Omnibus was carried out in February 2006 with 2022 respondents aged 15+ from across Great Britain.

- **Usage of health and social public services:** Interestingly, an unexpectedly high number of respondents (92%) indicated that they had used at least one provider from the NHS and/ or social services. The most commonly used providers are GPs (85%) followed by hospitals (38% inpatient/ 56% outpatient) and social services (e.g. social workers) with 7%. Only 8% of the sample said that they had not used any health or social services in the last two years.
- **Vulnerability:** The data on the usage of the examined public services was followed by another unexpected finding which showed that since 2000 17% of the random sample had experience some sort of physical or mental difficulty which made them vulnerable, putting them in greater need for health and social services. Communication difficulties (sight, hearing or speech impairment) was the most quoted answer (7%) along with long-term mobility impairment (7%). 71% of the 17% said that they are still subject to the same physical or mental difficulty. The latest census showed that there are approximately 11 million disabled adults living in the country

and 770 thousand disabled children (this equates to one fifth of the total population).

- Treatment in line with the HRA principles: Here, the findings were encouraging. 42% said that they are always treated with dignity and respect by NHS and social workers and only 2% said that this rarely happens. The most negative finding was in relation to the human rights principle of being involved in decision making with 12% saying that this standards is only sometimes respected, 4% rarely and 3% never. The factor perceived as being least respected (25% sometimes, 9% rarely and 3% never) by workers in the health and social services was being seen quickly, which is not a human rights issue.

**Thinking about your recent experience of workers who provide NHS or social services, to what extent, if at all, would you say –**

	Q6					
	Always s %	Mostly %	Some -times %	Rarely %	Never %	Don't know %
You are treated with dignity and respect	42	36	8	2	*	12
Your personal information is kept confidential	59	17	2	1	1	21
You are treated fairly	49	30	6	1	*	12
You are treated equally	51	26	7	2	*	14
You are involved in decisions that affect you	37	29	12	4	3	15
Your private life is respected (not interfered with)	56	24	4	1	1	15
You are allowed to express your opinions	50	25	9	2	1	13
Your personal beliefs are respected	52	22	5	1	*	18
You are treated professionally	54	27	6	1	*	12
You are seen quickly	20	31	25	9	3	12
You receive a quality service	36	37	12	2	1	12

Source: MORI

- **Experiences and professions:** According to the general public sample, the least likely to treat them with dignity and respect are carers in residential settings followed by receptionists in hospitals and Mental Health Unit nurses. These findings confirm the conclusions from the qualitative study with consumers of public services, but differ from the findings from vulnerable service users - as discussed in section 2.5 below.
- **Issues of empowerment:** Where respondents had indicated that they were rarely or never treated according to the identified HRA principles or customer service factors, they were asked whether they had complained about it. 37% said that they had indeed complained, of whom 38% had raised the matter with the individual worker, 29% had raised the matter with the organisation and 9% had made an official complaint (e.g. to the Patient Advice and Liaison Service). Only 3% said that they had sought advice from a Citizens Advice Bureau, and a further 3% that they had complained under the HRA. The 34% of the sample who had received poor treatment and did not complain were asked the reasons for this. 27% said that they didn't feel it was worthwhile, 16% said they did not know what to do and 9% said that they did not like dealing with the bureaucracy that was involved. Interestingly, 7% said that they did not complain because they were afraid they would receive even worse treatment and 5% said that they did not have anyone who could complain on their behalf (which suggests that they may have been in a condition that did not allow them to complain on their own).
- **Record of improvement:** 58% of the sample said that the health and social services they received had stayed the same over the last five years; 20% that they had improved and 13% that they had become worse.

## 2.5 Findings from the quantitative research on vulnerable groups' experiences, attitudes, aspirations and awareness of human rights and the Human Rights Act

Phase 1 of the Consumers study was based on desk research and consultations with key stakeholders. Both it and the qualitative survey with consumers of public services identified five groups that, in comparison to the general public, tend to be more exposed to poor treatment. These groups come into more frequent contact with health and social services and are sometimes less physically or mentally able to challenge service provision. These groups are:

VULNERABLE GROUPS	EXAMPLES OF SUB-GROUPS
1. Older people (65+)	Older people in residential care (care homes and nursing homes) Older people in sheltered housing Older people receiving care in their own homes (including housebound people)
2. People with physical disabilities	Disabled people in residential care (care homes and nursing homes) Disabled people receiving personal or nursing care in their own homes (including some housebound people)

3. Young people (16+) who have been/ still are in LA residential or foster care	
4. People with communication difficulties	Stroke victims People with hearing problems (including deaf) People whose sight is significantly impaired (including blind) People with significant speech impediments
5. Former mental health in-patients (since 2000)	People who voluntarily entered a mental health institution People who have been sectioned/treated under the Mental Health Act

To collect information on their experiences, attitudes, aspirations and awareness of human rights and the HRA, a third quantitative study was carried out with 513 vulnerable users of health and social services (approximately 100 from each of the above groups). The survey focused on four geographical areas (two from London and two from the North/ Midlands). In each case, one was 'informed' and one 'uninformed', as described in Section 1.2.3 and Annex E, in an attempt to compare the experiences of public service users in areas where the local authority and main NHS Trusts had and had not taken action to promote human rights<sup>4</sup>. Gaining access to vulnerable groups in these areas proved to be difficult, time-consuming and expensive; this experience may need to be brought to the attention of organisations aiming to quantify views from these groups in future.

The survey was carried out between February and April 2006 with face-to-face interviews. Since 2000, 61% of the respondents had used social services, 35% residential care homes (breakdown shown below), 50% hospitals/ inpatient, 60% hospitals/ outpatient, 24% had received domiciliary care and 23% had been in a Mental Health Unit while 92% of the sample had used a GP. There is a broad age range of respondents represented, with around a fifth in each of the under 25, 25-44 and 45-54 age groups (19%, 17% and 22% respectively) and the remaining two fifths (42%) aged over 65 years.

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**Services used since 2000 – Residential care homes**

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Older people receiving care	Former/current mental health inpatient	Young care leavers	Mobility impaired	Communication difficulties
41%	47%	52%	29%	22%

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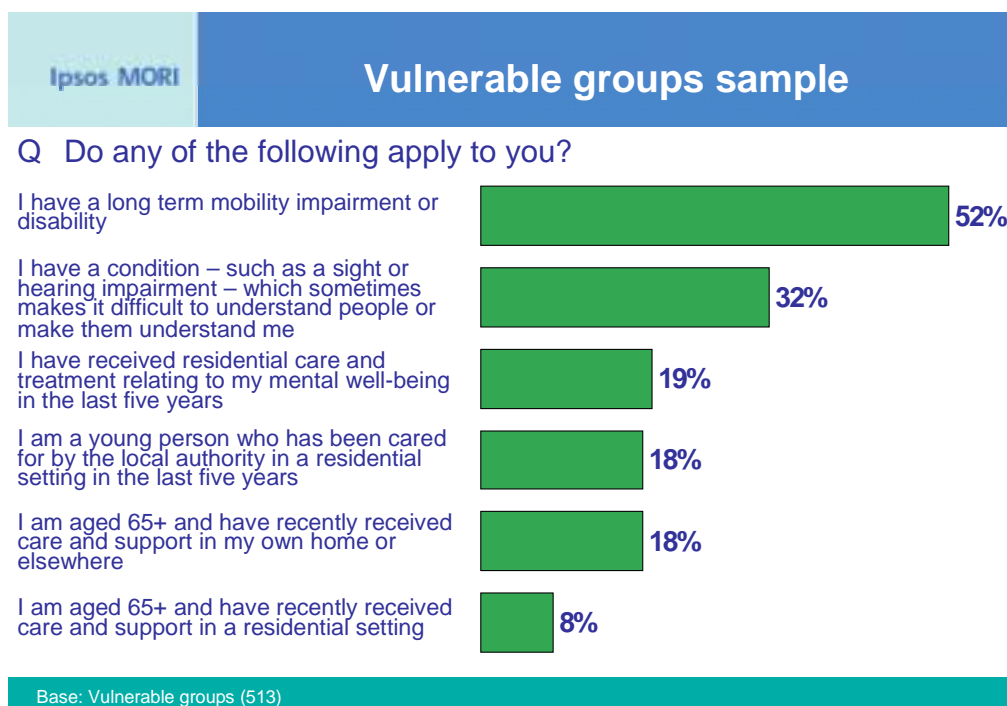
*Source: Ipsos MORI*

Around half of the sample (52%) had a long-term mobility impairment or disability, with around a third (32%) experiencing an ongoing communication difficulty of a physical nature, such as a sight, hearing or speech impairment. A fifth of the sample was aged over 65 and receiving ongoing care in their

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<sup>4</sup> The attempt was unsuccessful, for reasons which are discussed in Section 1.3.2 of this report.

own home (18%), and one in twelve was aged over 65 and had recently received care and support in a residential setting. Around one in five had received residential care and treatment relating to their mental well being in the last five years (19%) and a similar proportion were young people who had been or still were living in residential care (18%).



A multiplicity of issues faced by the sample was experienced. The table below details the degree of overlap between the different subgroups within the vulnerable groups' sample.

Overlap between different subgroups of vulnerable groups sample					
	Older people receiving care	Former/current mental health inpatient	Young care leavers	Mobility impaired	Communication difficulties
Older people receiving care	100%	5%	-	25%	23%
Former/current mental health inpatient	3%	100%	11%	20%	10%
Young care leavers	-	11%	100%	2%	3%
Mobility impaired	48%	55%	4%	100%	44%
Communication difficulties	34%	18%	5%	27%	100%

Source: Ipsos MORI

### **2.5.1 Awareness of human rights and the Human Rights Act**

The levels of awareness of human rights and the HRA were low. In particular:

- 47% said they do not know much about human rights and 43% said the same about the HRA. Only 2% said they know a great deal about the Act and 3% about human rights.
- 31% said that they know how to enforce their human rights.
- The term ‘human rights’ was mostly associated with the right to liberty, freedom and security as well as freedom of speech and expression. A significant number was able to make the conceptual link between ‘human rights’ and the principle of being treated with dignity and respect (39%). 12% found the term too complicated, 10% associated it with dealing with terrorists and 8% with compensation culture and political correctness.
- In terms of sources of knowledge about human rights and the HRA, the strongest was the media (53%), with television said to be the most commonly used medium (39%). However, sources such as school/ college/ studies (16%) and work (10%) were also mentioned.
- 82% said that they had never received information from their Council or NHS provider about human rights.

### **2.5.2 Attitudes towards human rights and the Human Rights Act**

- The majority of the respondents (33%) tended to agree that human rights are about more than laws, lawyers and courtrooms. The majority also said that it is important to have a law which deals with human rights in Britain.
- However, there was low confidence in the Act, as the majority (50%) tended to agree that too many people take advantage of the HRA. When asked to identify the people who in their view tend to abuse the Act, asylum seekers/ refugees (39%), foreigners (26%) and people seeking financial reward (22%) were most frequently mentioned.
- 32% agreed that the HRA has caused more problems than it has solved while 19% disagreed.

### **2.5.3 Speaking the ‘principles language’: human rights explained – reactions and attitudes**

Although ‘human rights’ and the HRA were not immediately associated with the examined human rights principles, the gap between the two was not as big as with the one observed with the general public and the sample from the qualitative study. It was clear though that the sample felt far more positive about the examined principles rather than the Act or the term ‘human rights’. In particular:

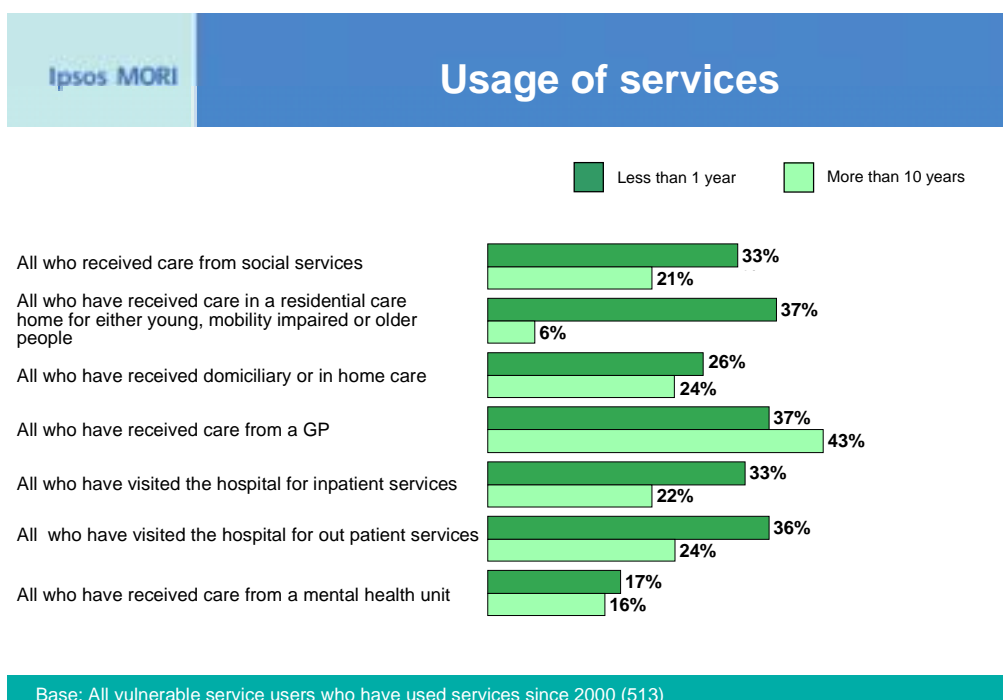
- Dignity and respect: Being treated with dignity and respect was considered the most essential factor when dealing with social and health services (81%). This was followed by cleanliness (77%) and quality of service (74%), while having one’s personal information kept confidential was also significant (72%).
- It is worth noting that although all the principles included in the study were drawn from the HRA, the perceived relevance of the Act when dealing with public services was low (36%). The ECHR was considered the least

relevant factor (28%), which confirms the gap in understanding between human rights/ HRA language and ‘principles language’.

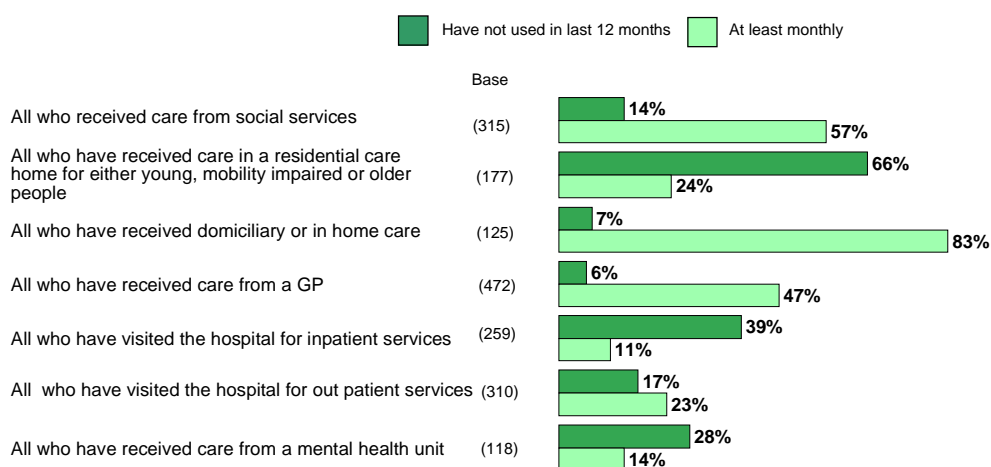
- Human rights principles vs. customer service: For the vulnerable groups sample, being treated with dignity and respect is the single most relevant factor when dealing with workers in the NHS or social services.

## 2.5.4 Human rights experiences when receiving health and social public services

- Usage of health and social services: Among the vulnerable groups who took part in the survey, three in seven (43%) have been visiting their GP for more than 10 years. Over one in five have been using social services, hospital inpatient services and hospital outpatient services for a similar period (21%, 21% and 24% respectively). Over a third of respondents are ‘new users’ of residential care (37%, GPs (36%) and social services (32%). This highlights that there are two distinct groups of users among the vulnerable sample – new users and long-term users.
- Over four in five (83%) respondents who receive domiciliary (in-home) care do so at least once a month. This is unsurprising as people who use these forms of health and social services are most likely to require regular care. Two-thirds (66%) of respondents have received care in a residential setting at least monthly and this may reflect the number of older people in care homes in the survey.



## Vulnerable groups- regularity of usage



- Treatment in line with the HRA principles:** Here, the findings were not too discouraging. According to the sample, the most commonly neglected human rights principle by health and social services workers is being involved in decision making (10%) followed by being allowed to express your opinions (5%) and respect for private life (5%). Some clear patterns emerge with older people as they appeared more positive on all measures, while former mental health in-patients were more negative. However, as the qualitative survey had shown, the trend with older people is likely to reflect more positive attitudes of older people generally, rather than anything specific to do with superior levels of treatment of vulnerable older people. A minority of respondents are consistently negative about their treatment by social and health services, feeling that they are rarely or never treated well.

Q Thinking about your recent experience of workers who provide NHS or social services, to what extent if at all would you say:

	Vulnerable groups total	Older people in receipt of care	Vulnerable groups total	Former Mental Health in-patients
Base: All respondents	(505)	(128)	(505)	(95)
	Always %	Always %	Rarely/Never %	Rarely/Never %
You are treated with dignity and respect	43	59*	3	11*
Your personal information is kept confidential	61	72*	4	12*
You are treated fairly	49	66*	4	16*
You are treated equally	48	63*	5	14*
You are involved in decisions that affect you	40	51*	10	23*
Your private life is respected (not interfered with)	53	70*	5	7

You are allowed to express your opinions	55	70*	5	11*
Your personal beliefs are respected	52	65*	3	9*
You are treated professionally	52	68*	4	7*
You are seen quickly	28	46*	12	20*
You receive a quality service	42	63*	4	7

NB: \* indicates significant difference from vulnerable groups average

Source: Ipsos MORI

- **Treatment and demographics:** In addition to these overall trends, there are also some specific demographic variations within the vulnerable groups' sample. White respondents are more confident about their personal information being kept confidential (64% compared with 49% among ethnic minorities), receiving a quality service (44% compared with 33% among ethnic minorities) and being treated fairly (51% compared with 37% among ethnic minorities).
- **Experiences and professions:** Mental health professionals are least positively rated. This may reflect the more negative attitudes of former mental health in-patients.

**Q From your own experience, how likely are each of these workers to treat you with dignity and respect?**

	<b>Vulnerable groups</b>	<b>Former/current mental health inpatients</b>
<i>Base: All who have experience of particular type of professional</i>	<i>% Certain</i>	<i>% Certain</i>
GPs	62	47
Nurses in a GP practice	51	33
Hospital doctors	58	39
Hospital nurses	53	35
Mental Health Unit doctors	NA	35
	<b>Vulnerable groups</b>	<b>Former/current mental health inpatients</b>
<i>Base: All who have experience of particular type of professional</i>	<i>% Certain</i>	<i>% Certain</i>
Receptionists in a GP practice	45	30
Mental Health Unit nurses	NA	25
Receptionists working in a hospital	44	21
Social workers	44	21
Mental Health Unit Receptionists	NA	19
Carers in a residential setting	42	18

Source: Ipsos MORI

- Issues of empowerment: Where the sample had indicated that they are rarely or never treated according to the identified HRA principles or customer service factors, they were asked whether they had complained about it. 56% said that they had complained with 63% of them raising the matter with the individual worker. 50% said they contacted the organisation, while 11% sought advice from an organisation such as Citizens Advice Bureau. No one had made a complaint under the HRA. The sample who said that they had received poor treatment but did not complain were asked to identify the reasons for that. The majority said that they simply did not know what to do (28%) while 17% said that they were worried they would receive even worse treatment. It is important to consider that a significant number were receiving care in residential settings or were housebound. 11% said that they did not have anyone who could complain on their behalf – which may indicate that their physical or mental difficulties prevented them from complaining themselves.
- Record of improvement: The majority of respondents said that the standards of the health and social services they received had stayed the same over the last five years.

## **2.6 Comparing the data on vulnerable groups and the general public: key themes and main differences**

### **2.6.1 Awareness of Human Rights and the HRA**

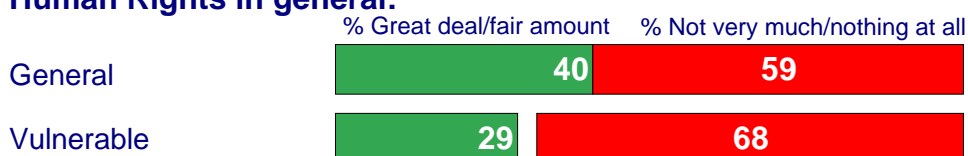
While nearly all of the general public population say they have heard of the HRA (89%), it should be borne in mind that one in five (20%) respondents also reported being aware of a fictional law. Three in five (59%) recognise that they don't know very much about Human Rights; and nearly four in five (78%) say they don't know much about the HRA. A similar pattern emerges amongst vulnerable groups with around two thirds (68%), feeling they do not know very much about Human Rights, and around four in five (79%) feeling they don't know very much about the HRA.

## How much, if anything, do you know about:

### The UK's Human Rights Act:



### Human Rights in general:



Base: General Public (3, 987), Waves 1 and 2 combined, Vulnerable group, (513), 24 Feb – 30 April 2006

Nationally, 19% say they know a great deal or a fair amount about both Human Rights and the HRA; this compares with 13% among vulnerable groups with young care leavers most likely to feel informed and older people least likely to do so.

### What does the term human rights mean?

Both sample groups understand that Human Rights refer to various freedoms and rights, and while the general public do not equate it to the same extent with Human Rights principles, this is not the case with vulnerable groups who do see the principles as being connected with Human Rights. This indicates that vulnerable groups may have a clearer understanding or may be more willing to articulate what they perceive as Human Rights. Within the vulnerable groups sample, associations on all measures are highest among former mental health in-patients.

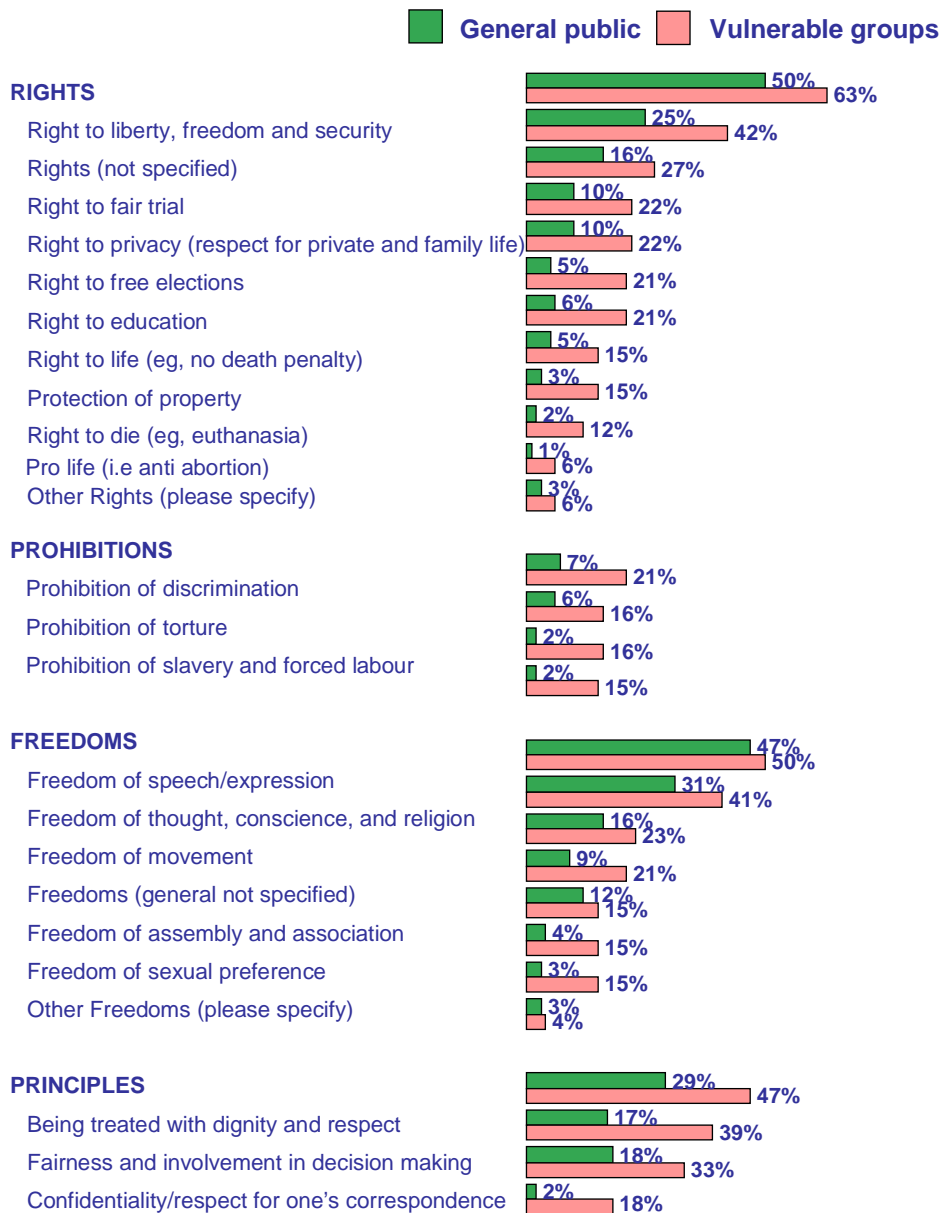
Most commonly the term Human Rights is associated with freedom of speech (31% among the general public and 41% among vulnerable groups), and the right to liberty, freedom and security (25% among the general public and 42% among vulnerable groups). Interestingly, while only 17% of the general public recognise that Human Rights includes being treated with dignity and respect, and 18% think it covers being treated fairly, these proportions double to 39% and 33% respectively among vulnerable groups. This highlights that although the public does not necessarily equate the term Human Rights with the principles which underlie it, vulnerable groups do.

One in twenty (6%) members of the general public have negative associations with the term Human Rights, relating it to such things as a Nanny State, compensation culture and political correctness. However, this proportion rises to nearly one in six (16%) among vulnerable groups. Finally, members of the

general public are more likely to feel they know how to enforce their rights than vulnerable groups.

Ipsos MORI **What does Human Rights Mean? Top Associations**

Q What does the term Human Rights mean to you?



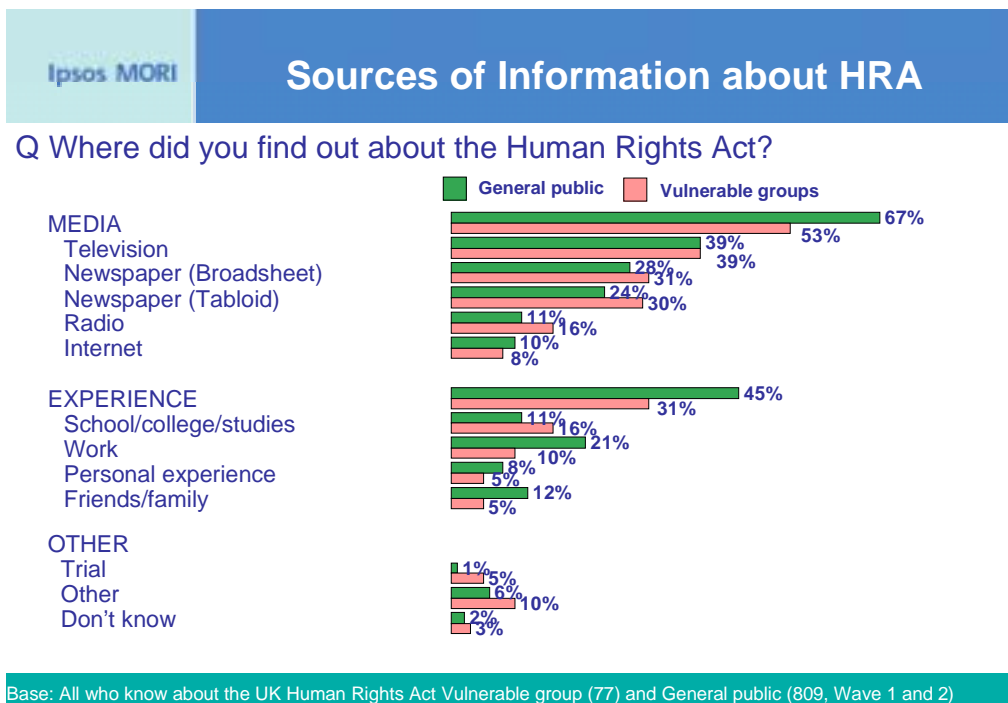
Source :Ipsos MORI

Base: Vulnerable groups (513), General Public Waves 1 and 2 of Omnibus (3,987)

**2.6.2 Sources of knowledge about human rights and the HRA**

While the vast majority of the public who feel they know something about the Act say they found out about it from the media (67%), small proportions also report learning about the Act through personal experience, friends, family, school and work (45%). Within the vulnerable groups sample the picture is

very similar with 53% reporting that they found out about the Human Rights Act through the media and 31% saying they gained information via personal experience, friends, family, school or work. This shows that although the media exerts a significant influence on the public's awareness of human rights and the HRA, the provision of information through organisations such as schools, colleges and work can be effective. It should also be borne in mind that younger age groups are more likely to use particular sources of information. For example, among the 15-24 years age group, two in seven (28%) use both school/college/studies and the internet to find out about the HRA. On the other hand, older people are most likely to access information via the television (44% of those aged between 55-64 years). In addition, one in nine (11%) of the vulnerable respondents and one in twenty members of the public (6%) remembers receiving information from their council or NHS provider about Human Rights.



### 2.6.3 Attitudes towards human rights and the HRA

Despite relatively low levels of perceived knowledge about Human Rights and the HRA, half (53% of general public and 54% of vulnerable groups) think that Human Rights are essential when dealing with workers in the NHS and in social services, and over a third (34% of general public and 36% of vulnerable groups) still feel that the Human Rights Act is essential. There are no differences between vulnerable groups and the general public in their estimations of the importance of Human Rights and the Human Rights Act.

On the other hand, only a tiny minority (3% of general public and 2% of vulnerable groups) feel that the HRA or human rights are totally irrelevant in a social and health care environment. However, of the 14 areas relating to service delivery which were probed, the European Convention of Human

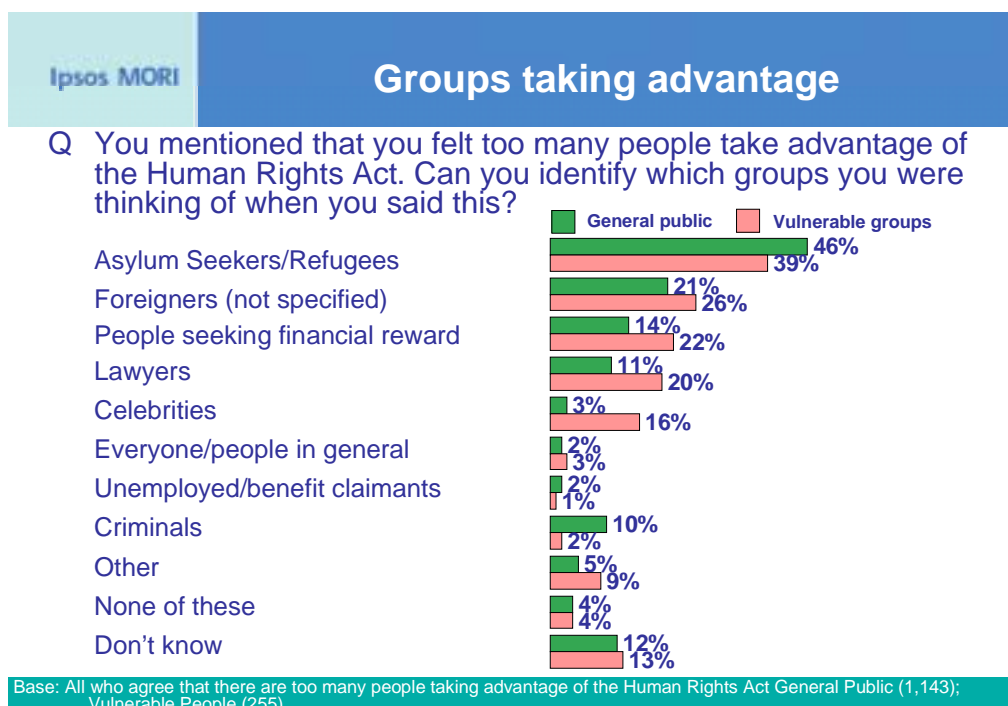
Rights was perceived to be least essential (29% in the general public survey and 28% in the vulnerable groups see it as essential). This shows a gap in knowledge.

Within the public, those who have worked for a health or social care provider are more likely to think Human Rights and the HRA are essential. Those who have worked for or used health care or social services are more likely to regard all Human Rights and customer service principles as essential, suggesting that their perceptions and awareness partly reflect their own experience.

In the main, the general public are positive about the need for Human Rights legislation, and there are few differences between the general public and the vulnerable groups on these measures. Nearly all (84% of the general public and 81% of vulnerable groups) feel we need to have a law dealing with Human Rights in Britain and there is also significant support for the principles which underlie the Act.

However, there is a significant group of the population who hold negative attitudes regarding the way that the legislation is currently implemented. Two in five of the general public (40%) thought that the HRA causes more problems than it solves – a higher proportion than is seen across the vulnerable groups sample (32%).

Furthermore, the majority of the population feel that too many people take advantage of the HRA (57% of the general public and 50% of vulnerable groups). Among this group, those who are most felt to take advantage are asylum seekers and refugees, other ‘foreigners’ and immigrants and people seeking financial reward.



Among the general population, these negative opinions rise to half among those aged over 55 (52%) and those living in the South West (50%). Other groups who are more likely to feel negatively include those who are not working (45%), tabloid newspaper readers (46%), those living in the South East (47%) and East (45%) and those with no formal qualifications (49%). The data on attitudes should not be separated from the findings on awareness as the latter may explain the former.

More than nine in ten (94% of the general public and 96% of vulnerable groups) feel that we have to treat each other with more respect and over half (56% of the general public and 55% of vulnerable groups) feel that there isn't a shared sense of rights and responsibilities in Britain. The proportion rises to three in five among vulnerable groups living in uninformed areas.

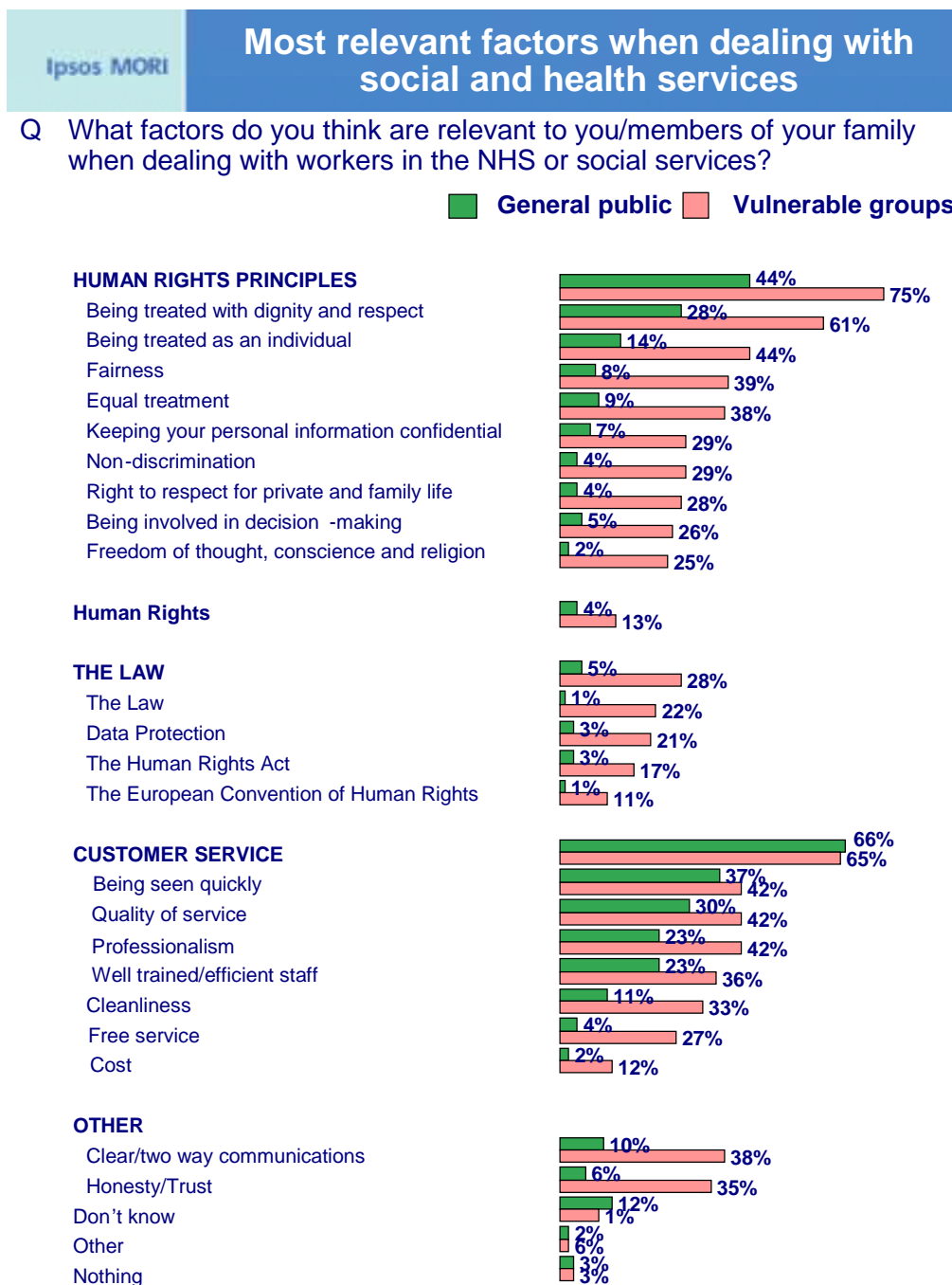
## Attitudes on Human Rights

		% Disagree	% Agree	Net (+%)
We need to treat each other with more respect	Vulnerable groups	1%	96%	95
	General Public	1%	94%	93
It is important to have a law which deals with Human Rights in Britain	Vulnerable groups	1%	81%	80
	General Public	5%	84%	79
Human Rights are about more than laws, lawyers and courtrooms	Vulnerable groups	9%	56%	47
	General Public	10%	73%	63
This country lacks a shared sense of rights and responsibilities	Vulnerable groups	14%	55%	41
	General Public	21%	56%	35
Too many people take advantage of the Human Rights Act	Vulnerable groups	9%	50%	41
	General Public	14%	57%	43
The Human Rights Act has caused more problems than it has solved	Vulnerable groups	19%	32%	13
	General Public	24%	40%	16
I know how to enforce my Human Rights	Vulnerable groups	43%	31%	-12
	General Public	40%	36%	-4
I am more concerned about Human Rights abuses abroad than at home	Vulnerable groups	36%	22%	-14
	General Public	42%	33%	-9
The Human Rights Act is a European law, not a UK law	Vulnerable groups	15%	32%	17
	General Public	20%	45%	-25
Human Rights are not relevant to my daily life	Vulnerable groups	40%	26%	-14
	General Public	53%	31%	-22

Base: Vulnerable (513); General Public (1965)

## 2.6.4 Using the 'principles language'

Being treated with dignity and respect was seen by vulnerable groups as the single most relevant factor when dealing with workers in the NHS or social services. This key human rights principle was ranked higher than any customer service factor. Overall, vulnerable groups may have a clearer understanding related to their greater experience of health and social services or it may just be that they are more willing to articulate their perceptions. Within the vulnerable groups' sample, associations on all measures are highest among former mental health in-patients.



Base: General Public (3,987) Waves 1 and 2, Vulnerable groups (513)

Within the vulnerable groups sample those living in ‘informed’ areas, where the Human Rights agenda was originally assumed to be more developed, are more likely to see the following as essential: being treated with dignity and respect (85% compared with 76% in ‘uninformed’ areas); quality of service (78% compared with 70% in ‘uninformed’ areas), and the right to respect for their private life (72% compared with 61% in ‘uninformed’ areas). Particular caution is needed in interpreting this finding, however, in the absence of any wider confirmation that the distinction between the ‘informed’ and ‘uninformed’ areas was valid. Section 1.3.2(i) examines this issue in greater detail.

Being seen quickly is a particular priority for older people in receipt of care (71% compared with 62% overall), whereas young people and ethnic minorities are more likely to see non-discrimination, freedom of thought, conscience and religion, Human Rights and the Human Rights Act as essential. This perhaps reflects the overlap between these two groups and indicates that these groups may feel particularly at risk of discriminatory behaviour.

Q	Thinking about the type of care you receive, how relevant do you consider the following to be?		
	Vulnerable groups total	Ethnic minorities	Under 25
	(505)	(86)	(96)
	%	%	%
	Essential	Essential	Essential
Non-discrimination	64	73	79
Freedom of thought, conscience and religion	57	67	70
Human Rights	54	67	67
The Human Rights Act	36	53	51

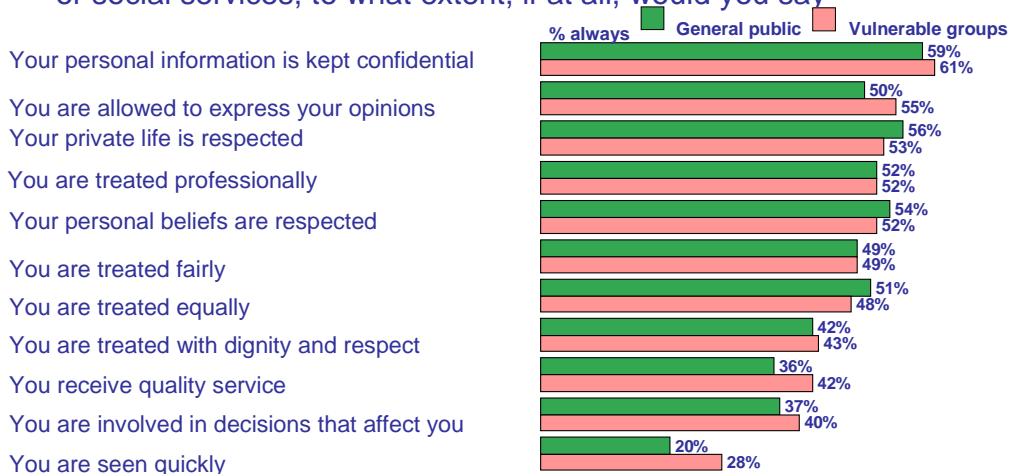
Source: Ipsos MORI

### 2.6.5 Human rights experiences

In general terms, members of the general public and vulnerable groups rate their treatment by workers who provide NHS or social services similarly. Both groups are most positive regarding feeling that their personal information is kept confidential, and least positive about being seen quickly, receiving a quality service and being involved in decisions that affect them.

## Experience of social and health care services

Q Thinking about your recent experience of workers who provide NHS or social services, to what extent, if at all, would you say



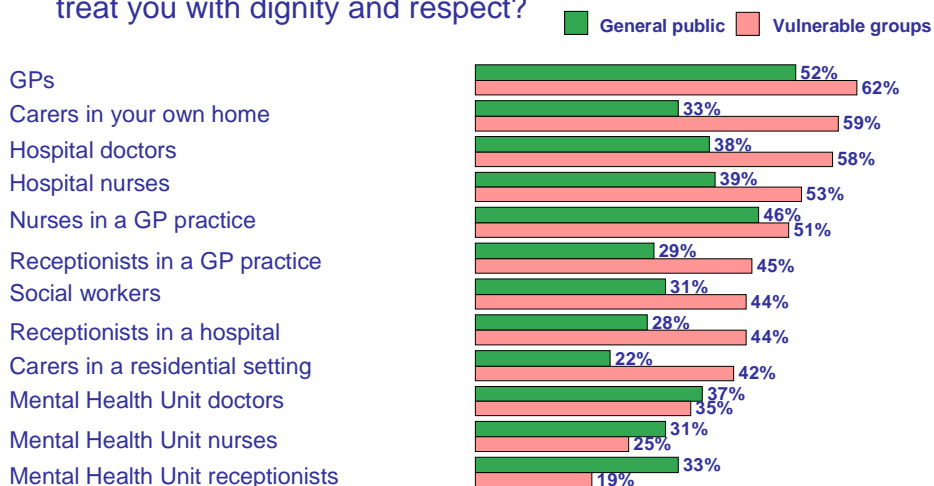
Base :Vulnerable groups (513), General Public

### 2.6.6 Human rights treatment and professions

Among both the general public and vulnerable groups, ratings of treatment by GPs are most positive. 52% of the public and 62% of the vulnerable groups sample feel that, based on their previous experience, GPs would certainly treat them with dignity and respect.

## Experience of 'Dignity and Respect'

Q From your own experience, how likely are each of these workers to treat you with dignity and respect?



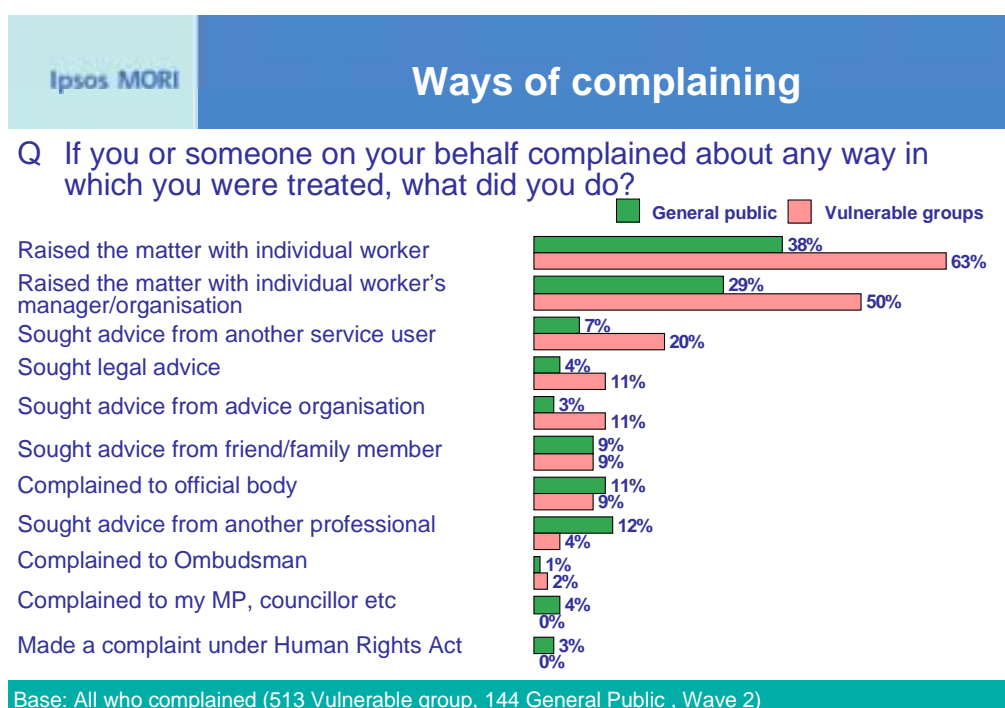
Base: Users of services

## 2.6.7 Issues of empowerment

Of vulnerable respondents who feel they are rarely or never treated well, 44% have complained compared with 37% in the general public. The largest proportion simply raised the matter with the individual worker, or with the organisation. A further one in nine vulnerable respondents who chose to do something about their perceived poor treatment sought legal advice (11%) or advice from an advice organisation such as the citizens' advice bureau (11%). In contrast, these options are not so heavily relied upon among the general public (4% and 3% respectively). Members of the general public are more likely to have sought advice from another professional (12% compared with 4%). No one from the vulnerable groups made a complaint under the HRA.

Among those in the general population who chose not to complain, the greatest proportion decided not to because it did not seem worthwhile (31%). One in six (16%) chose not to complain because they didn't know what to do. Not knowing what to do (28%) is by far the greatest concern among vulnerable groups and perhaps highlights an area that may benefit from a targeted policy initiative. Vulnerable groups are also more likely to mention fear of receiving worse treatment following a complaint (17% compared with 7% overall) and not knowing anyone who could complain on their behalf, as reasons for not complaining (11% compared with 5% overall).

Among the public, the areas which people are most likely to complain about include being unfairly (51%) or unequally treated (40%) and not being treated with dignity and respect (43%). Among the vulnerable groups sample respondents are most likely to have complained about not being able to express their opinions (46%) or about being unequally (46%) or unfairly treated (43%).

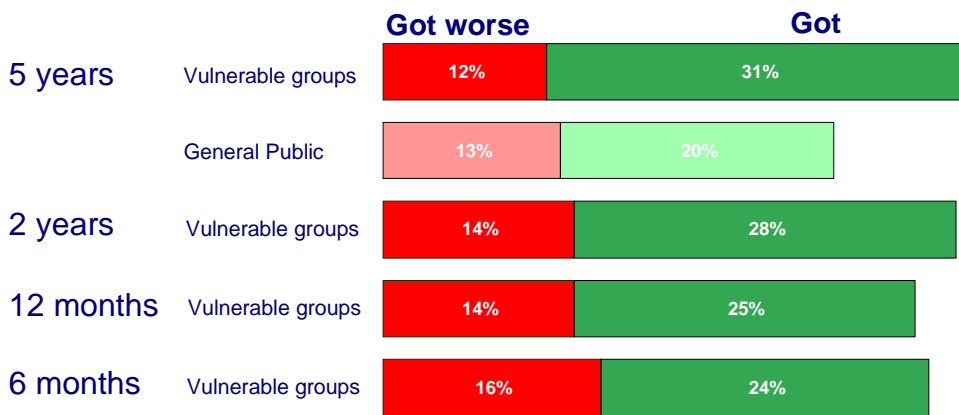


### 2.6.8 Record of improvement

In the main, both members of the general public and vulnerable groups feel that there has been little change in the way they are treated by workers who provide social and health services.

Ipsos MORI **Treatment by service providers over time**

Q Do you feel the way you are treated by the workers who provide these services to you has got better, worse, or stayed the same over the last...



Base: Vulnerable (513) and General Public (2,022), Fieldwork dates 16-20 February 2006