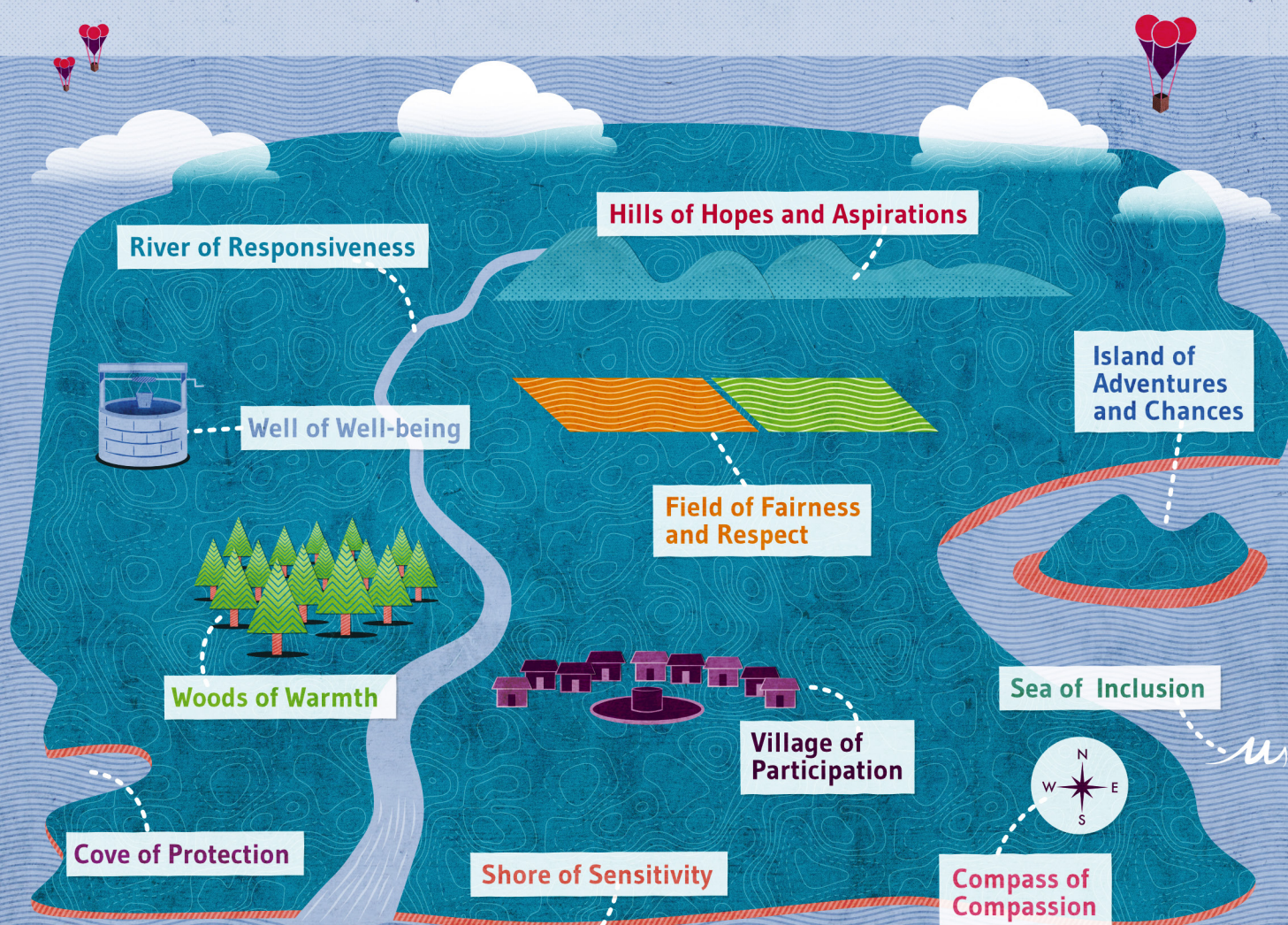


# A RIGHTS *Blether* :

using story-telling to explore human rights in care homes



Report of an event hosted by My Home Life Scotland and the Health and Social Care Academy (a programme of the Health and Social Care Alliance Scotland)

Wednesday 30th May 2018, Dovecot Studios, Edinburgh



# Executive summary

The new Scottish Government Health and Social Care Standards '*My Support, My Life*' seek to ensure that the human rights everyone is entitled to are upheld. This report explores and brings to life what the new standards mean in practice for people living, dying, visiting and working in care homes. It is based on an event in May 2018 co-hosted by the University of the West of Scotland (My Home Life team) and the Health and Social Care Academy (a programme of the Health and Social Care Alliance Scotland), part-funded by the Life Changes Trust. The event was underpinned by the *My Home Life* approach, rooted in appreciative inquiry, relationship-centred practice and caring conversations. This relational model of care recognises that human rights can only be truly enacted through relationship with others, whose own dignity and human rights are not compromised in the process.

Care home and other health and social care staff already display qualities of respect, attentiveness, responsibility, competence, responsiveness and trust. Yet, their feelings about enabling human rights in practice are complex. There is a sense of possibility, the scope for greater freedoms for residents and of the importance of the work. At the same time, much is unknown and there are fears and a sense of being overwhelmed.

There is much to celebrate in what is being achieved and the contribution that care homes can and do make to enabling persons to continue to lead a dignified life and have their human rights protected and respected in the changed circumstances of old age. The everyday encounters and exchanges between care staff and care home residents show the significance of 'hands-on' care work, of staff developing personal connections with residents by starting with meeting basic needs for care, upon which their survival and flourishing depends.

# Key messages

- Enacting human rights is a relational endeavour, rooted in the day to day engagement between residents, families and care staff as well as staff from other agencies
- Care staff need to feel confident and free to make decisions that feel right for the person, to push boundaries with creative persistence to enable risks or 'considered chances' in order to achieve positive outcomes for residents.
- Creative and engaging approaches to everyday, caring conversations can help people adopt a 'human rights lens.' The knowledge and ability of staff to notice, observe, talk, involve and share, enables residents to become more active in expressing their wishes of how their human rights might be met.
- Start with the stories, not the standards. Building on what is already working well, sharing stories of when human rights are being realised in care homes, is energising and empowering. Many of the stories have an element of people, residents and staff having fun, of residents doing the things they love and have loved to do, and in so doing, bringing human rights to life.
- Reciprocity and the focus on individual assets is expanding the concept of independence and highlights the scope for developing new relationships and interests with residents and enabling their contribution to the life of the home, even where there are high levels of dependency.
- Caring conversations help to explore wishes, possibilities and expectations of all those involved and underline the importance of how we talk to each other, the language we use, and the time taken to explore and really listen. Details and apparently small, everyday acts, that may easily be overlooked or unremarked upon are often very important in supporting people to achieve exactly what they want and enabling them to use the fullest of their retained capacities.

# Unfolding stories of the future

The event promoted a real sense of possibilities that embracing human rights can bring, rooted in a strong sense that good things are already happening. Whilst there is much to still be done, the participants felt able to take this forward, with compassion and humanity. They found it energising to hear that others shared their passion and enthusiasm for this work and there was a sense that through collaboration, many more good outcomes can be achieved.

Stories are an important tool to bring human rights to life by helping to form relationships; through seeking out stories of people's lives and what's important to them, of what brings people joy and how they might want their wishes to be enacted and what that means to them when they are.

There was a sense of empowerment, based on new levels of understanding about human rights and confidence to talk about rights, the place of relationships and knowledge of ways to get started, using the approaches and visual and creative tools from the event to enliven conversations and enable the fullest participation. In particular, the map is expected to be a useful way of engaging people in making sense of their own stories. There was a sense that this need not be complicated; conversations, listening, delving a little deeper, collaboration and creative persistence would all be part of the way forward, making human rights real through appreciative, relationship-centred care.



# 1.

## Background and purpose

The new Health and Social Care Standards '*My Support, My Life*' are now being implemented in Scotland.<sup>1</sup> For the first time, a single set of standards have been developed to set out what individuals should expect when using any health and social care service. The new standards are outcomes focussed, ensuring that the human rights everyone is entitled to are upheld. The standards are underpinned by five principles:

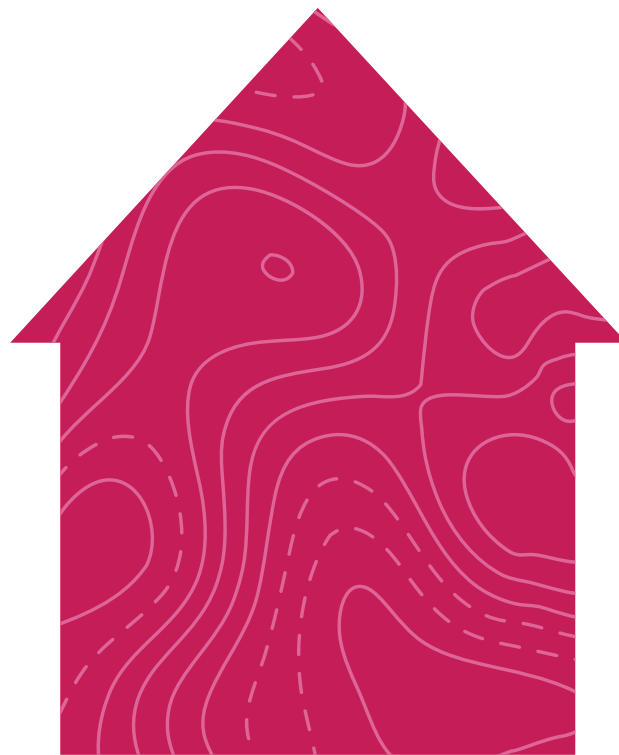
**Dignity and respect**  
**Compassion**  
**Be included**  
**Responsive Care**  
**Support and Wellbeing**

A partnership between University of the West of Scotland (My Home Life team) and the Health and Social Care Academy (a programme of the Health and Social Care Alliance Scotland) supported by funding from the Life Changes Trust hosted an event in relation to exploring the new Health and Social Care Standards in practice. As the new standards came into force, this event was held in Edinburgh in May 2018 to explore what they mean in practice for people living, dying, visiting and working in care homes. 45 people attended the event including care home managers, care inspectors and representatives from a range of different third sector/voluntary organisations. This report provides a summary of key learning from that event. It was very much the beginning of conversations bringing people together across the sector and it is hoped that this report will further stimulate discussion and help to develop networks of support.

1 Scottish Government (2017) Health and Social Care Standards. My Support, My Life.

<http://www.gov.scot/Resource/0052/00520693.pdf>

The event was underpinned by the *My Home Life* approach, rooted in appreciative inquiry, relationship-centred practice and caring conversations.<sup>2</sup> This relational model of care recognises that human rights can only be truly enacted through relationship with others, whose own dignity and human rights are not compromised in the process. The event was highly participative, centring on sharing and analysis of stories and examples that show what is already happening in care homes in relation to human rights being met.<sup>3</sup> The process was designed to help participants bring to light and unpick what enables a rights-based approach to be successful and how they might provide evidence that they meet the new Health and Social Care Standards. It explored the practicalities and language used around human rights, seeking to demystify the terms used and related that to everyday situations through storytelling and use of creative and visual methods. The event gave participants greater confidence, inquiry skills and an impetus to take forward and enhance rights-based approaches in their own care settings.<sup>4</sup>



2 <http://myhomelife.uws.ac.uk/scotland/wp-content/uploads/2016/03/3-Overview-of-My-Home-Life-conceptual-framework1.pdf>

3 The event was facilitated by using many of the tools used in My Home Life to promote appreciative inquiry and relationship-centred care including use of images, storytelling, Every Brilliant Thing, Unfolding Stories, the Map of Human Rights, the Senses.

See <http://myhomelife.uws.ac.uk/scotland/resources/>

4 Ethical approval was secured to capture data during the event to be used in future publications.

# 2.

## How does it feel to enable human rights in care homes?

This question was asked at the start of the event and participants selected images to help them speak about their feelings and how they are thinking about enabling human rights in practice. Figure 1 below shows a selection. These illustrate the complexities; there is a sense of possibility and greater freedoms and of the importance of the work. There is also a sense of unknowns, that there is much to learn, some fears and a sense of being overwhelmed. Other comments allude to how this work might come to life, that some of it is already happening, that we need to collaborate with others and that learning is possible.

**Figure 1: How does it feel to enable human rights in care homes?**

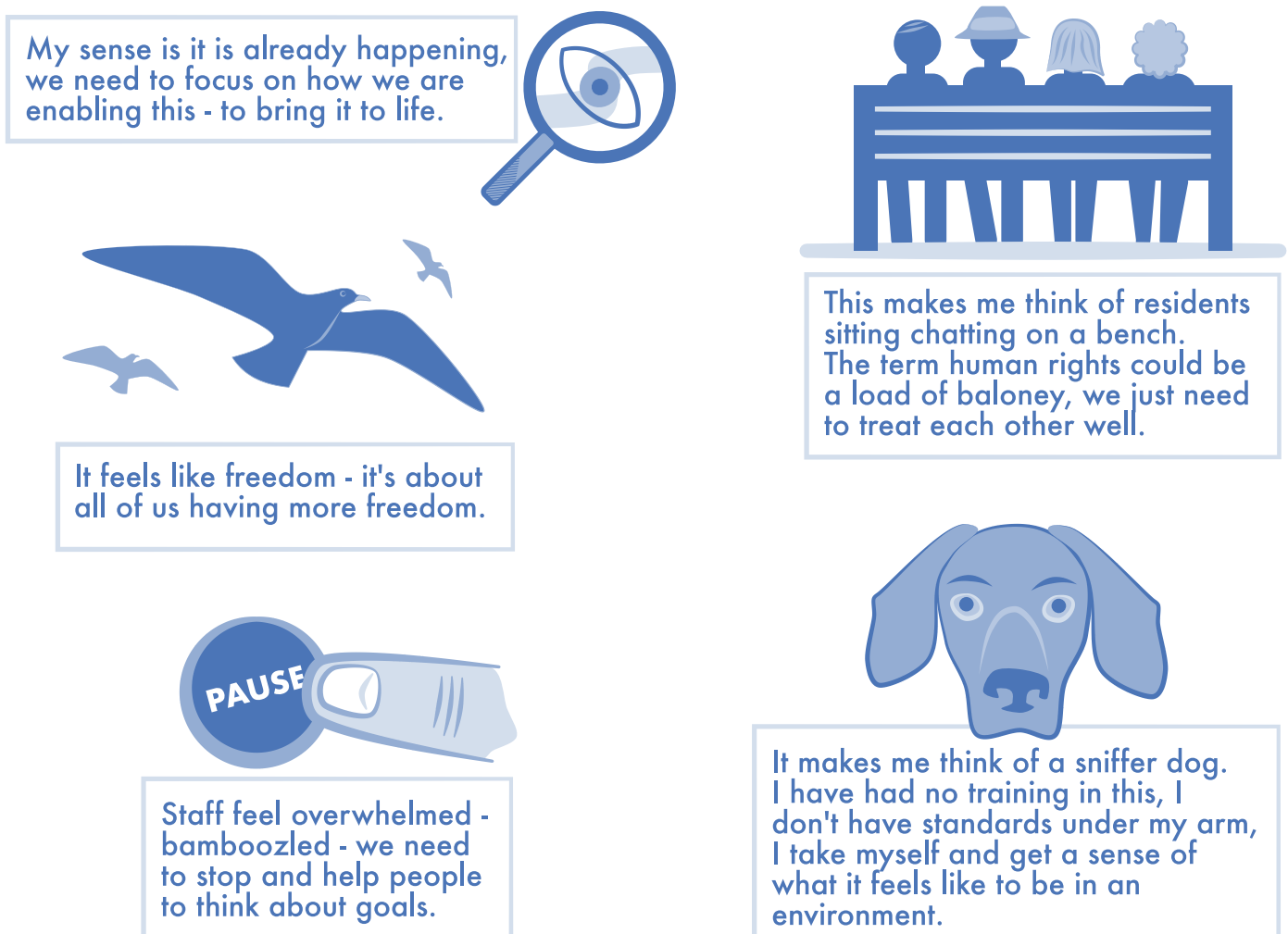
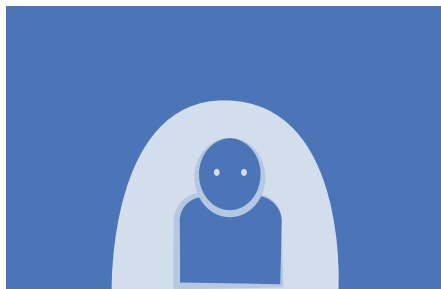
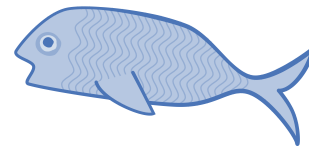


Figure 1 (continued): How does it feel to enable human rights in care homes?



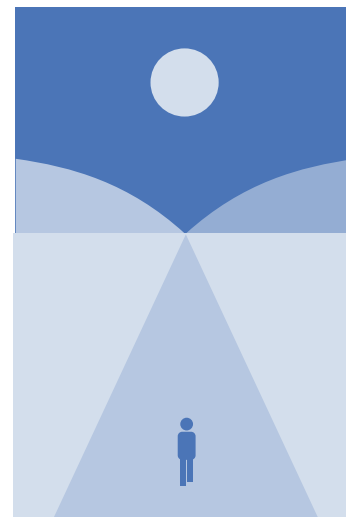
It can be a bit fearful - think some people might feel this.



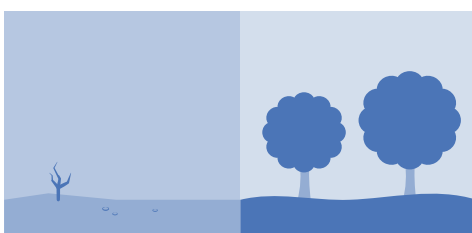
I was not sure about how I should be with people - talking to a person in a wheelchair - should I stand or sit? Then I learnt I need to ask them - have a dialogue - promoting full choice is hard - it's like a fish out of water.



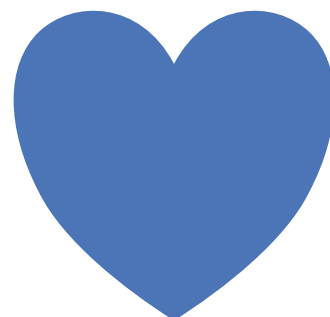
It's about really listening to what people value.



We are on a journey with this.



The care home is not the dried up bit it's the flourishing green bit - I learn so much from everyone there.



Everybody needs to buy into this' families too and raising awareness with them.

# 3.

## A selection of stories

The event centred on sharing stories of when human rights are being realised in care homes. These were then unpacked in facilitated group discussions using prompt questions:

- What do you think helped the person's human rights to be met?
- How did you and others feel? Did you make any compromises- and if so, what was that experience like for you and others?
- What might you do the same or differently next time?
- What did you learn and what would you like to find out more about?

A selection of these stories is included here to give a flavour. A clear message by the end of the day was to '*start with the stories, not the standards*' and readers of this report are encouraged to do the same.



## Enabling a day trip

One of our long-term residents had recently started on long-term, 24-hour oxygen therapy. Her son lives in Australia and visits every year. When he comes, they like to go on day trips to visit various places they enjoy. The resident was concerned that she would no longer be able to do this.

The company that provides maintenance of the oxygen supplies arranged for us to have portable oxygen cylinders for the time the son would be over from Australia. We explained to them that it was only going to be once a year and they were happy to provide replacements for this short time. The son was shown how the oxygen worked, what settings they had to be at and how to change over cylinders as each one lasts approximately 3 hours.

This meant they were able to go out together. The resident's health and safety were maintained, and they were able to enjoy their visit to the local area. They maintained their family relationships. The staff were also happy that they'd been able to assist the resident to maintain a meaningful relationship with her son on his yearly visit.

## It's in the detail

In one service, I noticed a care plan where there was a whole page about how someone liked to get dressed in the morning, order of clothes and make up and so on, as this was really important to the person and their relative; another individual thought the water supply was a bit strange and liked the tap to be run for 2 minutes before filling the kettle – this detail was documented in the care plan; there was another lady with severe dementia whose first language was Punjabi, so the service recruited a Punjabi speaking carer.

## End of life care

My Auntie Anna has lived in her care home for the last four years and during that time the staff have made sure that she has lived a meaningful life. Now as she approaches the end of her life the staff continue to work hard to make sure that she is well cared for and free from pain and stays in the place where she recognises the voices and the everyday sounds of home.

I am in the fortunate place of being able to support my cousin as she accompanies her mum through the final phase of her life. My aunt has an anticipatory care plan (ACP) in place and from past reviews we have discussed what my aunt would want at the end of life. The ACP was not completed while my aunt would have been able to contribute directly to it, but is based on what we as a family know of her and importantly what the staff know of her now.

As a family we hold the knowledge of who my aunt was, but the staff in the home now know her so well that they hold the knowledge of who my aunt is now, how she likes to be moved, how she like to be assisted to eat, it is often their voice that my aunt responds to first.

A week ago, my aunt started to fail, she was sleeping more and not interesting in eating or drinking, the staff contacted my cousin to double check that she was happy that hospital was not something that she wanted to pursue for her Mum. I also spoke to the staff and was immediately struck by how dearly the staff wanted to uphold her wishes, but also how sad they were that we were entering this phase of her life. Her rights were upheld within what was in the ACP, but she was honoured and grieved for in her own right as a person with whom the staff had formed a mutual relationship over the past four years. Her human rights have been woven into the relationship with staff at all times of her time in the care home, from whether she wanted to get up at a certain time or what she wanted for her tea, to now, at the end of her life.

There are times especially for a person with dementia when there is a need for staff to advocate for them especially when dealing with others in the health and social team or indeed with families, staff need to be confident but most importantly they need to have the best interests of the person at heart and that is the thread that has run through my story. It is doubtful that there will be any miraculous recovery for my aunt, but she is being cared for with compassion and love and her rights are intact.

## Stovies

One of our residents helped to cook stovies for some of the others. He'd told us that he used to cook for people in the Army and that he'd enjoyed being in charge of the kitchen and proud of using his family recipe for stovies for people to enjoy. He put on a uniform and gave instructions to the chef on how to cook the stovies to his preferred recipe and the chef did all the chopping under his supervision. It was a happy day for him. It lifted his mood and he was satisfied and delighted that he'd been able to carry out something he'd wanted to do for months and fed the staff and residents at the home. The meal went down very well with everyone.

## I like to walk

One of our residents, Hazel, really likes walking. What was happening is that she would walk out of the care home and often get lost. Staff were pulling their hair out – they were really worried that something would happen to her. They talked together a lot about what they could do. They were worried that she may need to be moved to another home, but also thought about the fact that the lady took such a long time to settle and that this would not be good either.

We learnt about a GPS tracker system that Hazel could wear. Initially, we felt bad about it, as it was compromising her rights to be able to walk freely, but we were concerned and anxious about her safety. So, after talking to her family and social services, we decided to give this a go and it has made a big difference to everyone. Hazel is not really aware that she is wearing this and the staff feel much more comfortable and relieved that her right to safety has been enhanced. Although the GPS tracker cannot 100% guarantee the person's physical safety, we thought the impact on the resident's mental health was a key consideration and wanted to take a positive risk.

## Staying connected

One of our new residents had previously really enjoyed going to a lunch club in her community where she had time to spend with the people she knew. She really wanted to keep going to this when she moved into the care home. The staff explored the options for this to happen, but they were told that this service was no longer available to her as it did not accept people who live in care homes. Staff were surprised and a bit frustrated at this and explored other options – they learnt about lunch clubs that Alzheimer Scotland run which would allow residents in care homes to attend. This is now happening and indeed a number of residents now attend the lunch club.

## Going Out

One of my staff took a resident for a hospital appointment and didn't return till 5 hours later. They went to Matalan, had a cup of tea and pictures were put on the Facebook page. The staff member and resident dreaded coming back as they had been out so long. I said, 'that's just what we do, everyone does this!' For example, a staff member takes another resident swimming, then they go for a curry. We use the resident's language to document all this in the notes, for example, 'I had a ball today in M and S'. We also have a voice activation app and some residents can record their own notes.

## A new lease of life

We had a man move into our home whose Granddaughter had married a Frenchman. Jimmy always wanted to learn French to be able to communicate with his Granddaughters husband. We helped Jimmy to find somewhere to learn French and by chance it was in a local public house! He's now learning French and meeting new people in the pub. He also told us that at 95 he didn't think he would be able to go swimming again. But, now we are supporting him to go swimming. He's found a new lease of life and his wishes are to have the right to do anything he wants, and we will be there to help him.

## Rabbits and risks

Alex came to live in our care home 11 years ago. He'd been a farmer all his life and wanted this to continue, so we looked into him making part of the home a place where he can keep chickens, ducks and rabbits. He gets up at 5am to feed his animals and when he is needing animal feed, he'll get the bus to the pet shop to buy his supplies. He has been doing this all his life. When's it's needed he will use power tools to fix his chicken coops - he has used drills and tools for over 50 years, so why stop now? If he did not have his animals and his hobbies I don't know what would happen to him.

## Getting to know you

A resident, Susan, moved into our home last spring from Hospital, wearing a hospital gown and nothing else, she had no clothes, no family, no information and she didn't speak. We tried to find out what we could, although staff were shocked at how she arrived, one said, 'you need to go and see that lady, I've never seen anyone come in in such a state.'

Within an hour, I made arrangements for her to be helped to wash and the hairdresser to cut her hair. We purchased some clothes, so she had a basic amount in the first place. We then went to Social Work, and she was totally on board from the beginning. She put the process in motion to access funds for her which meant we could get money to buy some things to make life that bit more bearable. She had been taken to hospital from home, having suffered a stroke, and because there was no-one to make decisions, the hospital decided they needed to insert a PEG tube because she couldn't eat and drink orally. This may not have happened if there were people there to have that discussion with, but the hospital staff didn't have any information to go on, so they did the best they could.

There is a lot of pleasure in a care home about what you eat and drink and, of course, Susan couldn't be part of that. We wanted to get her a specialist chair, otherwise she would have long periods where she was sat up in bed with a PEG feed attached, isolated from others in the home. After a bit of toing and froing, the local authority funded a chair. This proved to be the key thing to opening this lady up. The day she got the chair, the staff were elated. When

I came back from holiday, she was sitting in the chair - she was taking part in balloon tennis and I'll never forget that, the tears ran down my cheek. We then began to realise that she could talk, and she could say some words, and she began to speak, a little bit, it was very confused, but that was as a result of her dementia.

A chance conversation with another social worker, led me to discover that Susan had attended church. She said they'd wondered what had happened to her. She told the Minister and that opened the link to allow the church to come and visit her - she was a lady who had been devoted to the church. Then she started to say someone's name and we established that this was her father. She then told us he had been a policeman, so we got a little bit of information from the church people, not a lot, but it was still enough to tell us who her friends were, and we could talk about them - it was a conversation point.

When everyone else was in the dining room, the activity staff would spend some time with her and taking her to other places in the home, so she wasn't left watching everyone else eat while she couldn't. We would do things like organising the Xmas fete and Susan would tell us where to put things. It just brought this lady to life. This wasn't just the care home, this was fantastic work with the local authority.

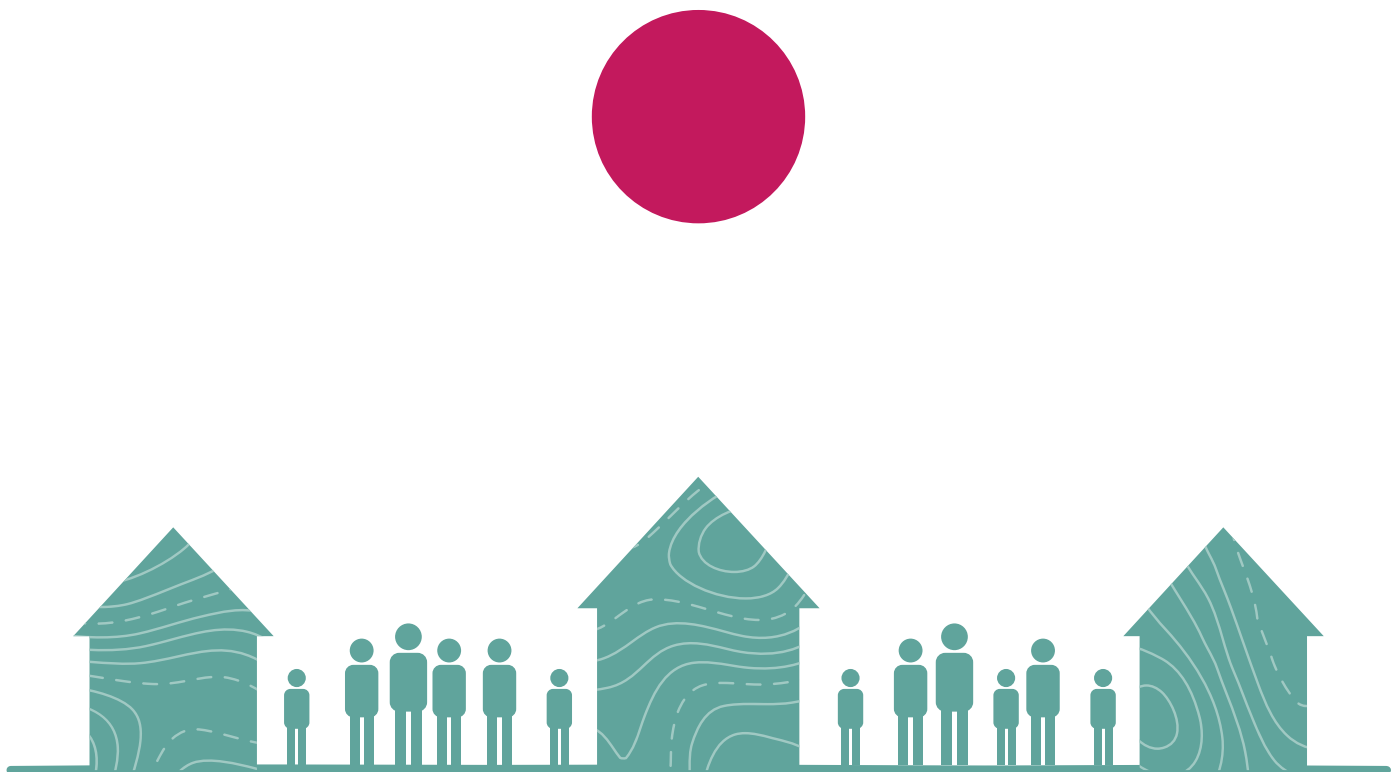
Eventually, it got to the point where she did start to decline a bit, and the last bit of her decline was pretty rapid, over a weekend. We contacted the social worker and she said 'leave it with me, I will immediately go and buy a funeral bond while I can'. We got this 2 days before she passed away.

I also learned from this that we are good at organising things and maybe not telling staff.

A key worker had knocked on my door a couple of days before she passed away, and said '*can I just ask what's going to happen to Susan? Who's going to organise and go to her funeral? Can I do anything to help?*' She was distressed, and I said, '*I apologise, we should have told you all this. It is being taken care of, but what you can do is, if you can, you can come to the funeral.*' She said, '*absolutely I'll be there and can I tell everyone it is all sorted.*'

The social worker had contacted a previous minister who had buried Susan's parents and established that they were buried in Montrose, so she made the arrangements that we would have a cremation here, but the ashes would be interned in her parent's grave. So, this lady who didn't have any family that anyone was aware of, had 38 people at her funeral service, maybe about 10 from the Church and the rest were staff from the home and social work staff.

She came into the care home without a family but gained a family while she was there. What the whole thing communicated to staff was you do need to push the boundaries sometimes, and pushing the boundaries can have results, because people couldn't believe she could talk at all. We found out she used to work in a lawyer's office and she would tell staff they were sacked! We had the impression of a lady who was 'a lady', she was a 'Miss' and I think she would have done everything 'by the book' in her lawyer's office and the church was her life.



There is much to celebrate in what is being achieved and the contribution that care homes can and do make to enabling persons to continue to lead a dignified life and have their human rights protected and respected in the changed circumstances of old age.

# 4.

## Themes from stories – what helped these examples be achieved?

Subsequent small group discussions explored the stories more fully to help understanding of how human rights had been enabled, for example, what helped those in the story to do what they did, exploring the language used and our responses to it and how daily notes might be written to reflect the story. This section explores these enablers in more detail.

### Communicating and connecting through care

The stories show care staff displaying qualities of respect, attentiveness, responsibility, competence, responsiveness and trust. They show the significance of 'hands-on' care work, of staff developing personal connections with residents by starting with meeting basic needs for care, upon which their survival and flourishing depends. Staff have taken time to find out – by being curious, asking where possible, or getting to know someone through being alongside them as part of their daily life, or talking to others who do know them. It can be difficult to verbalise the knowledge that rests in the relationships between care givers and care receivers; staff use a range of skills to get to know a person, so they can work out what behaviours people display, for example, when they are happy or sad. These include noticing, observing, talking, involving, sharing, picking-up on cues, spotting the glow in someone's eye, trying things out and noticing non-verbal responses. They may notice subtle changes in someone and have knowledge of someone as they are in the 'here and now', that may not be known by close family members. These qualities of attention enable residents to become more active in expressing their wishes and how they might be met. Others have also played a part in the stories, including other residents, relatives and others from the wider community, staff and other professionals. By building those relationships and knowledge, it becomes possible for there to be genuine opportunities for people to be and do the things in life that they value or aspire to.

## A focus on human rights for everyone - interdependence

Such relationship-centred care highlights the interdependencies between people and encourages a focus on the needs of older people who live in care homes, their relatives and the staff who work in care homes. The discussions of the stories highlighted the importance of the human rights of all and that whilst independence, continuity with the past and privacy are often valued goals, the idea of reciprocity is important in highlighting scope for developing new relationships and interests and contributing to the life of the home, for example, by learning French, making stovies or keeping rabbits. The stories also show how the staff are best able to contribute by working together, with other care staff and those from other agencies and with families. This works best when staff feel confident in the response of others, for example, colleagues and the manager, and free to make decisions that feel right for the person, for example, staying out longer than planned with a resident, pushing boundaries to make things happen.

## Risk enablement – taking considered chances

Many of the stories have an element of people, residents and staff having fun, of residents doing the things they love and have loved to do, and in so doing, bringing human rights to life. The focus on risk enablement rather than risk assessment stood out from the discussions. Positive risk was a preferred term, referencing the potential outcome, that would be of benefit to the person and being a more considered path, rather than a snap judgement. Maximising care-full possibilities rather than focusing on minimising harm and protection. The language was felt to be important and the opportunities to change it: *'What if we play around with using the term chance – rather than risk?'*

## Confounding expectations through creative persistence

The discussions highlighted that it takes time to really hear what people value, to listen well and perhaps take some time to have the conversations that are needed to find out what can be done. The term 'creative persistence' was used to describe the doggedness, determination, commitment and creativity needed to make something happen, and to keep trying things out, when perhaps things don't work. There may be low expectations amongst residents or families about what might be possible, and residents themselves may have given up hope that they will be able to pursue something that is important to them. Yet, there are many examples in the stories of confounding low expectations and limiting assumptions, including maintaining family connections, reviving an old hobby, being able to play a part in the life of the home despite frailty and high levels of dependency and reviving lost connections with people from your community at the end of life.

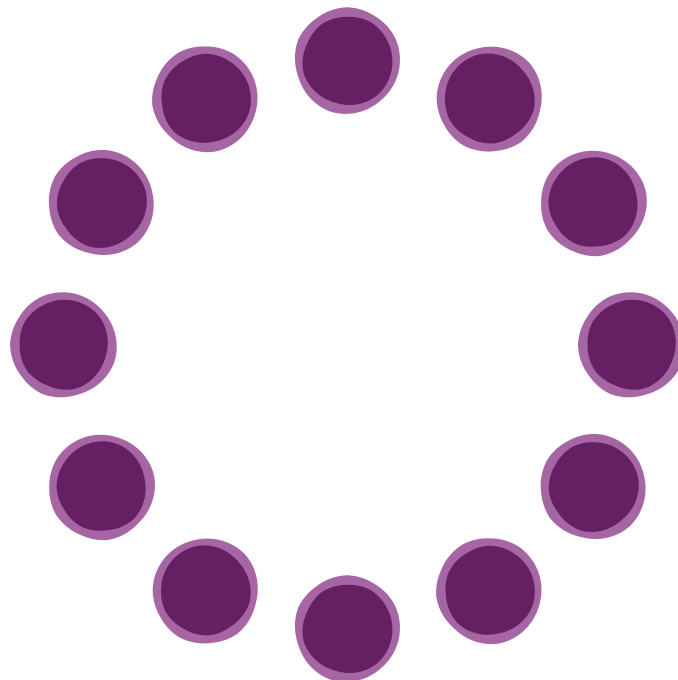
## Caring conversations

The need to explore wishes, possibilities and expectations of all those involved underlines the importance of how we talk to each other, the language we use, and the time taken to explore and really listen. The stories illustrate the significance of often apparently small and everyday acts, that may easily be overlooked or unremarked upon. The details are often very important; there's a sense in the stories of the efforts to achieve exactly what people want, not ignoring wishes or suggesting a compromise, so that people are not offered a version of what they wanted but are able to use their fullest capacities. The event participants valued the opportunities to reflect and talk about practice, explore the language and how that might be translated or enacted through real and concrete examples, recognising the continuing challenges:

*"We talk about privacy in the standards – what about being entitled to a private life – how does that work in a communal setting?"*

## The importance of reflection and storytelling

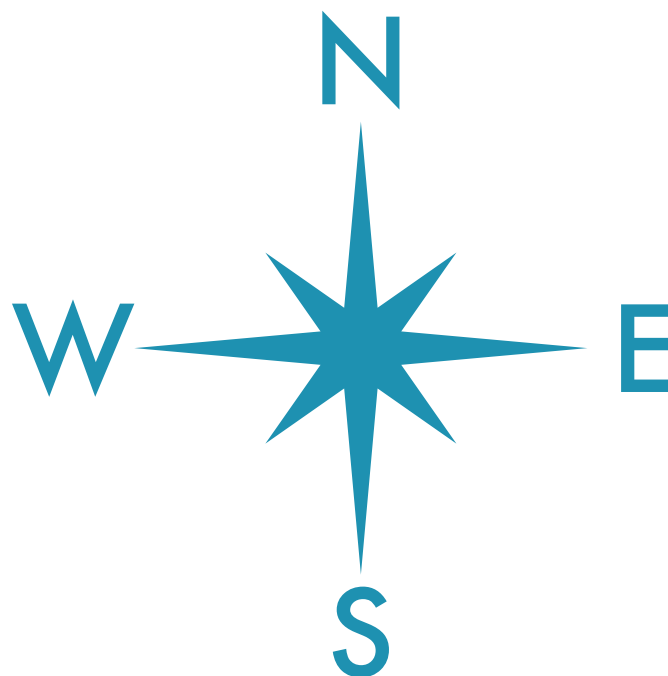
The process of sharing stories itself demonstrated both examples of where human rights are being enabled in care homes and the value of sharing stories to talk about and show what is working well, what is important to people and what might be enhanced. It enabled those with direct and particular knowledge of care home life to share what they know and examples of concrete practices that illustrate what people can do, even where there are high levels of dependency in relation to meeting basic care needs. Story telling was a very easy and engaging way into a dialogue about what, for some, had been perceived as potentially a difficult or abstract subject. The process illustrated the value of stories as an important tool to bring human rights to life by helping to form relationships; seeking out stories of people's lives and what's important to them, of what brings people joy and how they might want their wishes to be enacted and what that means to them when they are.



# 5.

## The compass of compassion – guiding principles for our actions

These themes show the routes to enabling potentially abstract, universal human rights to become embedded into the culture of care homes. The approach adopted of sharing stories helped to set out what human rights are, in broad terms, in an accessible and energising way, rooted in existing good practices and the knowledge and skill of those who provide direct care. The human rights of residents and staff are made real through relationship-centred care. The event supported participants to develop their ideas for actions that they wish to take forward. These discussions were facilitated using a mapping exercise. This integrated the language of the standards, focusing on the ethos and human qualities of the standards, rather than specific actions or legal rights. The map itself was felt to be a useful new tool to enable further conversations, in a care home setting by using it to articulate the explicit and implicit elements of the stories shared<sup>5</sup>. Examples are given below.



<sup>5</sup> Minor revisions are proposed to the map; this is the version that was used on the day.

## Examples

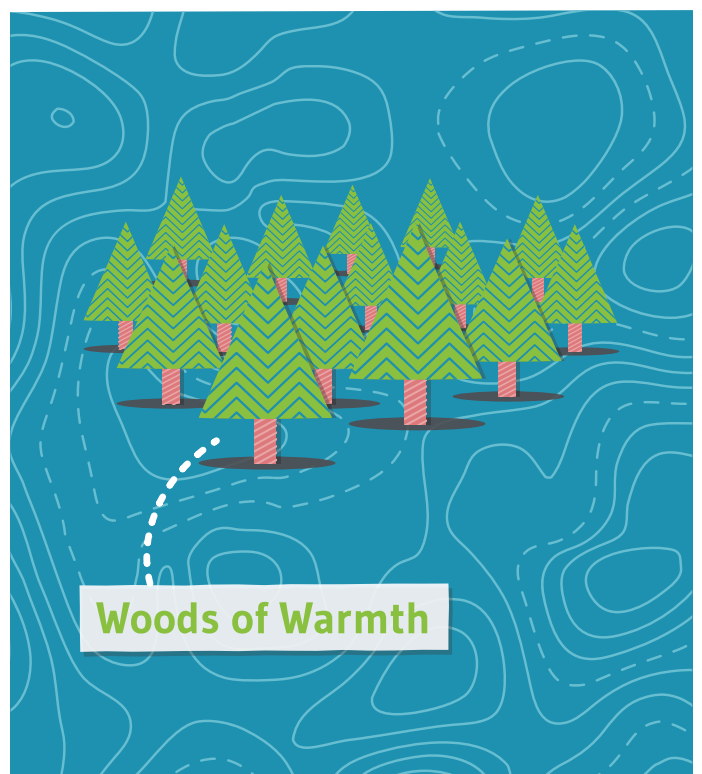
### River of Responsiveness



- Time and determination, hard work, tenacious commitment and perseverance - creative persistence
- Commitment to having someone listened to
- Compromise and negotiation.
- Relational approach
- Involving everyone involved in the care experience.
- Engaging a person to do something they want to do – listening and acting on it
- Sharing what we want to share helps us form relationships
- Staff did not 'fob her off' – they recognised that timing was important – end of life
- Staff and manager responded so well

- Maintaining meaningful relationships
- Staff feeling happy to have satisfied a desire or a wish
- It is valid to have feelings – respect the person
- Staff felt strongly this lady should spend time with her son
- Connecting with people
- Everyone wanted the best for this lady
- Empowerment – making the choice and moving forward

### Woods of Warmth

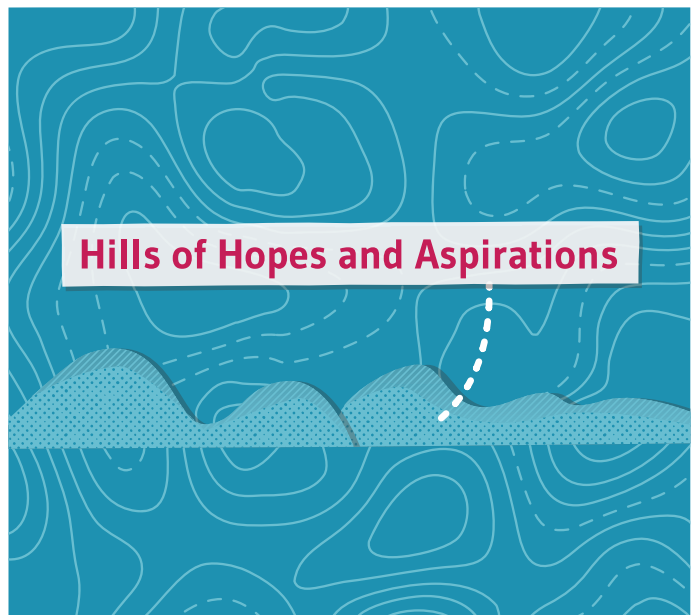




**Cove of Protection**

- Freedom
- Amazing improvement
- Exceptional care
- I like how he had overturned a perhaps unspoken expectations of relatives, that their family members life would now be a certain, very limited way
- The compassion from staff when supporting people and the effect this has on them
- Honouring who she is – knowing her and having the confidence to stand by the decision
- Collaboration and partnership working - working with others to put measures in place to protect the lady, not taking away her freedom but working with others to promote it safely
- Staff and manager responded so well

- Rather than risks – see possibilities and solutions
- Supporting to meet her hope from something she may not have believed possible herself
- It should become natural to think of human rights everyday – becomes part of the culture
- Opportunities for education and growth for staff

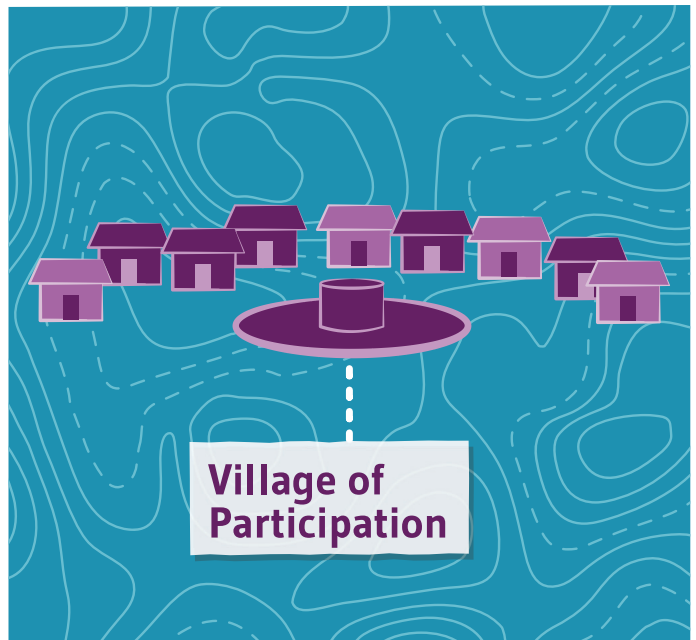


**Hills of Hopes and Aspirations**



- Healing
- Empathy and compassion to listen to the person
- Respecting end of life wishes

- Spreadable
- Using language of Human Rights to open new perspectives in staff
- Making 'simple things' happen
- There are opportunities for personal growth and new connections
- Collaboration with other agencies

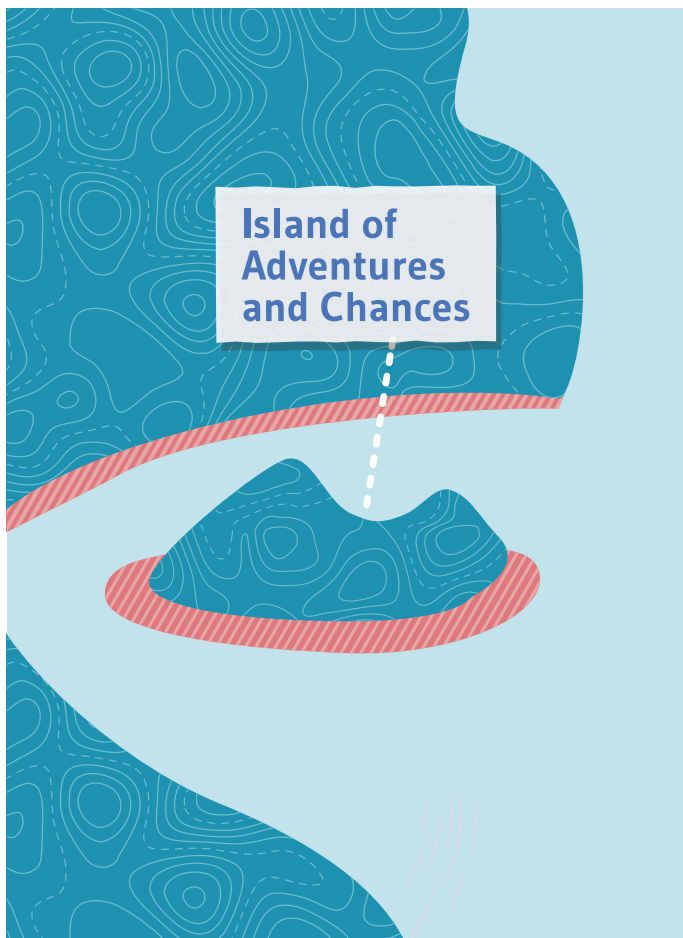




- Courage to listen
- Making people feel they are needed
- Realising that people have something to offer
- “They had a ball buying some lovely clothes”
- Maintaining family and community connections
- Right to freedom, safety, happiness
- Strategies to ensure that the resident could safely participate
- innovative and creative solutions – staff were adventurous in their thinking, free, open minded and enabled

- Giving ‘control’ over garden use
- Fairness and equality in work
- Resident gains new family
- Nothing is impossible – moving into a care home is a new chapter in life.
- This lady had her wishes respected – why not? They were her wishes





- Reputational risk, negotiation and compromise, adapting the rules
- Enabling 'independence' - they give options to open doors
- Power imbalance that gets challenged – leads to reciprocal relationship
- Permission – staff and organisations
- Compassion/togetherness
- Accepting choice
- Different everyday
- Education for family
- Really impressed with risk enablement – residents come first

# 6.

## Conclusions and implications - unfolding stories of the future

An Unfolding Stories group exercise was a useful way to share and synthesise key elements from the day and understand the sense of direction being created through the discussions – a sense of what people want to see emerging. It is not an action plan, but it may be a good starting point as it encourages people to reflect on their own energies and learning. It works by using a series of prompts which participants are asked to finish off in their own words<sup>6</sup>

It is clear that the event promoted a real sense of possibilities that embracing human rights can bring, rooted in a strong sense that good things are already happening:

*“...stories of overcoming challenges and putting the needs of the person first.”*

People were moved by the evident compassion in what they heard and whilst there is much to still be done, they feel able to take this forward, with compassion and humanity. It was energising to hear that others shared their passion and enthusiasm for this work and there was a sense that through collaboration, many more good outcomes can be achieved. Some referred to *‘putting the humanity into human rights’* and *‘focusing on the human first, which will lead us to focus on rights’*.

There was an understanding of the importance of sharing stories and how we can use them to talk about rights, to develop relationships and so bring human rights to life.

<sup>6</sup> This is done anonymously then shared with the rest of the small group. The four prompts we used were: What has lit my fire in what I have heard is....So far today the learning I will bring back to work is....I might start to think differently about....I can trust myself to....

There was a sense of empowerment, based on new levels of understanding about human rights and confidence to talk about rights, the place of relationships and knowledge of ways to get started by using some of the tools and approaches used during the event. There was a sense that this need not be complicated; conversations, listening, delving a little deeper, collaboration and creative persistence would all be part of the way forward.

Some participants had clearly experienced some important changes in their thinking, not necessarily overturning previous perspectives, but perhaps gaining a 'human rights lens' – a way to consider many aspects of care home life and practices from a slightly different angle:

*“ ...human rights being this big scary word but focusing more on all the small things we are doing to help our residents.”*

This is very much linked to the sense of possibility and that in fact, there are already examples of enabling human rights that, if they are recognised as such, can be built upon. Some experienced this as a valuable reinforcement of their existing perspective; there was a sense that strong person-centred values and commitment to human rights might be a more visible part of the everyday and that they have confidence and language in which to 'speak freely about what we need to do to make rights a reality for everyone.' Examples of ideas to take forward include thinking differently about staff supervision, exploring how residents can input into daily notes, looking at how risk is considered, recognising the importance of language and the place of reflection.

There was a strong sense of collective endeavour; that this is not something that can be achieved alone. Many participants talked of their clarity about the role, attitudes and behaviours that each feels they can adopt in making rights a reality, by working with others. And it is clear that there is a crucial role for 'modelling' the approach, for example, in terms of the language used, being open, positive and confident, sometimes brave and supportive of others.

# Bringing Human Rights to Life: advice to ourselves and others

The mapping exercise generated several ideas for actions to take forward shown in Figure 1.

## Figure 1: Advice to ourselves and others

### Be appreciative

- Look and listen for golden moments that staff identify that enhances resident's lives and realise their human rights
- Involving everyone in spotting and sharing 'golden moments'
- Use the poster with map to help staff identify where and when they are supporting residents' human rights
- Post-box – ask - what feelings did staff have when they saw something great?
- Encourage staff to discuss with each other what their 'every brilliant thing' is, then ask residents and record this.
- Conversations between staff and residents that capture 'a good day' - hopefully this will give a better understanding of human rights
- Reward staff and explain why human rights have been met by them

## Share learning to promote awareness

- Share with residents and all levels of staff
- Pass onto staff – collate, reflect on today's session
- Use Scottish Care's Convention on Human Rights at staff meetings – explore how staff are 'struggling' with it
- Incorporate understanding of human rights in care plan training and induction for staff
- Notice 'golden moments' to share – share, discuss at daily huddle

## Put values into practice

- Respect
- Change of terminology – explore language

## Adopt risk enablement not risk assessment

- Play around with using the term chance – rather than risk
- Taking positive risks
- Don't be risk adverse! Encourage people to meet their goals



## Recording/evidencing

- Have relatives write down how good the person's experience was
- Residents and relative also record feelings as outcomes are met.
- All staff record and photograph as an outcome is met – when and how human rights are met by staff
- Emotional recording – and picture evidence
- Support residents to input into daily notes – digital platform
- “Look where I've been today!” Residents give own report verbally

## Share stories

- Encourage staff to 'story tell' and share 'snap shot' stories
- Use storytelling
- Encourage story telling as an easier way to understand human rights eg. having postcard /letters as a way for family /ancillary staff to share stories
- Use of stories relating to human rights-based care standards

## Practice it!

- Try out the map approach at the Inspectorate to engage staff with the Standards in a new way in the hope that they will use this to inform residents and families
- Place value on human rights approach by forefronting dining supervision
- Look at care plans to see if anything can be changed to implement human rights with staff and residents

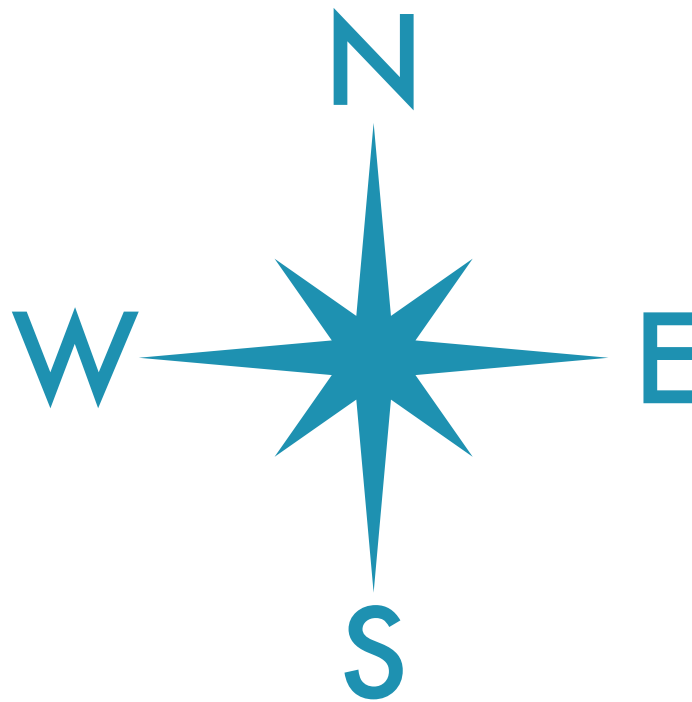
- Advocate for care homes and their promotion of human rights for residents
- Change the way we think about rights
- Look into research evidence on risk-enablement/positive risk taking
- Read more about dementia employment project

These illustrate the commitment and energy of the participants. The event has a strong focus on practical steps and what it means to adopt an appreciative and relationship-centred care approach. This gave participants confidence, skills and tools to recognise and enhance rights-based approaches in their own care settings, based on developing an everyday awareness of existing practices or 'golden moments' that are meeting human rights and which might be enhanced; the understanding that enacting human rights for all is a collective endeavour in which everyone has a part and that they now have the tools to take this forward.





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