



## **Human Rights and Equality Policy and Procedure**

The Human Rights Act 1998, the Convention on the Rights of Persons with Disabilities, the Mental Capacity Act 2005, and the Equalities Act 2010 all prohibit inhumane and degrading treatment and set boundaries on when a person's rights to liberty or to a private and family life can be breached.

## Document details

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## **1. Introduction and purpose**

To enable Bevan to meet the legal requirements to promote and protect the equality and human rights of Patients.

To promote the autonomy, wellbeing and independence of Patients by respecting and enhancing their human rights.

This policy focuses on the promotion of equality and human rights for Patients. Equality and human rights for staff are not addressed in this policy.

To meet the legal requirements of the regulated activities that Bevan is registered to provide:

- Health and Social Care Act 2012 Section 250 (Information Standards)
- The Care Act 2014
- Equality Act 2010
- Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Public Functions)
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Gender Recognition Act 2004

## **2. Objectives**

- Patients are honoured in all their uniqueness and diversity, and their rights to live as they choose are not restricted, except where strictly both necessary and proportionate, and in accordance with this policy.
- Bevan shows ongoing commitment to respecting and promoting the human rights of Patients, through demonstrating knowledge of the person's wishes and feelings, and making these the pathway for the way services are provided.
- That staff show a commitment to the equality and diversity of Patients.
- Bevan aims to reflect, through staff, volunteers or pro-active community involvement, the cultural, religious and social make-up of the local community, so that Patients do not feel distanced from those who share their culture or background.
- To ensure that the 5 outcomes of the Accessible Information Standards are met and staff at Bevan understand and have processes in place to meet the standards.

## **3. Target audience**

The following roles may be affected by this policy:

- All staff
- Volunteers

The following service users may be affected by this policy:

- Patients

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives

- Commissioners
- External health professionals
- Local Authority
- NHS

#### **4. Policy**

Actions and decisions that affect Patients are compliant with relevant human rights law, that is, the Human Rights Act 1998, the Equality Act 2010, and, where Patients aged 16 or over may lack mental capacity, the Mental Capacity Act 2005.

Good care demonstrates the importance that Bevan gives to protecting the human rights of Patients, by being clearly person-centred and individual, and reflecting a real commitment to people's rights to live as they choose.

Bevan recognises that everyone is different and as such, we will practice respect and promote and celebrate differences. We will not tolerate unlawful discrimination, victimisation, bullying or harassment based on

- Age
- Disability
- Gender reassignment or self-identification
- Marriage and civil partnership
- Pregnancy and maternity
- Race (this includes ethnic or national origins, colour or nationality)
- Religion or belief (this includes lack of belief)
- Sex
- Sexual orientation

Bevan will work continuously on upholding human rights and aim to:

- Increase the knowledge, understanding and ability of the Practice Team to meet duties to respect, protect and promote human rights, including by addressing inequalities
- Increase the knowledge, understanding and ability of the Practice Team to translate human rights concepts and protections into higher quality service design and delivery
- Improve care experiences for Patients through embedding a human rights-based approach in their care

Bevan will make sure that Patients receive person-centred care and treatment that is based on a holistic assessment of their needs and consider their preferences.

Human rights, equality and diversity, and the wishes and feelings of individual Patients, are considered in all Practice meetings.

The management team shows its commitment to equal opportunities, diversity and human rights, by pro-actively ensuring that Patients have access to, and engagement with, their communities through information provided to them.

#### **5. Procedure**

### 5.1. Articles of the Human Rights Act

Staff understand the following Articles of the Human Rights Act and can recognise when any of them is at risk of being breached in health and social care. Bevan is committed to delivering care and support in a way that promotes and enhances human rights.

### 5.2. Article 2 - Everyone has the right to life

Article 2 - Everyone has the right to life. Bevan takes reasonable steps to protect and maintain a Patient's life except when it is reaching its inevitable close. Bevan has clear policies on end of life wishes, including up-to-date information on:

- Any advance decisions to refuse treatment
- Any powers given by a Patient to a trusted relative or friend through a health and welfare lasting power of attorney, to consent to or refuse life-sustaining treatment in the person's best interests, and
- Any 'Do Not Attempt Cardiopulmonary Resuscitation' recommendations

### 5.3. Article 3 - The right to protection from torture and inhumane and degrading treatment

Article 3 - The right to protection from torture and inhumane and degrading treatment must never be breached. It underpins all care decisions, and staff receive training on how to deliver care that enhances Patient's dignity; formal training is reinforced in team meetings and supervision.

### 5.4. Article 5: Right to liberty and security of person.

The right to liberty and freedom of movement is recognised, and only breached when deprivation of liberty is both necessary and proportionate to the risk of harm to the Patient; action is always taken to reduce or minimise, if possible, the risk of deprivation of liberty.

Where deprivation of liberty is in the Patient's best interests, and no less restrictive option can be identified to keep them safe. Bevan recognises that the Patient may reside in a care setting where the provider will be responsible in seeking authorisation swiftly, through the deprivation of liberty safeguards (DoLS) process or from the Court of Protection, to protect the Patient's rights. Bevan staff must have an understanding and awareness of DoLS which may be relevant to some Patients.

### 5.5. Article 8 - Monitoring by CCTV or other surveillance techniques

Article 8 - Monitoring by CCTV or other surveillance techniques may breach Article 8 (rights to privacy). Use of such recordings must adhere to the CQC guidance on surveillance

### 5.6. Accessible Information Standard

Bevan ensures that staff understand their responsibilities under the Accessible Information Standard and there are mechanisms in place to ensure a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of Patient's and carers with a disability, impairment or sensory loss. Bevan has systems that ensure staff read and understand the Patient with the Communication Difficulties Policy and Procedure.

## 5.7. Equality and Diversity

Bevan recognises and understands that equality does not mean treating everyone the same but making sure that people are treated fairly.

Equality requires Bevan to challenge the factors that limit the opportunity and ability of the Practice Team to appropriately meet individual needs and provide high-quality care with continuous improvement, so that Patients consistently receive:

- Personalised care from an appropriate healthcare professional
- Equal access to health care services
- "Reasonable adjustments" for people with disabilities, e.g. by removing physical barriers to accessing services and employment
- Interpreting services and accessible communication

Bevan will recognise the importance of promoting a proactive and inclusive approach to equality, diversity and human rights; valuing people as individuals; treating everyone with dignity, courtesy and respect; and protecting the following groups of people from discrimination by law:

- Different ages
- Different genders
- Different cultural backgrounds
- Holding different religious beliefs
- Different sexual orientations
- People with disabilities

All members of the team at Bevan will take responsibility for promoting equality and fairness by:

- Showing respect for everyone
- Providing equality of opportunity
- Treating people according to their needs
- Making reasonable adjustments
- Taking positive action to challenge prejudice and discrimination

## 5.8. Inclusion, Involvement and Engagement for Equality

Bevan will promote an inclusive approach by creating an environment and culture where everyone is treated with dignity and respect. This includes improving the quality and safety of care by:

- Patient participation and involvement activities to engage with the Practice population and understand their needs
- Practice-level engagement with area-wide, commissioner-led Patient and public involvement activities to inform and influence the local health system in order to tackle health inequalities through meeting actual need
- Continuous review of equality procedures and action plans in Practice meetings
- Ensuring complaints and feedback review is carried out regularly and is a standing agenda item on meeting agendas at Bevan
- Service improvement through consultation, involvement, and for the wider NHS, through equality monitoring
- Promoting fairness and equality through effective recruitment and selection

### 5.9. Forms of Discrimination

- Direct discrimination is when someone is treated less favourably than another person because of a protected characteristic
- Indirect discrimination occurs when the effect of conditions, practices or requirements imposed has an unreasonably detrimental impact on one group over another, e.g. a clinic held on one particular weekday only that limits access to the service for a specific group of Patients
- Associative discrimination is discrimination against an individual because of an association with another person who has a protected characteristic under the Equality Act 2010, e.g. a non-disabled person who is discriminated against because of the requirements of their relationship with a disabled dependant
- Perceived discrimination is the unlawful discrimination against someone on the mistaken assumption they hold a protected characteristic, e.g. a man who is not gay is discriminated against because of someone else's belief that he is
- Harassment is unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them
- Victimisation is treating someone unfairly because they have complained about discrimination or harassment

### 5.10. The Basis of Discrimination - Stereotyping and prejudice

Discrimination happens when people are treated differently to others because of a particular characteristic. The basis for this discrimination is often due to stereotyping and prejudice with the defining characteristic viewed and judged on pre and misconceptions rather than on the individual themselves.

While stereotyping can facilitate a fast reaction to situations based on earlier similar experience, unfortunately it can also lead to ignoring the differences between individuals and assuming things about people that may not be true, e.g. making assumptions about a person based on their age, sex, race, sexuality etc.

Prejudice - or prejudicial behaviour - involves favouring or disfavouring an individual because of preconceived ideas relating to their age, sex, race, sexuality etc.

### 5.11. Dealing with Discrimination

Prejudice and discrimination will be challenged - or acted on appropriately according to the circumstances - by any member of the team at Bevan.

The challenge must be immediate; this may involve acting first to address a situation to prevent a victim suffering avoidable or additional instances of discrimination, rather than leaving it to a later time. A staff member who is not confident about challenging discriminatory behaviour as it happens (or at all) must seek the help and support of their immediate supervisor or line manager.

Not challenging prejudice or discrimination is not a neutral act; it can be seen as collusion.

The Practice Team has responsibilities and must lead or implement and participate in putting equality legislation into practice.

There must be no intentional or unintentional harassment, bullying or abuse of others.

There must be no direct or indirect discrimination against others nor encouragement or support of others to discriminate.



Where necessary, take action as quickly as possible to try and stop discrimination and prevent it from escalating any further.

In the first instance and depending on the circumstances, the staff member will follow these steps:

- Intervene and take over by stepping in to defuse or resolve a situation involving a Patient
- Make a confidential note of the details of the incident and the immediate actions taken to improve or resolve the situation
- Inform their supervisor or line manager about the incident and provide all the details
- Collect any available evidence
- Collaborate in full with any disciplinary or significant event investigation

## 6. Glossary/definitions

The following terms and acronyms are used within the document:

Term	Definition
Human Rights Protected by the Human Rights Act	<p>Human rights are the basic rights and freedoms that belong to every person in the world. In the UK, human rights are protected by the Human Rights Act 1998</p> <p>The Human Rights Act 1998 incorporates into UK law the European Convention on Human Rights, and makes it unlawful for a public body, or anyone acting on behalf of a public body, to behave in a way that is incompatible with the Convention. The rights most likely to be relevant in health and social care are Article 3, Article 5, and Article 8. All the rights protected by the Convention are listed below, with some of their implications for adult social care</p> <p>Article 2 (Article 1 is just the preamble): The right to life.            "Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally, save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law".            Note that this makes so-called 'mercy killing' unlawful, though it is lawful and good practice sometimes to recognise when treatment should be withdrawn or not started in circumstances when it would lead to pain or distress without prolonging life.            In addition, any adult can lawfully make advance decisions to refuse treatment under the Mental Capacity Act; these will then apply when the person has lost capacity to make their own decision to accept or refuse treatment</p> <p>Article 3: The complete prohibition of torture under any circumstances. "No one shall be subjected to torture or to inhuman or degrading treatment or punishment".            It is a tragic fact that some so-called 'care' can include inhuman or degrading treatment or punishment; there is no place for this in</p>

	care services, and any tendency, however slight, to bully, punish or degrade Patients must be rooted out
Acid Test for Identifying Deprivation of Liberty	<p>It can be unlawful under human rights and mental capacity law to deprive a person aged 16 and over of their liberty in order to give them necessary care and treatment, provided that the person lacks capacity to consent to the necessary arrangements to give them such care and treatment, and this is authorised</p> <p>The 'acid test' clarifies that a person lacking capacity to consent to arrangements to give them necessary care or treatment is deprived of their liberty if they are both:</p> <ul style="list-style-type: none"> <li>• Not free to leave (meaning, even though they may go out unaccompanied, they must return); and</li> <li>• Under continuous supervision and control (meaning that staff always know approximately where they are and what they are doing)</li> </ul> <p>This relates to Article 5 in health and care settings however practice staff should have an awareness of this</p>
Stereotype	An overgeneralisation or fixed belief about a particular group of people
Absolute and Non-Absolute Rights	<p>All the rights in the Human Rights Act are divided into absolute and non-absolute (qualified and restricted) rights. Absolute rights cannot be infringed under any circumstances. These are the Right to life, Prohibition of torture and degrading treatment, Prohibition of slavery and forced labour, and No punishment without law</p> <p>Qualified rights are rights that the state can lawfully interfere with in certain circumstances. Interference with these must be lawful, legitimate, necessary and proportionate</p>
Prejudice	<p>A feeling, favourable or unfavourable, toward a person or thing prior to - or not based on - actual experience</p> <p>Prejudice means preconceived opinion that is not based on reason or actual experience. They may decide they do not like them because of their skin colour (this is racial prejudice), religion (religious prejudice) or nationality. Such prejudices can lead to discrimination, hatred or even war</p>
Equality	The Equality and Human Rights Commission defines 'equality' as "ensuring that every individual has an equal opportunity to make the most of their lives and talents, and believing that no one will have poorer life chances because of where, what or whom they were born, or because of other characteristics"
Convention on the Rights of Persons with Disabilities (CRPD)	<p>The UK is a signatory to the CRPD, and bound to work within it</p> <p>The CRPD aims to wipe out all discrimination and barriers to inclusion that face people with disabilities. This means the UK</p>

	<p>must develop and carry out policies and laws that secure the rights recognised in the Human Rights Act 1998, and abolish laws, regulations, customs and practices that constitute discrimination (Article 4)</p> <p>The UK is also committed to combatting stereotypes and prejudices, and promoting awareness of the capabilities of people with disabilities (Article 8)</p> <p>The CRPD demands guarantees that people with disabilities enjoy their inherent right to life on an equal basis with others (Article 10), ensures the equal rights and advancement of women and girls with disabilities (Article 6) and protects children with disabilities (Article 7)</p>
<p>Human Rights Protected by the Human Rights Act</p>	<p>Human rights are the basic rights and freedoms that belong to every person in the world. In the UK, human rights are protected by the Human Rights Act 1998</p> <p>The Human Rights Act 1998 incorporates into UK law the European Convention on Human Rights, and makes it unlawful for a public body, or anyone acting on behalf of a public body, to behave in a way that is incompatible with the Convention. The rights most likely to be relevant in health and social care are Article 3, Article 5, and Article 8. All the rights protected by the Convention are listed in the following bullet points</p> <p>Article 2 (Article 1 is just the preamble): The right to life. Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally, save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law. Note that this makes so-called 'mercy killing' unlawful</p> <p>Article 3: The complete prohibition of torture under any circumstances. No one shall be subjected to torture or to inhuman or degrading treatment or punishment. It is a tragic fact that some so-called 'care' can include inhuman or degrading treatment or punishment. There is no place for this in care services and any tendency, however slight, to bully, punish or degrade users of the service must be rooted out</p> <p>Article 4: Prohibition of slavery and forced labour</p> <ul style="list-style-type: none"> <li>• No one shall be held in slavery or servitude</li> <li>• No one shall be required to perform forced or compulsory labour</li> </ul>

This is now strengthened by the Modern Slavery Act 2015, which forbids slavery or forced labour, and includes trafficking. [Name of the Registered Provider] must ensure that it is not (even unwittingly) employing people who do not enjoy the rights available to other staff due to being trafficked or forced to pass on their pay to a trafficker

Article 5: Right to liberty and security of person. This is not an absolute right, but no one shall be deprived of his liberty except in certain circumstances, which includes Article 5(1)(e) - "the lawful detention of persons...of unsound mind". If someone is to be deprived of their liberty, it must be "in accordance with a procedure laid down in law" and Article 5(4) - "Everyone who is deprived of his liberty...shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful." This is why the Deprivation of Liberty Safeguards (DoLS) were created, to ensure these procedural safeguards to people lacking capacity. UK law had a gap, which meant that this vulnerable group of people could be deprived of their liberty on the say-so of a doctor for example, without any clear way of asking a court whether this was legal or not

Article 11: Freedom of peaceful assembly with others. This is the right to meet up with other people and, for example, join a trade union. This is not an absolute right, and can be limited, where necessary in a democracy, for public safety or protection or the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights of others. States have the right to restrict this right among armed forces, the police, and other areas of public administration

Article 6: Right to a fair trial. This includes being presumed innocent until there is evidence of guilt

Article 7: No punishment without law. Nobody can be found guilty of something which was not a crime at the time it was committed

Article 8: Respect for private life and family life, home and correspondence. This includes the right to determine sexual orientation and lifestyle. It also includes the right to control who sees and touches a person's body. For example, this means that someone should not be left undressed and

	<p>without dignity, or have a blood sample taken without their permission</p> <p>Article 9: Freedom of thought, conscience and religion. This is not an absolute right, but can only be limited when necessary in a democracy, "in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others." It includes the right to decide to change one's religion</p> <p>Article 10: Freedom of expression. This is not an absolute right and carries with it duties and responsibilities. It can be limited, where necessary, in a democracy, in a range of circumstances, including "for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the reputation or rights of others"</p> <p>Article 12: The right to marry. Men and women of marriageable age can marry and found a family in accordance with national laws. Together with Article 8, this specifically protects the rights of people with learning disabilities who have the capacity to consent to marriage, to enter into a marriage, and have children</p> <p>Article 14: Prohibition of discrimination. This is an absolute right. "The enjoyment of the rights and freedoms set forth in this convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status." This phrase 'other status' includes people living with certain diagnoses or lacking mental capacity to make their own decisions, and highlights that human rights are for everyone</p>
Mental Capacity Act 2005 (MCA)	<p>In England and Wales, the MCA defines capacity as the ability to make a specific decision at the time it needs to be made</p> <p>Everyone aged 16 or over is presumed to have this capacity unless there are reasons to question it, in which case the person's capacity will be assessed</p> <p>The MCA balances the requirement to respect and enhance autonomy, the rights of people to live as they choose and make their own decisions as long as they are not harming others, against the requirement to protect people who lack</p>

	mental capacity, by finding the least restrictive options to meet identified needs in the best interests of the person
6.11 Equality Act 2010	<p>The Equality Act replaced 9 pieces of legislation, including the Race Relations Act 1976 and the Disability Discrimination Act 1995 and 100 statutory instruments</p> <p>It harmonises and simplifies equality and diversity law and ensures consistency in what employers need to have in place to make the workplace a fair environment and to comply with the law</p> <p>The Act covers the same groups that were protected by previous equality legislation and extends some protections to some of the groups not previously covered, and also strengthens particular aspects of equality law</p>

## 7. Duties and responsibilities of individuals and/or groups

Professionals providing this service should be aware of the following:

- The Human Rights Act 1998, and, where relevant, the Mental Capacity Act 2005, provide the essential framework for decisions and actions in health and social care
- Rights can be absolute (such as Article 3, the complete prohibition of inhuman or degrading treatment) or qualified (such as Article 5, the right to liberty, and Article 8, the right to a private and family life) but are the starting point for good care
- The Mental Capacity Act 2005 and its code of practice provide detailed guidance on human rights for people who lack mental capacity
- Not challenging discrimination is not a neutral act: it can be seen as collusion. Discrimination must be reported and dealt with appropriately according to the circumstances. If someone makes a complaint or provides information relating to discrimination, they must be supported to prevent them from being victimised
- An inclusive approach and an environment and culture where everyone is treated with dignity and respect promotes continuous improvement in Patient care and the inclusiveness and safety of the environment, because Patients and service users are properly engaged and consulted
- All the rights in the Human Rights Act 1998 are divided into absolute and non-absolute (qualified and restricted) rights. Absolute rights cannot be infringed under any circumstances. Qualified rights are rights that the state can lawfully interfere with in certain circumstances
- Practice Team members need to take positive action to challenge prejudice at every opportunity and treat people according to their needs
- The Equality Act 2010 protects someone if people in their life (family members or carers) have a protected characteristic and they are treated less favourably for that reason
- Under the Equality Act 2010, there are nine protected characteristics. Whether or not someone has any of these characteristics, if they are treated worse because someone thinks they belong to a group of people with protected characteristics, it is discrimination

- Equality does not mean treating everyone the same, but making sure that people are treated fairly and that their individual needs are met
- The law gives protection against discrimination in the provision of services, guidelines on how we should act, and a minimum standard for how we should treat people as Patients. Bevan is also responsible for equality of opportunity, good relations and positive attitudes in respect of race, disability and gender
- Bevan has a moral responsibility for promoting equality and diversity. Everyone has the right to be treated fairly by staff who demonstrate appropriate actions and behaviours that remove barriers and encourage choice for everyone
- Any breach of a person's human rights is a serious matter and all attempts must be made to avoid it or minimise its extent and effects on the person (whether or not they have mental capacity)
- Discrimination is either direct or indirect. The basis for discrimination is often due to stereotyping and prejudice and occurs when people are treated differently than others because of a particular characteristic

People affected by this service should be aware of the following:

- You and your relatives have legal rights under the Human Rights Act 1998 or, where relevant, the Mental Capacity Act 2005
- Your rights to liberty (Article 5) and your right to live as you choose - including your contacts (Article 8) - can be restricted, but only if this is in your best interests
- Bevan will respect your human rights when you are provided with health and care services. Bevan will also respect your human rights and your right to equality - to be treated fairly at all times according to your healthcare needs - when it commissions and plans services
- Your right not to have your liberty taken away from you means you should not be detained or locked up against your will unless it is legal, e.g. if you are detained under mental health legislation
- The right to life means that nobody can try to end your life and you have the right to be protected if your life is at risk. Bevan will consider your right to life when making decisions that might affect your life expectancy
- Human rights are the basic rights and freedoms that belong to every person in the world. In the UK, these rights are contained in the Human Rights Act 1998. If a health service provider breaches or does not respect your human rights, you can take action under the Act
- Your right to a private and family life means you should be able to enjoy your family relationships. It also means people should respect your privacy and your life choices as long as they do not interfere with the rights of others
- Your right not to be subjected to inhuman or degrading treatment protects you against serious harm and degrading treatment
- Some rights can never be taken away or lessened; these include a person's right never to be tortured or treated in a way that is degrading or inhuman. This is explained in the Human Rights Act, Article 3
- Some rights can be restricted, but only if it is in your best interests (or those of your relatives or friends who receive services) or to protect public health. These are your rights to liberty (Article 5) and your right to live as you choose, including free contact with those you care about (Article 8)

- Any inference by a public authority (or anyone commissioned by it) in someone's rights must be the least restrictive option that can be found and can be challenged in court

## 8. Relevant Legislation

- Health and Social Care Act 2012 Section 250 (Information Standards)
- The Care Act 2014
- Equality Act 2010
- Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Public Functions)
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Gender Recognition Act 2004

## 9. Underpinning Knowledge

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## 10. Further reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- Accessible Information Standard (AIS) Policy and Procedure
- CCTV Policy and Procedure
- Restraint Policy and Procedure

## 11. Equality impact assessment

Bevan have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

## 12. KLOE

CARING	HC2 : How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
CARING	HC3 : How are people's privacy and dignity respected and promoted?
EFFECTIVE	HE3 : How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
EFFECTIVE	HE6 : Is consent to care and treatment always sought in line with legislation and guidance?
RESPONSIVE	HR2 : Do services take account of the particular needs and choices of different people?
RESPONSIVE	HR4 : How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	HS1 : How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	HS2 : How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?
WELL-LED	HW1 : Is there the leadership capacity and capability to deliver high-quality, sustainable care?

## 13. Forms

No Forms