

**February 2018**



**SNAP All Our Rights**

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# What We Are All About…

Scotland’s National Action Plan for Human Rights (SNAP) kicked off four years ago by going into communities and engaging with a wide range of people from across Scotland. As SNAP approached the end of its first phase, the Scottish Human Rights Commission (SHRC) decided to again talk with communities about human rights, to inform the next phase of SNAP.

*All In*, a social enterprise specialising in talking with communities, was commissioned to design and deliver a participatory engagement process – All Our Rights – which ran from June to December 2017. This report describes what we learned from the All Our Rights process.

# Our Activity…

**Designing community events together.** Working with nine peer researchers, who each had experience of personal human rights challenges, participative community events were co-designed and co-produced that imparted knowledge about human rights, and enabled people to discuss their experiences.

Extending the scope for the involvement of people with lived experience beyond attending local events was crucial in creating a positive environment for community participation. The participative and inclusive nature of the formats was evaluated positively by participants.

**Learning about human rights.** Throughout August and September 157 people from a wide range of backgrounds participated in eight events across Glasgow, Inverness, Dumfries, and Edinburgh, to learn about their human rights and to explore how to improve services and policies for everyone.

**Identifying the issues and solutions.** Participants in each of the four areas identified a number of issues around human rights in Scotland today. Issues were generated in group discussions and prioritised through a voting exercise. Participants then worked together to come up with solutions to address the priority issues.

**Online participation.** To open up participation to as many people as possible, an online survey was developed, building on the discussions from the events, and exploring personal experiences of rights issues. The survey was actively promoted to communities of place and interest whose perspectives were missing from the participation events. 862 people responded over six weeks.

# Who participated?

In total 1,019 people participated in at least one element of the participation process between June and December 2017. 157 people attended a local discussion event and 862 responded to the online survey. The same basic set of equality monitoring questions were asked at both sets of events and through the survey.

## Reflecting the Scottish Population

2011 Scottish Census data has been used to determine the extent to which the makeup of participants reflects the wider Scottish population. The National Records of Scotland’s Mid-2016 population estimates were used to determine the geographical representation of the survey responses.

## Gender and Age

65% of participants in both events and the survey were women. This is higher than the national average of 51%.

The largest proportion of respondents were aged 45-64, representing over 50% of both event and survey respondents. This is higher than the national average of 27.5%.

Younger people (under 25) represent 3% of events participants, and 2% of survey respondents. Older people (over 65) represent 13.1% of event participants and 7.4% of survey respondents. Against national averages, both younger (16-25) and older (65+) respondents were lower than the national average.

## Disabilities

32.5% of event participants identified as having a disability. This question asked at events considered disabilities within one category while the survey asked about mental ill health separately. Taken together, percentages of people identifying as affected by disability are similar at 32.5% and 38.2%. This compares to the percentage of the Scottish population living with disabilities of 19.6%.

## Ethnic Origin and Religious Beliefs

The largest single percentage across both events and survey responses identified as Christian, with similar percentages at 37.1% and 39%, which is lower than the national average at 53.8%. Participants of Buddhist, Jewish, Sikh and Muslim origins were broadly representative of the national population.

The largest percentage of people across both events and survey responses self-defined their ethnic origin as white Scottish; at 46.9% and 73.5% respectively, these are less than the national average of 84%.

There was higher representation of Mixed Scottish Indian (0.9%), Mixed British Indian Asian (0.9%), and Indian (0.9%) at events than the national average of 0.62%.

## Geographical Location

Respondents from Aberdeen City accounted for 10.4%, which is higher than the population percentage of 4.3%. Whereas, responses from the North West of the country was lower than the national population with the Highlands representing 0.3% of survey respondents, while representing 4.3% of the national population.

**1. Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | **Events** | |  | **Survey** | |
|  | **Number of people** | **% of respondents** | **Number of people** | **% of respondents** |
| **Total response rate** | **131** |  | **359** |  |
| **Identify as Female** | 82 | 62.2 | 234 | 65 |
| **Identify as Male** | 47 | 35.9 | 122 | 34 |
| **Identify as Neither** | 2 | 1.5 | 3 | 0.8 |

**2. Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | **Events** | |  | **Survey** | |
|  | **Number of people** | **% of respondents** | **Number of people** | **% of respondents** |
| **Total response rate** | **130** |  | **357** |  |
| **11-15** | 1 | 0.7 |  |  |
| **16-18** | 2 | 1.5 |  |  |
| **19-24** | 2 | 1.5 | **17-24** | 7 | 2 |
| **25-34** | 16 | 12.3 |  | 47 | 13 |
| **35-44** | 21 | 16.2 | 32 | 9 |
| **45-54** | 26 | 20 | 112 | 31 |
| **55-64** | 43 | 33.1 | 90 | 25 |
| **65-74** | 17 | 13.1 | 23 | 6.4 |
| **75+** | 0 | 0 | 6 | 1 |

**3. Disabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability** | **Events** | |  | **Survey** | |
|  | **Number of people** | **% of respondents** | **Number of people** | **% of respondents** |
| **Total response rate** | **123** |  | **376** |  |
| **People with a disability** | 40 | 32.5 | 65 | 17.2 |
| **People with mental ill health** |  |  | 79 | 21 |

**4. Religious Beliefs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Religious Beliefs** | **Events** | |  | **Survey** | |
|  | **Number of people** | **% of respondents** | **Number of people** | **% of respondents** |
| **Total response rate** | **105** |  | **348** |  |
| **Christian** | 39 | 37.1 | 134 | 39 |
| **Atheist/Agnostic** | 38 | 36 | 28 | 8 |
| **Buddhist** | 2 | 1.9 | 4 | 1.1 |
| **Muslim** | 1 | 1 | 2 | 1 |
| **Hindu** |  |  |  |  |
| **Jewish** |  |  | 2 | 1 |
| **Sikh** |  |  | 1 | 0.3 |
| **No Religion** |  |  | 116 | 33 |
| **Other** |  |  | 23 | 6.6 |

**5. Ethnic Origin**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic Origin** | **Events** | |  | **Survey** | |
|  | **Number of people** | **% of respondents** | **Number of people** | **% of respondents** |
| **Total response rate** | **115** |  | **355** |  |
| **Asian or Asian British Bangladeshi** |  |  | 1 | 0.3 |
| **Asian/ Asian British Indian** |  |  | 3 | 0.8 |
| **Asian/ Asian British Pakistani** |  |  | 1 | 0.3 |
| **Black/ Black British African** |  |  | 1 | 0.3 |
| **Black/ Black British Caribbean** |  |  | 1 | 0.3 |
| **British** | 3 | 2.6 |  |  |
| **Chinese** | 1 | 0.9 |  |  |
| **English** | 2 | 1.7 |  |  |
| **Indian** | 1 | 0.9 |  |  |
| **Mixed** |  | 2.6 | 3 | 0.8 |
| **Mixed British Arab** | 1 | 0.9 |  |  |
| **Mixed British Indian Asian** | 1 | 0.9 |  |  |
| **Mixed Scottish Indian** | 1 | 0.9 |  |  |
| **Mixed white Asian** |  |  | 1 | 0.3 |
| **Other black background** |  |  | 1 | 0.3 |
| **Other ethnic group** |  |  | 2 | 0.6 |
| **Other mixed** |  |  | 3 | 0.8 |
| **Other white** |  |  | 18 | 5 |
| **Scottish** | 20 | 17.3 |  |  |
| **Scottish Gypsy/Traveller** | 1 | 0.9 |  |  |
| **Scottish Irish** | 1 | 0.9 |  |  |
| **White** | 8 | 7 |  |  |
| **White British** | 12 | 10.4 | 25 | 7 |
| **White English** |  |  | 26 | 7.3 |
| **White European** | 4 | 3.5 |  |  |
| **White Irish** |  |  | 7 | 2 |
| **White Northern Irish** |  |  | 3 | 0.8 |
| **White Scottish** | 54 | 46.4 | 261 | 73.5 |
| **White Welsh** |  |  | 1 | 0.3 |

**6. Sexual Orientation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexual Orientation** | **Events** | |  | **Survey** | |
|  | **Number of people** | **% of respondents** | **Number of people** | **% of respondents** |
| **Total response rate** | **89** |  | **335** |  |
| **Heterosexual/Straight** | 64 | 71.9 | 289 | 86 |
| **Gay** | 3 | 3.4 | 16 | 4.7 |
| **Lesbian** | 2 | 2.2 | 9 | 2.6 |
| **Bisexual** | 3 | 304 | 12 | 3.6 |
| **Other** | 4 | 4.4 | 8 | 2.4 |
| Including self-defined as ‘queer’, ‘varies’, ‘celibate’, ‘normal’ | | Including self-defined as. ‘pansexual’, ‘asexual’. | |

**7. Geographic Location**

|  |  |  |
| --- | --- | --- |
| **Local Authority** | **Survey** | |
|  | **Number of people** | **% of respondents** |
| **Total response rate** | **713** |  |
| **Aberdeen City** | 74 | 10.4 |
| **Aberdeenshire** | 38 | 5.3 |
| **Angus** | 10 | 1.4 |
| **Argyll and Bute** | 8 | 1.1 |
| **Clackmannanshire** | 4 | 5.6 |
| **Comhairle nan Eilean Siar** | 1 | 0.1 |
| **Dumfries and Galloway** | 22 | 3.1 |
| **Dundee City** | 16 | 2.2 |
| **East Ayrshire** | 12 | 1.7 |
| **East Dunbartonshire** | 19 | 2.7 |
| **East Lothian** | 9 | 1.3 |
| **East Renfrewshire** | 17 | 2.4 |
| **Edinburgh City** | 74 | 10.4 |
| **Falkirk** | 19 | 2.7 |
| **Fife** | 22 | 3.1 |
| **Glasgow City** | 108 | 15.1 |
| **Highland** | 20 | 0.3 |
| **Inverclyde** | 5 | 0.7 |
| **Midlothian** | 20 | 2.8 |
| **Moray** | 6 | 0.8 |
| **North Ayrshire** | 13 | 1.8 |
| **North Lanarkshire** | 42 | 5.9 |
| **Orkney** | 2 | 0.3 |
| **Perth and Kinross** | 16 | 2.2 |
| **Renfrewshire** | 19 | 2.7 |
| **Scottish Borders** | 13 | 1.8 |
| **Shetland Islands** | 22 | 3.1 |
| **South Ayrshire** | 7 | 1 |
| **South Lanarkshire** | 37 | 5.2 |
| **Stirling** | 17 | 2.4 |
| **West Dunbartonshire** | 8 | 1.1 |
| **West Lothian** | 13 | 1.8 |

# What People Said…

At the events, people very quickly recognised that human rights are interconnected with one another throughout everyday life, and the knock on effects one rights issue can have on another, for example the effect of poverty on health and housing.

Equally people recognised the need for everyone to participate to ensure human rights are understood and received:

‘More conversations [are needed] between those who can change things and those who need the changes.’

Through both the discussion events and survey we asked participants to prioritise the issues they felt were most important for the next phase of Scotland’s National Action Plan for Human Rights.

Here we offer an in depth look at the five most common human rights issues that were prioritised by the participation process:

**1. Addressing Discrimination**

**2. Challenging Poverty and Related Inequality**

**3. The Right to Health**

**4. The Right to Participate**

**5. The Right to a Home**

# Human Rights Issue 1: Addressing Discrimination

## How was this human rights issue defined by participants?

* **Discrimination to be tackled** across all groups, with particular focus on people experiencing mental ill health, with physical disabilities, and relating to gender, LGBTQ+, and race;
* **Awareness raising** around how discrimination affects people, for example people experiencing physical and mental ill health issues, young people and women to take place in schools and wider society, with the aim of dispelling stigma;
* **Address stigmas** that some groups face, such as people leaving care, and people experiencing homelessness, that can act as a barrier to accessing help and services.

### Discrimination interconnected with other human rights issues:

Discrimination was a theme across conversations in every area, and was closely linked with a number of other human rights issues, such as poverty and related inequality, and the right to adequate health.

Survey respondents identifying future priorities for the next phase of SNAP focused on tackling discrimination, such as addressing disability discrimination, and gender inequality. When asked to identify personal experience of rights challenges, 36% of survey respondents identified personal experience of discrimination, with discrimination experienced on health grounds most prevalent.

### Legal Advocacy:

Another theme was legal rights and the high costs of legal aid that were said to discriminate against people with low incomes and in poverty.

At events in the most rural areas of Inverness and Dumfries, high costs as well as distance severely limited options around legal aid. This was part of a broader conversation on access to justice which also has implications for rights issue 4 – people’s right to participate and challenge decisions.

‘Those who are not wealthy are more likely to suffer infringements of their rights, and due to restrictions of Legal Aid lack any practical method to seek a remedy for these infringements.’

### Changing ways of working:

People reported experiencing a lack of resources to facilitate individualised services and support, where area wide approaches do not follow needs. Also that attitudes of duty bearers as ‘that’s the way it’s always been done’ can hinder change. The CAN (Community Ability Network) in Edinburgh offered that some examples of small scale projects could be witnessed around the city, but that a postcode lottery was often attached to accessing such provision.

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| **Case Study**  As we often hear when discussing how to improve systems, there was much talk of better ways of working. One proposal suggested by a local authority representative was to ensure all staff training of all departments had a human rights approach.  Thinking about how interconnected issues of poverty, housing, and discrimination were, particularly for vulnerable people, the representative suggested human rights training would encourage departments to look at the whole person, instead of only the part of their life that department was responsible for. |

### Everyone together:

Discussions focused on the importance of having a voice and being heard, noting that people should be given fair chances to participate that match their skills and experience.

It was widely recognised that for changes to be made to reduce discrimination, it would take everyone in a community to be involved – all sectors and services, funders, people with lived and local experience. This is particularly important when considering that people access rights within different parts of their lives, as a worker, family member, community member etc. Survey respondents highlighted rights infringements at work can have a knock on effect on the individual’s private life, as well as those who they support.

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| **Case Study**  Participants spoke of stigma ‘keeping vulnerable people in isolation and darkness’.  One participant highlighted the stigma around accessing services related to homelessness. For example, visiting homelessness services and especially visiting foodbanks stopped people accessing help to meet the very basic needs of families.  Through each event, there were a number of participants who were not aware of the right to food, and one of the suggested solutions was to recognise the right to food in legislation and promote it in schools to help challenge stigma and discrimination while informing people of their rights. |

## How does this issue affect certain groups?

Young people highlighted definitions of gender and sexual orientation and faith are limiting to how people were viewed, and also how they were then encouraged to view themselves:

**‘Embedded negative stereotypes and attitudes still exist about women and girls in society and we are seen as objects to use.’**

Participants and survey respondents noted that there is disparity in wages and benefits based on a person’s age even though rent and electricity are not cheaper because they are being paid for by a young person. This youth pay gap – as well as the gender pay gap – in both work and social security was identified as a driver towards poverty for young people and women:

‘Women in society still struggle to achieve equality in the workplace, life and in sport.’

## Suggestions for action generated by participants were:

### Culture change:

* It was felt there needed to be a culture shift towards a system underpinned by human rights that would provide flexible services to meet individual needs. This process must be ongoing, as the needs and resources of communities change;
* Survey respondents highlighted freedom of speech and freedom of information as part of the change needed in societal attitudes.

### Policy and political changes:

* Universal Basic Income fully considered as a means of wealth redistribution;

### Fundamental review of the legal system, particularly legal aid;

* Planning of how to attract more political will around the human rights agenda, coupled with more targeted lobbying.

### Education and training around discrimination and effects:

* Improved communication strategies including multimedia to cater to broader audiences;
* Young people to have access to information about how discrimination can affect certain groups, for example gender pay gap, as well as advocacy for young people to attain their human rights if experiencing challenges in schools;
* SNAP to focus on education and training planning for schools, work places, as well as community based groups;
* Training and education for people with physical disabilities and mental health issues on social security rights.

### The involvement of people with lived experience:

* Involve people affected by issues in the decision processes that affect them. Embed co-production approaches, to ensure all people have a say in the development, delivery and evaluation of services;
* Following the participatory learning and consultation process of All Our Rights, facilitate local people to set their own agenda on how to realise rights;
* For duty bearers and support organisations to work more effectively in partnership with local groups.

## Summary

Experiences of discrimination were witnessed as a human rights issues at every event, and strongly through survey responses. Unsurprisingly participants felt that addressing discrimination underpins everyone in society being able to access their human rights.

# Human Rights Issue 2: Poverty and Related Inequality as Barriers to Accessing Rights

## How was this human rights issue defined by participants?

* **Right to welfare and economic wellbeing**;
* **Review Social Security processes** especially sanctions, and improving access to services;
* **Address poverty** by focusing on rights and inequality, particularly around housing and social security.

## What example did people give of this human rights issue?

### The knock-on effect of poverty on vulnerable people:

Nowhere was the interconnectedness of human rights more recognised than in discussions around poverty. For example, the links between poverty caused by social security and poor mental health:

‘The upcoming changes to benefit (move to Universal Credit) will have a significant impact and potential for making poverty, food poverty, homelessness an even bigger issue.’

For all areas, poverty was closely linked to social security failures and poor economic wellbeing. Stigma around poverty, and services that people experiencing poverty might access, such as food banks, was recognised across all areas. The right to food was discussed in connection to both social security and housing rights breaches, and so should be addressed together.

There was recognition that those who did not have an adequate standard of living were the community members most likely to lack self-confidence and knowledge to assert their own rights:

‘People in poverty experience less opportunities to participate in public life and appear penalised by having benefit payments delayed or sanctioned.’

### Right to food:

The right to food was not instantly recognised as a right by many participants. For example, when discussing in groups where in the local community a right to food could be met, participants identified food shops over schools and social work departments. This illustrated that provision was being confused with duty, and could have wider implications if people had to protect their right. Many were surprised to find out that a right to food was not specifically noted in UK legislation, and felt it should be.

When mentioned, the right to food was often discussed along with period poverty and fuel poverty, suggesting the three are considered together, particularly for women and for older people.

### Transport poverty:

This was a recurring issue in rural areas, particularly for people with poor physical and mental health. It was felt that access to service and therefore choice was severely diminished for those in rural areas – examples offered were in accessing hospital appointments, and accessing advocacy services.

## How did it affect certain groups?

‘I think one of the biggest groups in Scotland, and the UK as a whole are those who are primary carers, whether that might be for a spouse, partner, child, parent etc. I personally think that [amount] a week to care for someone for at least 35 hours a week is ridiculous and not everyone is entitled to top up benefits.’

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| **Case Study**  An example was offered by a peer researcher who was involved in designing and delivering the events for the purpose of generating conversations around social security, and who had experienced homelessness, leaving care and addictions services. They had received a benefits sanction, and during that period did not engage with the job centre, as they were not receiving any money.  On returning after the sanction had ended, they were sanctioned again for not engaging during the first sanction period. The responsibilities had not been made clear to them by their job coach. This has had implications for the individual long after the sanctions were completed, in terms of rent arrears and accessing hardship loans. |

## Suggestions for action generated by participants were:

### Addressing the provision of social security:

* Tackling poverty as part of Scotland’s new social security system, e.g. young people not receiving lower levels of housing benefit (Shared Accommodation Rate for under 35s) or sanctions causing poverty/destitution;
* Considering Universal Basic Income to challenge poverty;
* Using Scotland’s devolved taxation powers to create income redistribution.

### Tackle transport poverty:

* Work toward ensuring legal protection around the right to transport, particularly in rural areas;
* Consider ways of sharing transport options, e.g. a housing association hosting a car share project.

### Name the right and who is responsible:

* Enshrine rights in legislation, and educate people of these rights and who is responsible for their provision;
* Taking the right to food as an example, it was suggested that highlighting the right, in the way period poverty has been recently highlighted and tackled, is a useful way of educating society and encouraging improved provision.

## Summary

Poverty was named as a significant underlying cause of the human rights challenges participants faced, as well as something that makes crisis situations worse. As with addressing discrimination, challenging poverty is seen as underpinning any human rights based approach.

# Human Rights Issue 3: The Right to Health

## How was this human rights issue defined by participants?

* **Improving equality** and access to rights around mental health, including early service intervention, advocacy and choice in care;
* **The importance of education** around health and mental health, including increasing awareness of mental health and unseen disabilities;
* **Ensuring support is flexible and accessible** where people are made aware of what support is available;
* **Improved infrastructure and transport** as a means of accessing health services in rural areas;
* **Recognising the impact of other protected characteristics on mental health**, for example age and gender.
* **Reasonable, sustained funding** to ensure services that people come to rely on remain available to them.

## What example did people give of this human rights issue?

### Interventions and ensuring people have a say in their care:

Self-Directed Support was highlighted as working well in Inverness. Participants felt that early intervention and sustained funding were key areas for improvement to ensuring actions that work could continue.

‘SDS is a concept that is not promoted and people are put off because they are told it is means tested and there is no money. They are also told that it is complicated as they will need to keep receipts and accounts. The support available to do this is not promoted. Care services are under tremendous pressure trying to deliver services on a shoestring budget.’

Advocacy was raised in relation to health. It was suggested that changes would be needed on a political level to improve access to advocacy which could potentially improve health and wellbeing. It was further recommended that Health and Social Care services should be involved to offer greater resources and improve access to advocacy services.

People from rural areas highlighted the link between transport and health. As ‘transport is attached to health and wellbeing’ it was said that the NHS should support and that ‘transport services should be improved’. It was stated that, ‘transport needs to be given the same protection as other human rights’.

In Edinburgh health was raised with ‘wellness and recovery planning’ highlighted as something working well, while suggesting that the NHS, Health Minister and social work should be involved in making improvements.

### Mental health rights:

It was widely recognised that mental health is higher on people’s agendas at the moment, both within communities and politically. As a result there is greater awareness around mental health and stigmas are being challenged more and more. However, it was also felt that to improve access to rights around mental health there needed to be greater understanding within agencies and services as well as greater access to information about wellbeing.

‘There is a wealth of individuals who are vulnerable and marginalised due to mental ill health who are not able to challenge services and how they provide person centred care. In my experience, even when there has been an overt breach of an absolute human right, it is still impossible to get legal recourse to this under legal aid in Scotland. Moreover, the issues that are more subtle around the application of rights and challenging practice through complaints, seem to be directly side swerved by public services in their responses. Most of the very vulnerable people I have met, simply do not have the energy and give up accepting the poor standards of the status quo.’

### Support and recognition of rights:

‘Support’ and ‘equality’ were highlighted as key areas for improvement. It was felt that people need to be more aware of the support available and that the support itself needs to allow for time to take people through the full process while communicating in a better way: ‘being listened to and taken seriously’. The point on equality echoed this sentiment, noting that understanding and approachability could be improved and that people should be, ‘treated as a human being and not a #’.

## How did it affect certain groups?

Health and the right to health came up in many discussions and not only those focused on health. There were references to health throughout discussions on poverty and inequality, with participants noting the links between people in poverty and poor physical and mental health.

‘Stonewall Scotland published research showing almost all of young people 16-24 transgender people have reported self – harm – not recognising gender issues and this playing out in mental health.’

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| **Case Study**  One participant outlined their issues of experiencing mental ill health while being a carer for someone else with physical and mental health needs.  This situation was also raised by people caring for children with diagnosed mental health needs.  For the carer, they felt the current system could not meet the needs of both themselves and who they cared for, and that the needs of one heavily impacted on the needs of the other.  Their answer was to work to change the system, and not just address their individual circumstances, through lobbying MSPs and raising awareness at events such as this one, as they phrased it, ‘keeping mental health rights on the agenda’. |

## Suggestions for action generated by participants were:

### Education and awareness raising:

* Teaching mental health wellness in a similar way to physical health;
* Having youth counsellors and youth development workers in schools;
* Teacher training on mental health, how to recognise early signs of issues, as well as how to provide early interventions;
* For the Department for Work and Pensions to have greater understanding of mental health and unseen disabilities, and the knock on effects on accessing social security;
* Understanding through education and listening to the voice of lived experience, focusing on the exchange of relatable stories, and examples of change;
* More cross sector staff training to promote shared learning, building in lived experience as above.

### Agencies, sectors and communities working better together:

* Partnership working between services including: better communication, holistic approaches, and a one-stop shop around health rights and provision;
* Local authorities to ensure a community focused approach, balancing what is currently seen as a financial and targets based approach;
* Better joint working between duty bearers and support services around shared budgets, shared data and reporting;
* Medical bodies and all other services working together under a human rights based approach, including: housing, homelessness services, psychiatric services, addictions, and communities with lived experience.

## Summary

Discussions around the right to health recognised that where health and wellbeing are not achieved, there is a knock-on effect on other parts of life, which makes these individuals particularly vulnerable. Actions to ensure people achieve a standard of health and wellbeing were around educating people on the effects of ill health, as well as the stigmas people face, and providing a robust advocacy service to ensure people could achieve their rights.

# Human Rights Issue 4: The Right to Participate and to Challenge and Have Your Rights Met

## How was this human rights issue defined by participants?

* **Improve access to information on services and rights**, to empower people to make educated decisions. Consider how to implement in early education, as well as across communities;
* **The right to be heard and have a voice**, promoted in particular for vulnerable people;
* **Tackle discrimination** particularly around protected characteristics, including education about how discrimination affects all parts of life;
* **Improve the provision of advocacy services** including access to legal advocacy;
* **Services should be made accountable** by redressing the balance of who decides what is right, and considering ways of challenging decision makers. Public bodies and duty bearers should be made aware of duties;
* **The practical application of policy in real life**;
* **Improve service provision** through joined up thinking between services, and improving access, including thorough planning of service cuts;
* **Improve community structures** such as transport and school engagement.

## What example did people give of this human rights issue?

### Having knowledge about human rights:

Participants at the start of the first round of discussion events were asked to state how much knowledge they had around human rights; the majority stated that they had ‘a little knowledge’ on the subject. Interestingly then, all areas highlighted that knowledge was the most important thing to ensure people can access their rights.

Sometimes a lack of knowledge about rights and entitlements can lead to people not being aware that they have not been met. This was illustrated by conversations in Inverness where the lack of choice and perceived inability to challenge service provision was accepted as part of living in rural areas, instead of being recognised as something that could be challenged.

Over 80% of survey respondents felt they understood what human rights are and have an understanding of their own rights. In comparison, under 50% felt that they would know who was accountable for upholding their rights, and how to challenge if their rights were not being met.

‘In my opinion most of the people who struggle to have their human rights met are individuals who are not sure about their rights as due to lack of knowledge or skills to access information in regards. Majority of these people would also include individuals with limited language skills, referring to individuals who maybe don't have sufficient skills to express themselves in English or even individuals who are native English speakers but can’t read or write.’

### Advocacy:

There was much discussion around advocacy (including legal advocacy) across all areas as a means of people – especially vulnerable people – being able to understand and access their rights.

‘I find that individuals that I work with - offenders and mentally disordered offenders struggle to have their human rights met and when services are sought to challenge this they are over booked and difficult to access.’

Advocacy in housing and homelessness and mental health services were a recurring focus; in Glasgow an example highlighted was the Navigate peer advocacy service delivered by Glasgow Homelessness Network which provides support for people to access their housing rights.

Mental health advocacy was highlighted as key in raising awareness of rights and stigmas as well as helping people meet their rights around mental health in particular. People sharing their personal experiences of mental ill health highlighted support available through advocacy helped them make informed medical choices, and challenge decisions where little or no choice had been offered.

### Policies and those who uphold them:

It was recognised that duty bearers can be faceless, which can add to people not knowing where to access certain services, and to vulnerable people feeling unable to ask, never mind challenge services.

On the other side of this, duty bearers themselves must understand what human rights they are accountable for, and be able to articulate this – a situation that participants across all areas felt was not happening.

‘I suffer from anxiety and depression and have done since I was in my teens. Whilst things aren't as bad as they were I still find that public servants are very often completely lacking in empathy and understanding of people with mental health problems.’

Participants across all areas were surprised at the differences between European human rights treaties, and UK legislation, and felt that the latter better reflecting the former would enable duty bearers to be held more to account.

### Value lived experience:

It was noted that in order to participate in community life it is important for an individual to feel confident, respected and ‘listened to’. This was a theme that appeared many times, across the full range of discussions around human rights.

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| **Case Study**  Participants attended the Dumfries event, and national event in Glasgow from Summerhill Community Centre and travelled either by sharing taxis or by mini bus. This presented a great example of overcoming access barriers caused by lack of transport in rural areas, which was an issue highlighted by participants in both Inverness and Dumfries.  Travelling together helped individuals who might not participate if travelling alone feel more confident and less isolated. Travelling together also offered support to people with physical health issues, as well as people who needed support with mental health issues, but didn’t have workers. |

## Suggestions for action generated by participants were:

Young people discussed feeling that there were not enough meaningful opportunities to participate in decisions. By meaningful, they felt that they had no idea where their words were being heard, and this had a knock on effect to getting further involved.

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| **Case Study**  One participant talked of their ongoing battle to have their right to live in Scotland realised, which had been contested for a number of years. Their lack of access to a right to choose where to live had a knock on effect to a number of other rights not being met.  For example, the right to an adequate standard of health, as the individual’s mental health was severely affected, the right to an adequate standard of living, and as part of this, access to social security. The ability to appeal decisions, without access to legal advocacy was raised, as well as the ability to access information.  The collective knowledge of the group could not offer a solution to the individual circumstances, but offered that a ‘human rights focus should be used to connect up lots of action for change’. |

### Transport enabling participation:

Across the events, the issues of transport and accessibility were raised as barriers to people being able to participate widely in community life. Rural communities in particular reflected on infrastructure, highlighting inaccessible, irregular transport as a key barrier to access.

‘Ensure that the inclusion of everyone is a basic starting point rather than assumed because of the existence of the Equality Act 2010. In remote rural areas there is often a too relaxed attitude to upholding the law and excuses about there being far fewer disabled people than in a city so they don't have to make things accessible [through transport provision]. There is complete and utter existence of the rights of people with different disabilities from local authorities and the NHS to small service providers. There needs to be a complete culture change towards people with disabilities.’

## Suggestions for action generated by participants were:

### Ensuring everyone understands accountability and responsibilities:

* Facilitating local, community based events to increase awareness of human rights, what they mean locally and roles of duty bearers. Feedback from participants tells us that important learning point from events was who was accountable for providing rights;
* Including duty bearers in community events and meetings so that organisations such as the council are not faceless, and are more approachable.

### Education is an important tool:

* Build into the current education curriculum so children consider human rights from a young age;
* Learning must also happen wider than schools to ensure a culture change, as stated by one participant: ‘children go home to families and friends and hear different to what they learn in school’;
* Educate communities of interest on their rights, focusing on those that may not be met at present. For example, young people, LGBTQ+ communities.

### Provide opportunities to meaningfully participate:

* A greater emphasis on co-production to reduce the power imbalances that often stop people from challenging decisions. Peer researchers who helped co-develop and deliver the events highlighted the impact of being involved in co-produced projects, on themselves and wider communities. For example, peer researcher Douglas stated of his role as table facilitator: ‘It was good to hear how others’ experiences and backgrounds gave them a different perspective’;
* Explore potential for participatory budgeting to increase people’s opportunity to participate in important decisions that impact on human rights.

### Improve advocacy provision by:

* Ensuring greater availability of independent advice and advocacy, including legal advocacy;
* Easier access to legal aid for people on low incomes to challenge duty bearers;
* Consider positive examples of advocacy provision. Survey respondents highlighted Shelter, CAB, Women’s Aid, Scottish Youth Parliament and local health services as examples of good practice;
* Providing more opportunities for individuals and communities to build self and group advocacy skills, and for these opportunities to be properly funded;
* Advocacy is a necessary tool to develop our collective understanding through listening to the voice of lived experience. Peer champions can provide a conduit to engage people;
* Access to advocacy could be better ‘joined up’ e.g. references from GPs and services;
* Involvement is needed from all levels to develop advocacy for all – health, energy, mental health, homelessness, addictions – including Scottish Government, NHS, Health Minister, Social Work, emergency services, youth services, and money management advice services.

### Valuing lived experience:

* *All In* undertook ‘All Our Rights’ with a co-productive approach; without the experiences of nine peer researchers, and feedback from event participants and survey respondents, we could not have identified issues affecting people, and real ways of tackling them. The approach could be replicated within communities of interest, and within services;
* A need for services and organisations to highlight the impact of people being involved and, if there’s no impact to explain why;
* Confidence is gained through experience and this is built when people ‘hear as well as listen’;
* Empathy and anxiety training for services and advocates;
* Local authorities could better engage with communities to facilitate the understanding of and involvement in decision making;
* Services can focus on being ‘more open and welcoming’.

### Transport and reaching services in rural areas:

* More local provision of prevention services, such as ‘listening therapy’ and quicker access to such services to stop issues reaching crisis point;
* Services need to match community make up – for example, peer to peer approaches, and related, ensure locally based services are equal for everyone accessing them.

## Summary

The right to participate in human rights, the wider community, and to challenge, and have your rights met is a wide reaching issue, and like addressing discrimination and challenging poverty, underpins the provision of human rights for all community members.

# Human Rights Issue 5: The Right to a Home

## How was this human rights issue defined by participants?

* **Improving access** to housing and homelessness services, and overcoming stigma of accessing services;
* **Address the lack of suitable housing;**
* **Housing rights policy reflected in practice** such as the right to independent living and right to a home;
* **Poverty and inequality** recognised and tackled alongside housing and social security.

## What example did people give of this human rights issue?

### Policy matching practice:

A common theme across all rights discussions was that legislation and policies do not match the experiences of people accessing services, especially for those with experience of accessing homelessness services.

### Improving access to services:

Participants with experience of accessing homelessness services spoke of the impact that not knowing where to go and ask for help, and what they had a right to impacted on their navigating through the homelessness system. Participants spoke of living far away from their social networks, and support services, as temporary options were not available in their chosen area. ‘Shared accommodation. If staff have all the control how will people be aware?’

### Recognising the interconnectedness of rights:

The link with social security was discussed, recognising that sanctions can heavily impact on housing, especially with the introduction of Universal Credit.

In Inverness participants discussed the right to independent living as part of the right to a home, particularly for people experiencing mental ill heath, such as dementia.

## How did it affect certain groups?

Young people spoke of the lack of options around housing that is a direct result of being young and homeless. The further impact of not being able to access work and learning when in supported accommodation was discussed as barriers to getting out of poverty, as well as receiving less social security, when costs of rent and utilities are not age based.

‘From my time in working with a Housing Association it always seemed to me that the group of people with the issues hardest to resolve where those people living with a learning disability. In particular the amount of abuse, manipulation, violence and neglect often from family members and those close to them in their community. I think that when there is a violation of trust with people who often lack the insight and knowledge to understand they can and are being abused will take more than an underfunded advocacy project to tackle. How to keep vulnerable people safe has always been a huge issue in our society and a rights based agenda is the only way these issues can be brought to the light.’

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| **Case Study**  Young people from a supported accommodation project in Glasgow explored the knock on effect on housing options and social security payments being made in accordance to age. Specifically, that receiving less money and having limited choices stopped their life progression into their own home, work and being part of the local community: ‘[we have the] right to get a job, pay taxes, get a home, have a child at the age of 16, but can’t buy a scraper from Poundland until you’re 18’.  They felt that there were no justifiable reasons why the right to a home and right to adequate standard of living should be affected by a person’s age, as utilities, rent and other payments are not age related.  Not meeting these rights for a young person actively prevented them from taking up college places, volunteering and settling down in a community, and to their wider their economic wellbeing. |

## Suggestions for action generated by participants were:

### Equality of provision:

* Ensure young people receive the same social security as well as housing provision and options as everyone else;
* That we promote a Housing First approach to tackling homelessness for vulnerable people, moving away from the expectation that people have to ‘earn’ their right to a home.

### Ensure enough provision:

* Having enough affordable housing so everyone’s rights can be met. This might be better use of private rented sector housing, or developing other options such as shared living. One young person talked of her experience of sharing as a student, highlighting the social aspect of this option, where living alone can be isolating.

### Recognition of duty:

* A common theme across the provision of all services was the need for staff – managers as well as frontline staff – to understand their duties to provide human rights. Staff in housing and homelessness services need support and training to understand their duties under human rights legislation and not just domestic housing/homelessness legislation. It is felt that taking a human rights approach will naturally ensure people receive a service that better considers their whole life needs.

## Summary

Discussions around the right to a home encompassed discussions around lived experience of the homeless system, as well as the wider impact of having a home on a person’s life. Therefore, for this right to be achieved will take more than a change to the provision of houses, but recognising housing as part of a whole person approach.

# Actions to Achieve All Our Rights

Four kinds of actions were identified as being needed across all conversations about all of the human rights issues identified:

1. Education and learning
2. Recognising rights and responsibilities
3. Advocacy provision
4. Involve people with lived experience

## 1. Education and learning:

Education was the most commonly identified tool to ensuring people know their rights, who is responsible, and how to challenge if rights are not being met.

Recommended actions on how education and learning can impact on the five human rights issues are as follows:

* The first focus should be integrating learning about human rights in education, from the earliest stages of schooling;
* Longer term, to affect real culture change, the wider community must also be educated about human rights. Given the success of the All Our Rights approach, similar community events could be held in localities across Scotland;
* There is a role for community activists to engage communities around human rights, and in particular, be able to reach communities of interest, for example, members of the Scottish Youth Parliament to hold events with young people;
* Training professionals around human rights approaches, particularly within services that work with vulnerable people, can provide a way of considering the needs of the whole person across services.

## 2. Recognising rights and responsibilities:

Recognising who is responsible for providing rights (duty bearers) was the most important learning for event participants, as well as being seen as a way of better accessing rights.

Simple ways to ensure this happen are:

* Ensure local duty bearers are invited to and are actively seen to participate in local groups;
* Facilitate community events, like All Our Rights events, which brings together duty bearers and rights holders, to better understand responsibility and need in a local context;
* Through training, duty bearers must also know their responsibilities and how to best provide them within communities.

## 3. Advocacy

Advocacy was seen as an important tool for people to access all human rights, with a particular focus on the need for advocacy to support vulnerable people.

Recommended actions on how advocacy can impact on the five human rights issues are as follows:

* Individual advocacy for people with complex needs. Particularly for people experiencing mental ill health, with support offered by peers – people with lived experience of issues.
* Group advocacy, where communities of interest, such as young people, can ensure their rights are met through group action. Training for local groups could include group advocacy skills;
* Legal advocacy is funded, and available where required.

## 4. Involve people with lived experience

The process of All Our Rights has illustrated that any work around human rights must be informed by people with lived experience of human rights challenges, as well as those who have overcome challenges.

There are several opportunities for ensuring people with lived experience have an input to the policies and practices that affect them. This can range from simple consultations, to co-producing and delivering community events. The key is to ensure opportunities are meaningful, and are driven by communities.

As well as involving people with lived experience, duty bearers and wider community members talking together ensures solutions are multi-perspective, realistic, and the best thing for the local communities.

# Conclusion

Over 1,000 community voices from across Scotland were heard through the All Our Rights participation process between June and December 2017.

The whole spectrum of people with experiences of human rights challenges, people who have overcome their challenges, duty bearers, volunteers and community members have set out the issues affecting our communities, and started to plan practical ways to ensure we can all access our rights.

As SNAP enters its next phase, it is this solutions based thinking that the Scottish Human Rights Commission (SHRC) and partners will develop. What we have heard is ensuring education and learning systems are based on a human rights based approach will ensure every young person knows their rights. For people who are vulnerable right now, ensuring access to advocacy is the best way to ensure people know about their rights, and bridge the gap between knowing their rights, and accessing them successfully. Finally, that duty bearers must recognise their rights and responsibilities, which basing practice on human rights based approaches will achieve.

‘Instead of making the right noises, DO the right things!’

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