

Part IV

Appendices

Appendix 1: Further details of the protection and promotion of human rights in England, Scotland and Wales

The Human Rights Act (HRA) (1998)

Full details of the HRA are available at: www.opsi.gov.uk/acts/acts1998/ukpga_19980042_en_1. Details of the current status of UK reservations and declarations are provided in full at: conventions.coe.int/Treaty/Commun/ListeDeclarations.asp?PO=UK&NT=&MA=999&CV=1&NA=&CN=999&VL=1&CM=5&CL=ENG

The European Convention on Human Rights (ECHR) Protocols that the UK is a party to are the First (property and education), the Third (free elections) and the Sixth (death penalty).

European regional arrangements

Figure 11: Human rights treaties signed and ratified or having been the subject of an accession as of 26 February 2010⁷²⁷

No.	Title	Opening of the treaty	Entry into force	E	N	U
005	Convention for the Protection of Human Rights and Fundamental Freedoms Signature: 4 November 1950	4 November 1950 Ratification or accession: 8 March 1951	3 September 1953 Entered into force: 3 September 1953			
009	Protocol to the Convention for the Protection of Human Rights and Fundamental Freedoms Signature: 20 March 1952	20 March 1952 Ratification or accession: 3 November 1952	18 May 1954 Entered into force: 18 May 1954			
035	European Social Charter Signature: 18 October 1961	18 October 1961 Ratification or accession: 11 July 1962	26 February 1965 Entered into force: 26 February 1965			
044	Protocol No. 2 to the Convention for the Protection of Human Rights and Fundamental Freedoms, conferring upon the European Court of Human Rights competence to give advisory opinions Signature: 6 May 1963	6 May 1963 Ratification or accession: 6 May 1963	21 September 1970 Entered into force: 21 September 1970			

Continued

Figure 11: Human rights treaties signed and ratified or having been the subject of an accession as of 26 February 2010⁷²⁷ (continued)

No.	Title	Opening of the treaty	Entry into force	E	N	U
045	Protocol No. 3 to the Convention for the Protection of Human Rights and Fundamental Freedoms, amending Articles 29, 30 and 34 of the Convention Signature: 6 May 1963	6 May 1963 Ratification or accession: 6 May 1963	21 September 1970 Entered into force: 21 September 1970			
055	Protocol No. 5 to the Convention for the Protection of Human Rights and Fundamental Freedoms, amending Articles 22 and 40 of the Convention Signature: 10 February 1966	20 January 1966 Ratification or accession: 24 October 1967	20 December 1971 Entered into force: 20 December 1971			
067	European Agreement relating to Persons participating in Proceedings of the European Commission and Court of Human Rights Signature: 6 May 1969	6 May 1969 Ratification or accession: 24 February 1971	17 April 1971 Entered into force: 17 April 1971			
114	Protocol No. 6 to the Convention for the Protection of Human Rights and Fundamental Freedoms concerning the Abolition of the Death Penalty Signature: 27 January 1999	28 April 1983 Ratification or accession: 20 May 1999	1 March 1985 Entered into force: 1 June 1999			
118	Protocol No. 8 to the Convention for the Protection of Human Rights and Fundamental Freedoms Signature: 19 March 1985	19 March 1985 Ratification or accession: 21 April 1986	1 January 1990 Entered into force: 1 January 1990			

Continued

Figure 11: Human rights treaties signed and ratified or having been the subject of an accession as of 26 February 2010⁷²⁷ (continued)

No.	Title	Opening of the treaty	Entry into force	E	N	U
126	European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment Signature: 26 November 1987	26 November 1987 Ratification or accession: 24 June 1988	1 February 1989 Entered into force: 1 February 1989	X	X	
146	Protocol No. 10 to the Convention for the Protection of Human Rights and Fundamental Freedoms Signature: 25 March 1992	25 March 1992 Ratification or accession: 9 March 1993				
148	European Charter for Regional or Minority Languages Signature: 2 March 2000	5 November 1992 Ratification or accession: 27 March 2001	1 March 1998 Entered into force: 1 July 2001	X	X	
151	Protocol No. 1 to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment Signature: 9 December 1993	4 November 1993 Ratification or accession: 11 April 1996	1 March 2002 Entered into force: 1 March 2002			
152	Protocol No. 2 to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment Signature: 9 December 1993	4 November 1993 Ratification or accession: 11 April 1996	1/3/2002 Entered into force: 1 March 2002			

Continued

Figure 11: Human rights treaties signed and ratified or having been the subject of an accession as of 26 February 2010⁷²⁷ (continued)

No.	Title	Opening of the treaty	Entry into force	E	N	U
155	Protocol No. 11 to the Convention for the Protection of Human Rights and Fundamental Freedoms, restructuring the control machinery established thereby Signature: 11 May 1994	11 May 1994 Ratification or accession: 9 December 1994	1 November 1998 Entered into force: 1 November 1998			
157	Framework Convention for the Protection of National Minorities Signature: 1 February 1995	1 February 1995 Ratification or accession: 15 January 1998	1 February 1998 Entered into force: 1 May 1998	X	X	
161	European Agreement relating to persons participating in proceedings of the European Court of Human Rights Signature: 27 October 1999	5 March 1996 Ratification or accession: 9 November 2001	1 January 1999 Entered into force: 1 January 2002			
162	Sixth Protocol to the General Agreement on Privileges and Immunities of the Council of Europe Signature: 27 October 1999	5 March 1996 Ratification or accession: 9 November 2001	1 November 1998 Entered into force: 10 December 2001			
187	Protocol No. 13 to the Convention for the Protection of Human Rights and Fundamental Freedoms, concerning the abolition of the death penalty in all circumstances Signature: 3 May 2002	3 February 2002 Ratification or accession: 10 October 2003	1 July 2003 Entered into force: 1 February 2004			

Continued

Figure 11: Human rights treaties signed and ratified or having been the subject of an accession as of 26 February 2010⁷²⁷ (continued)

No.	Title	Opening of the treaty	Entry into force	E	N	U
194	Protocol No. 14 to the Convention for the Protection of Human Rights and Fundamental Freedoms, amending the control system of the Convention Signature: 13 July 2004	13 May 2004 Ratification or accession: 28 January 2005	1 June 2010 Entered into force: 1 June 2010			
197	Council of Europe Convention on Action against Trafficking in Human Beings Signature: 23 March 2007	16 May 2005 Ratification or accession: 17 December 2008	1 February 2008 Entered into force: 1 April 2009	X	X	X

Notes:

Convention(s) and agreement(s) opened to the member states of the Council of Europe and, where appropriate, to the: E: European non-member states – N: Non-European non-member states – U: European Union. See the final provisions of each treaty.

Source: Treaty Office on conventions.coe.int

Core international human rights treaties

Figure 12: Current status of UK ratification of UN human rights treaties⁷²⁸

International Covenant on Economic, Social and Cultural Rights New York, 16 December 1966		
Entry into force:	3 January 1976, in accordance with Article 27	
Registration:	3 January 1976, No. 14531	
Status:	Signatories: 69. Parties: 160	
United Kingdom of Great Britain and Northern Ireland	Signature 16 September 1968	Ratification, accession (a), succession (d) 20 May 1976
Note:	The Covenant was opened for signature at New York on 19 December 1966.	
Declarations and reservations: treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-3&chapter=4&lang=en#14		
International Covenant on Civil and Political Rights New York, 16 December 1966		
Entry into force:	23 March 1976, in accordance with Article 49, for all provisions except those of Article 41; 28 March 1979 for the provisions of Article 41 (Human Rights Committee), in accordance with paragraph 2 of the said Article 41	
Registration:	23 March 1976, No. 14668	
Status:	Signatories: 69. Parties: 160	
United Kingdom of Great Britain and Northern Ireland	Signature 16 September 1968	Ratification, accession (a), succession (d) 20 May 1976
Note:	The Covenant was opened for signature at New York on 19 December 1966.	
Declarations and reservations: treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-4&chapter=4&lang=en#6		
International Convention on the Elimination of All Forms of Racial Discrimination New York, 7 March 1966		
Entry into force:	4 January 1969, in accordance with Article 19	
Registration:	12 March 1969, No. 9464	
Status:	Signatories: 85. Parties: 173	
United Kingdom of Great Britain and Northern Ireland	Signature 11 October 1966	Ratification, accession (a), succession (d) 7 March 1969
Note:	The Convention was adopted by the General Assembly of the United Nations in resolution 2106 (XX) of 21 December 1965.	
Declarations and reservations: treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-2&chapter=4&lang=en#12		

Continued

Figure 12: Current status of UK ratification of UN human rights treaties⁷²⁸ (continued)

Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979		
Entry into force:	3 September 1981, in accordance with Article 27(1)	
Registration:	3 September 1981, No. 20378	
Status:	Signatories: 98. Parties: 186	
United Kingdom of Great Britain and Northern Ireland	Signature 22 July 1981	Ratification, accession (a), succession (d) 7 April 1986
Note:	The Convention was opened for signature at the United Nations Headquarters on 1 March 1980.	
Declarations and reservations: treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-3&chapter=4&lang=en#14		
Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women New York, 6 October 1999		
Entry into force:	22 December 2000, in accordance with Article 16(1)(see paragraph 16 of Resolution A/RES/54/4)	
Registration:	22 December 2000, No. 20378	
Status:	Signatories: 79. Parties: 99	
United Kingdom of Great Britain and Northern Ireland	Signature	Ratification, accession (a), succession (d) 17 December 2004 (a)
Note:	The Protocol was adopted by resolution A/RES/54/4 of 6 October 1999 at the fifty-fourth session of the General Assembly of the United Nations.	
Declarations and reservations: treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8-b&chapter=4&lang=en		
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment New York, 10 December 1984		
Entry into force:	26 June 1987, in accordance with Article 27(1)	
Registration:	26 June 1987, No. 24841	
Status:	Signatories: 76. Parties: 146	
United Kingdom of Great Britain and Northern Ireland	Signature 15 March 1985	Ratification, accession (a), succession (d) 8 December 1988
Note:	The Convention was adopted by resolution 39/46 of 10 December 1984 at the thirty-ninth session of the General Assembly of the United Nations.	
Declarations and reservations: treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-9&chapter=4&lang=en		

Continued

Figure 12: Current status of UK ratification of UN human rights treaties⁷²⁸ (continued)

Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment New York, 18 December 2002		
Entry into force:	22 June 2006	
Registration:	22 June 2006, No. 24841	
Status:	Signatories: 64. Parties: 50	
United Kingdom of Great Britain and Northern Ireland	Signature 26 June 2003	Ratification, accession (a), succession (d) 10 December 2003
Note:	The above Protocol was adopted on 18 December 2002 at the fifty-seventh session of the General Assembly of the United Nations by resolution A/RES/57/199. In accordance with Article 27(1), the Protocol was opened for signature on 4 February 2003, the first possible date, by any state that has signed the Convention. In accordance with operative paragraph 1 of General Assembly resolution A/RES/57/199, the Protocol is available for signature, ratification and accession at United Nations Headquarters in New York.	
Convention on the Rights of the Child New York, 20 November 1989		
Entry into force:	2 September 1990, in accordance with Article 49(1)	
Registration:	2 September 1990, No. 27531	
Status:	Signatories: 140. Parties: 193	
United Kingdom of Great Britain and Northern Ireland	Signature 19 April 1990	Ratification, accession (a), succession (d) 16 December 1991
Note:	The Convention was adopted by resolution 44/25 of 20 November 1989 at the forty-fourth session of the General Assembly of the United Nations.	
Declarations and reservations: treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11&chapter=4&lang=en		
		Continued

Figure 12: Current status of UK ratification of UN human rights treaties⁷²⁸ (continued)

Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict New York, 25 May 2000		
Entry into force:	12 February 2002, in accordance with Article 10(1)	
Registration:	12 February 2002, No. 27531	
Status:	Signatories: 125. Parties: 132	
United Kingdom of Great Britain and Northern Ireland	Signature 7 September 2000	Ratification, accession (a), succession (d) 24 June 2003

Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography New York, 25 May 2000		
Entry into force:	18 January 2002, in accordance with Article 14(1)	
Registration:	18 January 2002, No. 27531	
Status:	Signatories: 117. Parties: 136	
United Kingdom of Great Britain and Northern Ireland	Signature 7 September 2000	Ratification, accession (a), succession (d) 20 February 2009

Convention on the Rights of Persons with Disabilities New York, 13 December 2006		
Entry into force:	3 May 2008, in accordance with Article 45(1)	
Registration:	3 May 2008, No. 44910	
Status:	Signatories: 144. Parties: 80	
United Kingdom of Great Britain and Northern Ireland	Signature 30 March 2007	Ratification, accession (a), succession (d) 8 June 2009

Optional Protocol to the Convention on the Rights of Persons with Disabilities New York, 13 December 2006		
Entry into force:	3 May 2008, in accordance with Article 13(1)	
Registration:	3 May 2008, No. 44910	
Status:	Signatories: 88. Parties: 51	
United Kingdom of Great Britain and Northern Ireland	Signature 26 February 2009	Ratification, accession (a), succession (d) 7 August 2009

Figure 13: Summary of UK ratifications of core UN human rights treaties⁷²⁹

United Kingdom of Great Britain and Northern Ireland	Status	Signature date	EIF date	Record of instruction
CAT-Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	Ratification	15 March 1985	7 January 1989	8 December 1988
CAT-OP-Optional Protocol to the Convention Against Torture and Cruel Inhuman or Degrading Treatment or Punishment	Ratification	26 June 2003	22 June 2006	10 December 2003
CCPR-International Covenant on Civil and Political Rights	Ratification	16 September 1968	20 August 1976	20 May 1976
CCPR-OP1-Optional Protocol to the International Covenant on Civil and Political Rights	No action			
CCPR-OP2-DP-Second Optional Protocol to the International Covenant on Civil and Political Rights	Ratification	31 March 1999	10 March 2000	10 December 1999
CED-Convention for the Protection of All Persons from Enforced Disappearance	No action			
CEDAW-Convention on the Elimination of All Forms of Discrimination against Women	Ratification	22 July 1981	7 May 1986	7 April 1986
CEDAW-OP-Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women	Accession		17 March 2005	17 December 2004
CERD-International Convention on the Elimination of All Forms of Racial Discrimination	Ratification	11 October 1966	6 April 1969	7 March 1969
CESCR-International Covenant on Economic, Social and Cultural Rights	Ratification	16 September 1968	20 August 1976	20 May 1976
CESCR-OP-Optional Protocol to the Covenant on Economic; Social and Cultural Rights	No action			
CMW-International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	No action			
CPD-Convention on the Rights of Persons with Disabilities	Ratification	30 March 2007	8 July 2009	8 June 2009
CPD-OP-Optional Protocol to the Convention on the Rights of Persons with Disabilities	Ratification	26 February 2009	7 September 2009	7 August 2009
CRC-Convention on the Rights of the Child	Ratification	19 April 1990	15 January 1992	16 December 1991

Appendix 1 notes

- 727 conventions.coe.int/Treaty/Commun/ListeTraites.asp?PO=UK&MA=44&SI=2&DF=&CM=3&CL=ENG (accessed 26 February 2010).
- 728 Information from www2.ohchr.org/english/bodies/treaty/index.htm (accessed 26 February 2010). When a state signs an international treaty this signals its preliminary endorsement of the treaty, it does not create a binding legal obligation. A state which ratifies or accedes to a treaty is asserting that it considers itself to be legally bound by the treaty. Ratification requires the state to have previously signed the treaty, whereas accession is a single step which does not require previous signing. It should be noted that a treaty which has been acceded to or ratified by the UK does not automatically become part of domestic law; separate legislative action is required to incorporate international law into domestic law (for example the HRA making the ECHR enforceable in the UK). Nonetheless, ratification or accession, is a state's expression that it consents to be legally bound by the treaty, including respecting and implementing its provisions.
- 729 Source: www.unhchr.ch/tbs/doc.nsf/Statusfrset?OpenFrameSet (accessed 1 March 2010).

Appendix 2: Demographics of respondents to the HM Inspectorate of Prisons' surveys

	Locals		High security		Youth		Category B trainers		Category C trainers		Open		Female		Under 18		Custody	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Number of completed questionnaires returned	4,323		418		1,858		855		4,167		1,254		1,352		776		1,011	
Are you under 21 years of age?	236	5	1	0	1,683	92	3	0	22	1	14	1	100	8			99	9
Are you a foreign national?	549	14	38	9	181	11	114	14	501	13	52	6	214	18	33	4	133	16
Is English your first language?	3,650	87	372	92	1,653	92	727	88	3,642	90	1,147	93	1,147	87	671	92		
Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	1,092	28	122	28	519	30	239	29	1,073	27	292	27	372	28	247	32	314	35
Do you consider yourself to be Gypsy/Roma/Traveller?	90	5			25	4			58	5	9	2	17	7	31	6		
Are you Muslim?	426	12	64	15	186	15	99	15	372	11	109	11	81	7	83	11	107	12
Are you homosexual/gay or bisexual?	132	3	18	5	22	2	33	5	121	4	11	1	251	25			17	2
Do you consider yourself to have a disability?	795	21	83	24	154	11	113	17	505	15	100	10	161	16	22	10	197	19
Are you transgender/transsexual?																	5	1
Are you 18 years of age?															84	11		
																		Continued

Immigration removal centres		
	N	%
Number of completed questionnaires returned	1,019	
Are you male?	908	87
Are you aged under 21 years?	125	12
Is English your first language?	265	27
Do you understand spoken English?	722	75
Do you understand written English?	670	68
Are you Muslim?	367	38
Do you consider yourself to have a disability?	164	20

Source: HMIP

Appendix 3: Details of participation in the Human Rights Measurement Framework Specialist Consultation and Advisory Group

- Scotland event (Edinburgh), Friday 18 June 2010
- England event (London), Monday 28 June 2010
- Wales event (Cardiff), Tuesday 6 July 2010

The web consultation ran from 21 June to 12 September at personal.lse.ac.uk/PRECHR/ (see Figure 14). For the consultation day events in England, Scotland and Wales, there were 39 participants (excluding observers, project management team members and research team members). Five organisations submitted a formal response to the web consultation. In addition, a number of one-to-one in-depth meetings (including some multiple meetings) were held with targeted organisations as part of the Specialist Consultation process. The aim here was to gain a better understanding of the current use of indicators for human rights monitoring purposes on the ground within a range of organisations including the Independent Police Complaints Commission, HM Inspectorate of Prisons, the Care Quality Commission, Age UK, Audit Scotland and the Police Complaints Commissioner for Scotland. We also had email exchanges and conversations with different non-profit organisations and Government departments (including different divisions within the organisations and departments). Feedback and comments were received from two Ministry of Justice convened groups (the Human Rights Senior Champions Meeting on 17 November 2010, and the Regulators, Inspectorates and Ombudsmen Forum on Human Rights on 1 December 2010).

Figure 14: Screenshot of the web consultation

This centre is a member of The LSE Research Laboratory [RLAB]: CASE | CEE | CEP | FMG | SERC | STICERD

The Centre for Analysis of Social Exclusion

+ Human Rights Measurement Framework

- THE CONSULTATION DOCUMENTS:

- Consultation Feedback Form (PDF)

- Background Project Paper (PDF)

Panels and the Provisional Shortlist of Indicators and Measures (PDF)

- ADDITIONAL INFORMATION:

- Long-list of Indicators and Measures (PDF)

- Long-list of Indicators and Measures (Zipped Excel 2007)

- Long-list of Indicators and Measures (Excel 2003)

- RELEVANT LINKS:

- Equality, Capability and Human Rights

- LSE Centre for the Study of Human Rights

- Equality and Human Rights Commission

- Scottish Human Rights Commission

- British Institute of Human Rights

EHRC / SHRC Specialist Consultation on the Human Rights Measurement Framework

In partnership with British Institute of Human Rights and the LSE Centre for the Study of Human Rights

Centre for the Study of Human Rights

Commissioned by the Equality and Human Rights Commission (EHRC) in partnership with the Scottish Human Rights Commission (SHRC)

The Equality and Human Rights Commission (EHRC) and the Scottish Human Rights Commission (SHRC) would like to invite you to participate in a specialist consultation to select a set of indicators and measures to populate the Human Rights Measurement Framework (HRMF). The consultation is being carried out by a research team based at the London School of Economics in partnership with the British Institute of Human Rights (BIHR) and the LSE Centre for the Study of Human Rights.

The research team have drawn up a series of panels for the Human Rights Measurement Framework, based on the good practice framework developed by the Office of the High Commissioner for Human Rights (OHCHR). We are now seeking to populate the panels with a set of 'spotlight' indicators and measures for England, Scotland and Wales for each panel, and are undertaking a specialist consultation to ensure that the views of key human rights stakeholder groups and subject experts are fully explored. Your help in identifying the right set of indicators will be much appreciated.

How to help identify indicators and measures

A provisional set of indicators and measures for each panel has been drawn up by the research team. These are set out in the document 'Proposed panels'.

A Feedback Form sets out the consultation questions and provides space for your comments and suggestions.

Participation in the Human Rights Measurement Framework Specialist Consultation

Edinburgh

Aoife Daly	Save the Children
Ruth Dickinson	Scottish Government, Patient's Rights Bill team
Nancy Fancott	Scottish Council for Voluntary Organisations
Kay Goodall	University of Stirling, School of Law
Jon Harris	Convention of Scottish Local Authorities
Juliet Harris	Together – Scottish Alliance for Children's Rights
Kristi Long	National Health Service Education for Scotland
Jacqui McQueen	The State Hospital
Brian Peddie	Scottish Government: EU and International Law Branch, Civil Law Division
Marcia Ramsay	Scottish Commission for the Regulation of Care
Liz Rowlett	Scottish Disability and Equality Forum
Rebecca Spillane	East Lothian Council

London

Asif Afridi	BRAP
Maggie Beirne	International Council on Human Rights Policy
Alice Donald	London Metropolitan University, Human Rights and Social Justice Research Institute
Jaya Gajparia	Women's Resource Centre
Teresa Hanley	Joseph Rowntree Foundation: Globalisation, UK Poverty and Communities
Hana Ibrahim	MacMillan Cancer: Improving Cancer Services Directorate; Volunteering and Inclusion
Arjumand Kazmi	Voice4Change England
Louise King	Save the Children
Todd Landman	University of Essex: Institute for Democracy and Conflict Resolution
Alexandra Runswick	Unlock Democracy
Brenda Weston	Equality South West

Cardiff

Trudy Aspinwall	Save the Children
Rob Beardall	Welsh Local Government Association: Equalities and Social Justice Team (Policy)
Gwion Evans	Children's Commissioner for Wales
Tracey Goode	National Health Service Centre for Equality and Human Rights
Samantha Grant	Welsh Assembly Government: Demography, Heritage and Equalities Statistics/Statistical Directorate
Michael Harmer	Welsh Assembly Government: Social Justice Branch, Social Research Division
Eleanor Hicks	Stonewall Cymru
Marcus Hill	Welsh Assembly Government: Rights and Entitlements Branch; Children and Young People's Strategy Division; Department for Children, Education, Lifelong Learning and Skills
Simon Hoffman	Swansea University, School of Law
Nesta Lloyd-Jones	Welsh Women's Aid
Cathy Owens	Amnesty International Wales
Michael Palmer	Wales Audit Office
Denise Puckett	Welsh Assembly Government: Equality and Diversity Champion/ Health and Social Services
David Warren	Welsh Local Government Association; Equalities and Social Justice Team (Older People and Ageing)
Sue Watkins	Welsh Assembly Government: Equalities, Diversity and Inclusion Division
Andrew White	Welsh Language Board

One-to-one meetings

Eric Metcalfe	Justice
Anne Owers	HM Inspectorate of Prisons
Laura Nettleingham	HM Inspectorate of Prisons
Louise Falshaw	HM Inspectorate of Prisons
Nigel Thompson	Care Quality Commission
Frank Worth	Care Quality Commission
Sara Brodie	Police Complaints Commissioner for Scotland
Anthony	Audit Scotland
Nick Hardwick	Independent Police Complaints Commission
Katherine Hill	Age UK
Frances Butler	Independent Adviser on Human Rights

Presentations at Ministry of Justice convened events

Human Rights Senior Champions Meeting, 17 November 2010

Regulators, Inspectorates and Ombudsmen Forum on Human Rights, 1 December 2010

Email correspondence, telephone conversations and other exchanges

Aneeka Alam	Tenant Services Authority
Philipa Bragman	CHANGE
Margaret Greenfields	Buckinghamshire New University
Vass Pyrkos	Criminal Justice Women's Policy Team, Ministry of Justice
Preth Rao	Local Government Ombudsman
Jane Furniss	Independent Police Complaints Commission
Claudia Wells	Centre for Health Analysis and Life Events, Office for National Statistics
Lucy Wilkinson	Equality, Diversity and Human Rights Manager, Care Quality Commission
Keith Main	Police Division, Scottish Government
Emma Fossey	Scottish Government
David Signorini	Scottish Government
Ed Stradling	National Offender Management Service, Ministry of Justice
Stephen Ashcroft	Department for Education (Children and Early Years Data Unit)

The Human Rights Measurement Framework Advisory Group

The project has benefited from scrutiny, feedback and input from an expert Advisory Group with three Advisory Group meetings held over the lifetime of the Human Rights Measurement Framework:

Advisory Group I (11 March 2010)

'Road-testing' of the Human Rights Measurement Framework provisional panels

Advisory Group II (5 October 2010)

Recommendations following preliminary feedback, comments and suggestions from the Specialist Consultation with stakeholders and subject experts

Advisory Group III (16 May 2011)

Scrutinise the draft final shortlist of indicators and measures, draft final project recommendations, etc.

Participation in the Advisory Group

Paul Allin	Office for National Statistics
Nick Croft	City of Edinburgh Council
Tom Dooley	Home Office
Warwick Allen	Home Office
Lizzie Romilly	Home Office
Lindsey Dyer	Mersey Care National Health Service Trust
Nicolas Fasel	Office of the High Commissioner for Human Rights, Right to Development Section
Gillian Fawcett	The Association of Chartered Certified Accountants
Tracey Good	National Health Service Centre for Equality and Human Rights
Samantha Grant	Welsh Assembly Government
Michael Harmer	Welsh Assembly Government
Julia Häusermann	Rights and Humanity
Todd Landman	Essex University, Institute for Democracy and Conflict Resolution
Peter Matejic	Department for Work and Pensions, Households Below Average Income Team
Diane McGiffen	Audit Scotland

Brian Peddie	Scottish Government: EU and International Law Branch, Civil Law Division
Duncan Isles	Scottish Government: EU and International Law Branch, Civil Law Division
Jiwan Raheja	Ministry of Justice, Human Rights Team
Jacquie Roberts	Scottish Care Commission
Karen Anderson	Scottish Care Commission
Isabella Sankey	Liberty
Sally Stares	London School of Economics, Methodology Institute
Nigel Thompson	Care Quality Commission

Appendix 4: Record of feedback, comments and recommendations from the Human Rights Measurement Framework Specialist Consultation

This section records the feedback from participants in the HRMF specialist consultation. Participants commented on a first draft of the panels and indicator dashboards. The panels, indicator dashboards and project indicator selection criteria were revised in the light of consultation feedback and comments. Key changes included the inclusion of additional qualitative indicators, more emphasis on non-official and NGO sources and the inclusion of a standalone panel on the right to an adequate standard of living.

Overall project objectives

- The vast majority of participants responded positively to the project and its overall objectives. The following issues were raised in relation to the overall project objectives and the overall positioning of the Human Rights Measurement Framework (HRMF).
- The limited coverage of the HRMF was a key concern and many participants called for additional panels to be developed and for coverage of all of the human rights that are included within the HRA and the regional and international human rights treaties that the UK is signed up to.
- Various suggestions were made regarding the next panels that should be developed as the HRMF is extended over time including a children's panel, a panel for people with disabilities, a panel on access to justice, and a panel on the right to participation.
- Participants in England and Wales suggested a single panel on adequate standard of living (with food, housing etc. flowing from this) rather than separate panels on food and housing (with no coverage of generic 'standard of living') would make sense and emphasised the importance of including poverty (including child poverty) in the first round.
- There were also some general suggestions about the organisation of the panels (for example, under Article 3, effective protection in society, families and communities should be an 'indicator title' rather than an 'attribute').

Scope of the consultation – lack of engagement with at risk/disadvantaged groups

- Some participants were concerned that those experiencing/at risk of discrimination and disadvantage should be involved with the Specialist Consultation, which was limited to subject experts and stakeholders.
- Precedents for direct involvement in indicator selection processes that were highlighted during discussions included projects in Northern Ireland.

- CHANGE highlighted the importance of direct participation and engaging with people with learning disabilities.
- There was a suggestion that without this type of involvement the framework would not be useful for disadvantaged/at risk individuals and groups.

Top-down approach versus civil society engagement

- Some participants articulated a related concern that the HRMF would be developed as a 'top down' tool rather than something that actively engages with, and is driven forward by, civil society.

Name

- There was some discussion of the name of the HRMF. Some participants felt that the term 'monitoring framework' would be more appropriate than 'measurement framework' since the framework includes both qualitative and quantitative indicators and the former are not well captured by the term 'measurement and it is critical that qualitative as well as quantitative evidence is included within the HRMF'. Others felt that the term measurement framework captured the authoritative nature of the evidence base that the HRMF will provide, and ensures parity of status of the HRMF with other Equality and Human Rights Commission (EHRC) Frameworks.
- Welsh Assembly Government(WAG) noted that from the policy perspective, the term 'human rights measurement' should not cause any problems. However, the statisticians' perspective is that the name of the framework might need changing as it is not a 'measurement' framework and the terminology 'monitoring' framework might be preferable. There needs to be an emphasis on using 'plain English'.

Concerns around potential misuse of data

- Concerns around the potential misuse of data were raised at all three consultation events. Participants were concerned that the HRMF could be represented as a 'violations counting' system and that inferences might be made from statistical data in particular that were not valid. For example, statistical data on the number of stop and searches does not in itself establish where human rights violations have occurred. Although this concern can be addressed in part by more detailed data (for example, the number of stop and searches that lead to arrests) there is ultimately a need for the HRMF to be accompanied by a high quality human rights analysis/narrative to clarify and tease out the human rights issues.
- Another concern was a possible over-reliance on available information and data. The HRMF should not be a 'data driven exercise' and it is important to clarify the conceptual issues as a foundation for measurement. For example, in relation to

suicides associated with hate crime, an absence of data does not imply an absence of a problem. Indeed, human rights violations may reside precisely where there is least statistical information since the activities involved may be concealed and covert (for example, torture)

The role of non-official statistics within the HRMF

- A further concern was possible over-reliance on official statistics. The HRMF should cover civil society/Non-Government Organisations (NGO). It is critical not to over-rely on the state's own reporting systems for human rights monitoring purposes.
- One organisation commented that they remained concerned that the current design of the structural indicators only allows for official data sources and statistics. These would not allow for disaggregation of indicators by all prohibited grounds of discrimination, as much of this data is not currently collected by official sources, especially where this concerns sexual orientation. They felt that NGO and other data sources should be considered for inclusion where other data is insufficient. Policy frameworks and regional legislation which impacts on human rights should be included in the structural indicators as standard, for example Welsh Measures. Although it was recognised that there will be a concern that some NGO and other data may have implications in terms of statistical and official validation, it was felt that if there is a statement included with the HRMF as to the sources and validation for such data then the framework would not be subject to such concerns. Inspectorates and regulators used for structural indicators need to include Welsh regulators, for example Estyn instead of Ofsted, the Wales Audit Office, the Public Service Ombudsman for Wales, etc. Other official bodies also need to be included, for example, the Children's Commissioner for Wales, Older People's Commissioner for Wales and the Welsh Language Board/Commissioner's office. It was also felt that there is great value to including community information, not just official sources. For example, hate incidents may not be identified accurately in police official statistics, due to under-reporting, whereas community helplines may assist in obtaining a more accurate statistics.

Potential use of the HRMF by stakeholders

- Participants in Scotland highlighted the applications of the EMF in the context of performance management and suggested that the HRMF could have similar applications.
- One participant in Wales raised a concern regarding the potential use of the HRMF for performance management purposes in the local government context. The HRMF includes indicators of 'process' as well as 'outcomes' and this positioning might conflict with the new Government focus on outcomes monitoring.
- One participant commented that another concern was that at the local level, local bodies are having their capacities reduced, so there is less time to focus on gathering/interpreting statistics from the human rights perspective.

- Another felt that the reduction in capacity is what makes the HRMF more important – it will be critical to identify and present data on human rights in the forthcoming period and the HRMF can help as an advocacy tool to ensure that robust data on human rights is available.
- One participant in Wales commented that local ownership of the HRMF would be critical for taking it forward. We need to be able to show practitioners that the HRMF, whether from a WAG, National Health Service (NHS) or other perspective, is all actually based around a Welsh strategic perspective.
- Another participant in Wales suggested that the language of ‘compliance’ could raise difficulties for some organisations, and suggested that the language of ‘fulfilment’ might be preferable.
- Another in London suggested that regulation in terms of equality has not always worked well and has often been punitive and that this has resulted in a ‘tickbox’ culture. It would be important to communicate, for example, that the purpose of the framework is to help public services and assist them to improve the quality of their services.
- One participant suggested that those working in the field of inequality are scared and apprehensive about the human rights area. We will need to be aware of this social phenomenon when trying to apply the HRMF in practice.

Legal terminology versus plain and accessible English

- Some participants emphasised that the HRMF is about monitoring the law and that the terminology adopted should be anchored in legal definitions and terminology.
- Other participants suggested that the language adopted in the HRMF was too complex and needed to be simplified.
- One participant at the Welsh event suggested that for the HRMF to be an active driver of change, it would need to be simplified, particularly if results are going to be released. A practitioner may not understand all the layers of complexity as it is currently presented, which is a potential problem, particularly given the political climate that we are going into now.
- One participant at the London event commented that basic, simple information is required at the local level, for individuals and organisations about their human rights. If people do not know that their rights have been violated, then it will not be possible to capture that data. Simplification of the HRMF, and educating people about their rights, would therefore be required for it to be implemented at the local level.
- Some participants emphasised the importance of working with plain English descriptions (there were suggestions for ‘plain English’ versions of the structure/process and outcome indicator descriptions).

- The distinction between accessible and plain English and the importance of making the HRMF accessible to specific groups (for example, people with learning difficulties) was highlighted by CHANGE. CHANGE could provide good practice examples of accessible as oppose to plain English.
- WAG suggested that there could be a simple definition of the meaning of each article included in the panels in order to provide a context. .

International versus domestic focus

- The majority of participants seemed to support the decision to cover both the domestic and the international framework for the protection and promotion of human rights.
- A limited number of participants had a preference for a focus on the international human rights framework on the one hand, or the Human Rights Act (HRA) on the other.
- Participants discussed the implications of the issue of broader international understanding of the nature of scope of rights in some areas. For example, the UN Committee on Civil and Political Rights' understanding of the right to life, in its General Comment 6, as including issues such as infant mortality rates and life expectancy as opposed to a more narrow understanding under Article 2 of the HRA, was discussed.
- Some participants highlighted the importance of ensuring that all international treaties are captured under all panels.
- One participant pointed out that domestic law might conflict with international treaty standards for example, in relation to housing, and asked how this would be captured by the 'structural' indicators within the HRMF system.

Minimum compliance, positive duties, human rights culture

- Some participants expressed concern about moving away from case law and jurisprudence. However, most participants appeared to support a broader approach engaging with regulatory frameworks, policies and results as well as case law outcomes.
- Many participants raised the importance of distinguishing between negative and positive obligations and the need to capture both dimensions of obligation within the HRMF so that the extent to which agencies use human rights as a positive driver of service quality and delivery can be measured.
- There was also a discussion of the definition of a public authority in the UK and the exclusion of coverage of the HRA where there were no public funds at stake, for example, privately funded places in care home or private schools. One participant felt that complaints against private sub-contractors of public services need to be covered.

- One participant commented that it would be important, under the positive obligations concept, to capture the extent to which human rights are being used as a positive driver of good practice.
- A number of participants recognised that the terminology of ‘effective protection within society, community and family’ could provide a plain English description of positive duties, for example, in the context of homicide/domestic violence. However, it was suggested that this term was best applied as an indicator label rather than an ‘attribute’.

Distinction between structure, process and outcome indicators

- No major substantive problems with the United Nations Office for the High Commissioner for Human Rights (OHCHR) typology were identified through the Specialist Consultation process.
- As mentioned above, one participant in Wales pointed out that the current Government may only be interested in the outcomes, not structure or processes. Consequently, in local government, there is also a shift in thinking towards monitoring outcomes rather than processes. If we leave the framework as it is, there is a danger of being disconnected.
- Some participants thought that working with categories can be problematic since the categories are inherently ‘fuzzy’ (for example, is case law best described as a ‘structural’ or ‘outcome’ indicator?)
- At the London event, one participant highlighted the need to link processes to outcomes, to achieve continuity in the HRMF. For example, in trying to develop human rights for cancer care in the UK, there are a number of behaviours in a cancer care pathway to understand if people’s human rights are to be protected. It is important to identify the plan and policy, but also to monitor the outcomes, from the human rights perspective.
- A number of participants highlighted the need to get a sense of ‘flow’ between the structural, process and outcome indicators. The challenge would be to relate outcome indicators back to process; identifying which agencies have responsibility.
- JUSTICE suggested that the distinction between structural, process and outcome indicators is useful (although the case for outcome indicators is perhaps less clear cut).

Modification of the OHCHR panels

- There was general agreement that the OHCHR Framework would need modifying for the English, Scottish and Welsh contexts and the modifications required would involve some modification of ‘attributes’ as well as indicators.

Definition of a human rights indicator

- Participants discussed the merits of a definition based on broader ‘values’ versus one based on human rights articles.
- Some participants thought there was some advantage to sticking to a legal definition rather than substituting this with ‘vague concepts’. For example, Colm O’Cinneide, UCL Faculty of Laws, noted that the definition is okay. There are advantages in clarity in retaining the reference to human rights (with its link to the welldeveloped and extensive international standards) rather than substituting it with references to vague concepts such as dignity and autonomy.
- Others highlighted the advantages of a focus on concepts, for example, participation, autonomy, dignity, non-discrimination. Data providers often focused on these terms rather than on human rights articles, and it would be important to include these as human rights indicators.
- For example, one organisation commented that they were happy with the definition of a human rights indicator and feel that this is specific and yet flexible enough to underpin the development of a practical and useful framework. They also welcomed the suggestion that measures need not use the term ‘human rights’ expressly, as this allows for utilisation of all relevant indicators without the need to redefine them.
- This organisation remained concerned that if this definition is used publicly then only human rights and equality specialists will be able to understand the definition. Therefore, they suggested the development of a plain language developed for public use and to ensure that the framework is understood by anyone with an interest in human rights.
- Age UK also supported the definition and welcomed, in particular, the recognition that the indicators do not need to refer explicitly to the term human rights in order to be included in the system. Research carried out for Age Concern by the Institute for Public Policy Research in 2006 into the attitudes of older people towards human rights found that the values that are important to older people are very often consistent with, and support, human rights concepts even if they do not immediately recognise them as such. For example, respect was seen to be at the heart of a decent society. (Rights for Real: Older People, Human Rights and the CEHR, Age Concern, May 2006).
- WAG highlighted the use of the following indicator: ‘To ensure that everyone, regardless of race, religion, sex, ability, gender, and so forth, has the same opportunities to enjoy culture, arts, sport and the heritage offered throughout Wales’.
- Some participants pointed out that where a values-based approach is adopted it needed to be clear that human rights ‘values’ are explicitly underpinned by a legal framework.

Identification of good practice examples of the use of human rights indicators

- Colm O’Cinneide, UCL Faculty of Laws, noted that the European Committee on Social Rights, of which he is a member, makes use of an extensive range of indicators relating to GDP, national poverty levels, cost of living and so on, which provide a reasonably effective way of assessing compliance with socio-economic rights.
- The Prisons and Probation Ombudsman (PPO) noted that HM Inspectorate of Prisons (HMIP) use the Prisons Expectations document. The PPO is itself developing indicators for certain types of natural causes deaths but these are not drawn solely from a human rights perspective.
- Age UK, in partnership with Macmillan Cancer Support, Shelter and Action for Children, is currently undertaking some scoping work with a view to developing an equality and human rights framework for third sector organisations. The public sector has an equality framework for local government developed by IDeA, and an equality framework for the private sector is currently being developed; but there is as yet no third sector-wide equality and human rights framework. The aim of this work is to assist third sector bodies in putting human rights at the heart of the way services are designed and delivered in order to make services better for everyone, with service users’ and staff’s experiences reflecting the core values of fairness, respect, equality, dignity and autonomy. Developing a human rights-based approach within the proposed framework for third sector organisations will help improve outcomes for service users. This work is at a very early stage and no indicators have yet been developed.
- BRAP highlighted work undertaken for Macmillan exploring what a human rights standard might look like in cancer care.
- WAG highlighted the Give Racism the Red Card Scheme. This does not just aim to support projects in Wales and to fight racism in sport, but also to track how successful this initiative is.

Importance of qualitative as well as quantitative indicators

- Many comments were made during the course of the consultation regarding the types of indicator that should be included in the HRMF.
- Many participants highlighted the need to develop qualitative as well as quantitative indicators. Some suggested that this would require a greater departure from the OHCHR Framework than was suggested in the draft HRMF panels tabled for the consultation exercise.
- Some participants also called for more use of events/allegations data and narrative data.

- Specific general recommendations included the development of:
 - indicators that capture case law precedents/principles
 - indicators that capture case law outcomes/violations
 - indicators that capture concerns raised by human rights monitoring bodies such as the Joint Committee on Human Rights and the UN treaty monitoring bodies for example, Committee on the Rights of the Child Concluding Observations, Human Rights Committee and Committee on Economic, Social and Cultural Rights General Comments and Concluding Observations
 - outcomes of judicial, regulatory and investigative processes
 - outcomes of death reviews including child death reviews and domestic violence death reviews.
- JUSTICE suggested that it would be relevant to include UN committees' comments and recommendations; includes comments by the Human Rights Committee in areas such as immigration, mental health and youth detention; ratifications; investigative mechanisms ; Council of Europe work and visits; Torture Committee inspections; Universal Periodic Review outcomes. Caselaw would also be particularly important and the best mechanism would be to do a case law search using a database.
- At the Scottish event, the particular role that helpline data could potentially play in developing the HRMF was highlighted. For example, it might be possible to make use of helpline data generated by Action on Elder Abuse. Similarly, ChildLine data on abuse, neglect and bullying. There might be a need for follow up projects here and for the development of a robust methodology.

Structural indicators

- One participant suggested that under the structural aspects of human rights protection, the term 'higher law' as well as 'constitution' should be included in the UK context, in order to capture the need for all law to be human rights compliant.
- Another suggested that it would be useful to include an indicator of 'gaps' in legal protection.

The development of indicators capturing the role of inspection and regulatory bodies in upholding human rights

- Participants responded to proposals for giving high profile to regulators and inspectorates within the HRMF. The idea of human rights regulation with information from regulators and inspectorates feeding up to EHRC/Scottish Human Rights Commission (SHRC) and the EHRC/SHRC picking up on cross-cutting human rights concerns (for example, Article 2 concerns around the right to life and investigation of deaths, as they emerge in different contexts such as the police and criminal justice system/the health and social care system), was viewed as particularly important.

- The importance of having a full list of organisations with responsibilities in relation to each panel was also highlighted.
- The IPCC provided information on systems for monitoring and reporting on complaints and on deaths during or following police contact, overall data on police complaints and on deaths during or following police contact. The Independent Police Complaints Commission (IPCC) does not, itself, routinely 'map' data on deaths during or following police contact or complaints relating to articles of the HRA, although in principle, complaints data that relate to the right to life could be mapped to Article 2, rights that relate to the prohibition on torture and on cruel and unusual treatment or punishment could be mapped to Article 3, etc. In addition, some human rights issues might be outside the scope of the existing complaints system since the complaints system requires individual police officers to be 'at fault' and does not cover systemic, policy based human rights complaints. In the disability hate crime context, a complaint would have to establish that an individual police officer is at fault rather than raise a lack of concern in policy terms. The role of British Crime Survey data on complaints and perceptions of the performance of the police and criminal justice system was also discussed and the IPCC view was that the survey provides an appropriate means of supplementing complaints data. The possibility of follow-up research that maps complaints to human rights standards was discussed.
- The Police Complaints Commissioner Scotland (PCCS) highlighted that it is a review body that handles complaints by police forces in Scotland. An annual report provides regular analysis and breakdown of complaints handling data. The aim is to ensure accessible, understandable and consistent complaints handling across Scotland. The organisation has a different remit to the IPCC, for example, it has no general remit to review deaths following police contact and the remit includes 'quality of service complaints' (for example, the failure to deploy officers in an area as a matter of policy). Complaints are not routinely mapped to human rights standards and there is no particular inclusion of human rights standards in policies (for example, explicit linkage to standards relating to the failure to protect in the context of 'known risk'⁷³¹).
- HMIP uses criteria set out in the Expectations document as a basis for inspection and reports on performance against inspection criteria and compliance with recommendations. These findings are published and are in the public domain. The work of the Inspectorate is explicitly linked to both domestic human rights law and to international human rights standards. The Expectations document explicitly links, for example, to the HRA, the European Convention on Human Rights (ECHR) and the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) (and its Optional Protocol, which requires independent investigation). In terms of linkages to those human rights that have an explicit basis in domestic law, HMIP's entry points are Articles 2, 3 and 8 of the HRA. HMIP also has a co-ordinating role in relation to the National Preventative Mechanism. As part of its work, HMIP conducts regular surveys. These are specially designed to link to the Expectations document and include questions on treatment, complaints,

engagement with education, access to health, etc. Information about characteristics such as ethnicity, religion and belief, disability and sexual orientation is recorded (although in practice numbers can sometimes be too low to report). HMIP's data could potentially play a role in addressing some of the data 'gaps' identified in the EMF project relating to the treatment of prisoners (given the fact that the Ministry of Justice (MoJ) treatment of prisoners survey was not released for the purposes of the EMF project). Much of HMIP's data is already in the public domain and HMIP indicated its willingness to share published data for the purposes of the current report (although this is not necessarily a long-term agreement).

At the time of our meeting the Care Quality Commission (CQC) was undertaking a restructuring of the system of inspection and registration following new legislation. There were four key components to the previous system under the Healthcare Commission: an Annual Health Check, National Minimum Standards (core standards), Social Care Standards and Annual Performance Assessment of Councils in relation to Adult Social Care. Following the Health and Social Care Act, NHS providers have to be registered and compliance with regulatory standards is the sole regulatory activity of the CQC. The new regulatory model entails registration and ongoing inspection based on a system of risk assessment. Performance is now evaluated at the point of registration and against the new essential standards of quality and safety which, from 1 October 2010, covered both health and social care. There has been a shift to a continuous responsive intelligence led mode of inspection (using, for example, a quality-risk profile and, for example, intelligence based on complaints). Providers that were evaluated as non-compliant with essential standards might fail to be registered. In addition, conditions can be imposed and providers can have their registration withdrawn. The Annual Performance of Councils for Adult Social Care (ways in which Councils provide care to people in community) will continue in a slimmed down version and include 'safeguarding'.

- Prior to the meeting the research team identified three types of data had thought in terms of three types of data that might be included within the HRMF based on the work of the predecessor to the CQC, the Healthcare Commission. These were:
 - (1) numbers failing minimum standards by domain (for example, dignity and respect domain, safety domain);
 - (2) survey data (for example, Patient Survey Data covering, for example, treatment with dignity and respect, autonomy and involvement, privacy, support for nutritional needs during hospital stays) and other sources such as the Count Me In census (covering, for example, detention and use of restraint in mental health);

- (3) data on complaints. The ways in which we might ‘match’ this data to the new data being generated under the new regulatory regime were discussed at three meetings. Broadly speaking and as discussed above, the minimum standards framework (including monitoring of compliance with equality and human rights under core standard 7e) has been superseded by the essential standards framework; the Patient Survey Data will continue but the Count Me In census is being terminated; and complaints handling will not be undertaken by the CQC. At the time of our meeting with the CQC, there were ongoing discussions about whether reporting under the essential standards regime will be domain based and the extent to which and how the overall national picture will be reported as well as in relation to its equality and human rights content. For example, discussions were underway regarding a possible recommendation that placing of conditions due to failure to satisfy ‘essential standards of quality and safety’ is 1) published 2) disaggregated by each essential standard of quality and safety’. However, the CQC is required by legislation to produce a State of Health and Social Care report on an annual basis. In addition, the CQC and EHRC have a Memorandum of Understanding and there are plans to develop new composite measure reflecting equality and human rights concerns that could be integrated into the HRMF over time. Whilst the Count Me In Census is being terminated, it nevertheless provides disaggregated data that is highly relevant to the HRMF. For example, Count Me In data on restraint in the mental health establishment context by ethnicity is relevant to Article 3/Article 8).

Resource indicators

- One participant commented that it would be important to include resource indicators on every panel.

Disaggregation characteristics

- At the London event, one participant felt that disaggregation by race and ethnicity should be given more emphasis. It was suggested that race/ethnicity was currently omitted from the HRMF panels. Indicators relating to stop and search, broader treatment by the police/criminal justice system, treatment of people in nursing homes and hospitals and other areas should also be disaggregated by ethnicity and race.
- Participants were in agreement that each measure should be disaggregated by all characteristics and groups where possible.

List of vulnerable groups

- It was suggested by a participant at the London event that there was a lack of emphasis on race and ethnicity in the list of vulnerable groups, as well as in relation to the disaggregation characteristics. The list of vulnerable groups should also include individuals who face discrimination because of ethnicity/race.
- Colm O’Cinneide, UCL Faculty of Laws, suggested that adults on poverty-level incomes should be considered a vulnerable group.
- The PPO suggested that ‘all prisoners, their families, detainees in immigration removal centres and short term holding facilities’ should be included in the list of vulnerable groups.
- There also was much discussion about the terminology of ‘vulnerable groups’ in the three day consultation events. One proposal for alternative terminology was ‘individuals and groups at risk of discrimination and disadvantage’.
- At the Welsh event, some participants objected to the use of the term ‘vulnerable group’ to describe Welsh speakers. Alternative suggestions were to refer to Welsh language speakers as a ‘priority group’ or a ‘key group’.
- One organisation felt that ‘vulnerable groups’ should be extended to include lesbian, gay and bisexual (LGB) people in certain circumstances. Whilst it is true that LGB people are not automatically ‘vulnerable’ there are many situations where they are, for example, when they are at risk of hate crime or when coming into contact with public services, where the fact that they may expect discrimination makes them less likely to disclose, less likely to receive appropriate treatment and more likely to feel vulnerable and under attack.
- One organisation suggested that ‘people who speak a British indigenous language other than English (ie Welsh, Gaelic or British Sign Language (BSL)) as their first language’ should be added to this list of groups and that ‘people whose first language is not English or another indigenous British language’ should be added as a separate group.
- One organisation considered that vulnerable groups is not the appropriate term to use, as it places the emphasis on the individuals belonging to that group and gives the impression that being different can be an issue. ‘Key groups’ and ‘groups who experience discrimination or disadvantage’ were suggested as possible alternatives.
- WAG suggested: ‘the elderly, disabled adults, ethnic minorities, adults in income poverty, adults and children for whom English/Welsh/Scottish Gaelic or Irish is not a first language’ (again, this assumes this group is subject to discrimination due to a lack of services in their respective first languages).

- In relation to terminology, WAG suggested that a term linked to a rights based approach could be used, for example, individuals/groups who are less likely to fully enjoy their rights.
- One participant suggested changing the language of vulnerable groups to 'risk of human rights violation'.
- Age UK argued that most of the proposed categories could be applied to older people who should be included as a vulnerable group. Other groups that should be included are: older lesbian, gay, bisexual and transgender (LGBT) people and older black and minority ethnic (BME) people. In addition, the framework should take into account older people who experience co-morbidity, that is to say that they experience multiple health conditions or illnesses. This is also sometimes described as frailty. It might also be useful to look specifically at older people with dementia.

Relationship with the Equality Measurement Framework (EMF)

- A number of participants, particularly those who had been involved with consultations on the EMF, were concerned about the relationship between the HRMF and the EMF.
- A key issue here is whether there would be an expectation of duty holders working with more than one framework. Other issues raised included the question of replication of indicators and the potential overlap between the systems.
- One participant asked whether where the indicator (or a similar indicator) already exists in the EMF or the Good Relations Measurement Framework, will the exact same indicator and source be used (thus minimising cost and time burdens)?
- A participant at the London event highlighted that many civil society organisations work in both fields – equality and human rights, and was concerned to establish what is 'distinct' about the HRMF vis-à-vis the Good Relations Framework and the EMF.
- There was further discussion at the London event of whether equality and human rights should be regarded as separate fields with independent legislative bases in the HRA on the one hand, and equality legislation on the other. There was some discussion of whether rights, including the right to participation, should be classified as falling within the ambit of the EMF on the one hand, or the HRMF on the other.
- Some participants raised concerns that we were imposing further burdens on organisations in developing a new framework and were concerned that the two frameworks be integrated in the future, since working with multiple frameworks would be difficult and inefficient.
- Some participants emphasised the integrated nature of the EHRC's equality and human rights and raised this as a rationale for future integration of the EMF and the HRMF.

- Others highlighted the advantages of a stand-alone HRMF. The key issue highlighted here was the need, from the human rights perspective, for explicit article by article reporting for domestic and international human rights monitoring purposes.
- OHCHR highlighted the overlapping nature of the EMF and the HRMF and emphasised that equality is a key human rights principle.

Rationale for choice of indicators

- Participants highlighted that there needed to be an explicit rationale for each indicator being used with the HRMF.
- There was some concern that the representation of other vulnerable/at risk groups is balanced across the HRMF. Some participants expressed a concern regarding possible over concentration on the prison population and 'looked after children'.

Suggestions for forward development of the HRMF

A number of suggestions were made regarding the forward development of the HRMF. These included:

- development of an accessible version of the HRMF for people with different levels of cognitive development
- development of a plain English version of the HRMF
- a glossary
- web access to data
- the capacity for civil society organisations to add data to the system.

Other comments

- WAG noted in its consultation response that all reporting panels in Wales have to produce a report in both English and Welsh.
- Age UK noted that older people's rights are insufficiently recognised in the international human rights treaty framework and Age UK is among a number of international bodies calling for steps to be taken towards developing a UN Convention on the Rights of Older People.
- Age UK is currently undertaking a three-year project, in partnership with the British Institute of Human Rights (BIHR), funded by Comic Relief. The Older People and Human Rights Project (OPHRP) is working with four local Age Concerns to raise awareness and empower older people to use human rights principles to influence decisions affecting their lives and wider public policy. At the beginning of the project a research and mapping exercise was undertaken to inform the work. A copy of this report is being sent with our response to this consultation for further background information about how older people experience breaches of their human rights.

- The PPO noted that there were many references to ‘the relevant Ombudsman service’ in the panels. We do not find this particularly useful, to the service, the service user or the PPO. There should be greater clarity. The PPO also has an interest in several tables, in which prisoner complaints may engage articles – for example, Table 6 (the right to adequate food) – there are many complaints about this from prisoners. Table 7 – while complaints on prison healthcare are dealt with by the Parliamentary Health Service Ombudsman (PHSO), the PPO also has an obvious interest as we investigate deaths resulting from natural causes –this often involves the interface between prison and external health providers.
- Colm O’Cinneide, UCL Faculty of Laws. ‘This is a useful project – perhaps concentrating on fewer but more fundamental indicators might be useful. Thought needs to be given to how eventual publication of the HRMF conclusions will be used to drive forward progress, through media and political processes.’
- One organisation felt that in future the HRMF should aim to capture all relevant articles of the UN convention on human rights. ‘We feel that the current proposed panels draw the correct balance between focusing on developing in-depth panels to begin with and covering a broad range of articles and rights. Therefore we feel that moving towards coverage of all articles is a long-term goal for the framework, on which progress should be made on a constant basis and in a timely manner, but allowing the time to ensure that each panel is appropriately considered and developed before being added to the framework. We are also pleased that the focus of this framework is not merely on legal compliance, but also on good practice development and promotion. This framework has the potential to contribute greatly towards the development of a human rights culture locally and nationally in the UK, and the focus on good practice should help to embed this culture. We also welcome the fact that the framework allows for international comparisons to be drawn and to map out the position of the UK and Wales against other countries on human rights. However this needs to be balanced against the need to develop a framework, which is UK specific and meets the needs and issues of the UK. We also feel that the language used is complicated, because of the international focus, such language needs to be simplified and translated into a UK context which people can understand, especially as regards headline indicators and contexts that determine the indicators within each panel.’

The right to life

- In Scotland, some participants felt that there needed to be an improved balance between positive and negative duties. The original HRMF panels, some participants felt, captured the negative duty of states to refrain from violations (by refraining from killing) but did not adequately capture and reflect positive duties to protect individuals, for example, in the context of domestic violence.
- The particular importance of inquiries into deaths following police contact, deaths in court cells, prisons, immigration removal centres, etc. were highlighted by several participants.

- One participant queried whether the state has an obligation to stop domestic homicide, rather than just to mitigate circumstances that cause domestic homicide. There was a suggestion that ‘too much’ emphasis on positive obligations could ‘muddy the water’.
- Others emphasised that there is European case law that establishes protection in domestic homicide, and the importance of the positive duty to protect.
- In Wales, one participant pointed out that the HRA covers individuals where the state ‘knew there was risk and should have done something’. It would be important to develop indicators of this positive duty and of failure of the duty to protect. Participants discussed the challenges involved in developing meaningful indicators of how instances of this kind, where the state failed to take action, then lead to death.
- The issue of protection from third party violations was highlighted in this context. It will be critical to have balance between capturing where the state acts as a threat as opposed to threats from society: ie, those that died in the hands of a partner (domestic violence) and those that died in the hands of institutional custody.
- One participant suggested that the accounts of the ‘failure to protect life’ by the police in IPCC reports would provide a potential source for an indicator of the ‘failure to protect life’.
- It was suggested that a multiagency approach to protection would also be important. For example, death rates of women fleeing from domestic violence is high because of the lack of adequate housing. This also needs to be reflected in the HRMF, since it is also a form of Government inaction.
- Participants in Wales suggested that in relation to Local Safeguarding Children Boards, it is variable whether child death reviews are undertaken. They further highlighted that domestic homicide covers children and that this should be made explicit in the HRMF.
- Loss of life through hate crime was viewed as important for this panel.
- One participant noted that it is difficult to establish identity in the context of homicide, since disaggregating by sexual orientation once a person has died is complex. We do have the police homicide index which is filled in by the police, where characteristics may be imposed. However, requesting the police to establish sexual identity would be complex. Similarly, in the context of suicide, someone may have been subjected to homophobic bullying. However, establishing sexual identity following death is again problematic, and this information might not have been conveyed to police. There was a feeling that this information should be made available and used, for example, as part of serious case reviews. Collecting information from GP forms/access to health services on sexual identity might also be problematic. Some individuals might not want to identify their sexual orientation because they are concerned the GP will treat them differently.

- Some participants also argued that it is critical to include variations in general population mortality rates within the scope of the right to life. The importance of UN General Comment 6 of the OHCHR was discussed in this context.
- Some participants at the London event argued that whether the state has acted reasonably or not can only be determined case by case in court.
- The duty of care of the state and the importance of vulnerable groups such as prisoners and deaths in custody, including homicide and suicide, was raised as another key concern.
- The importance and impact of income poverty in the context of the right to life was highlighted. In Scotland, it was suggested that the number of deaths, life expectancy, etc. should be disaggregated by poverty and area deprivation. Suicide, including suicide rates by poverty and area deprivation, were also highlighted as particular concerns. In Wales, the suicide and bullying including homophobic bullying were raised as key concerns under the right to life panel. In London, accidental death rates among Gypsies and Travellers, including vulnerability to road traffic and pedestrian accidents and death through fire was put forward at the London event as a possible 'contender' for an indicator.
- One participant in London raised the issue of race and ethnicity in relation to the right to life – including in the context of nursing homes and treatment by the police. The number of deaths, suicides and accidents were also highlighted as being particular concerns and as strong contenders for 'indicators' within the HRMF.
- Age UK recommended that the measurement of GDP spent on adult protection is included alongside the measure of resources spent on child protection. However, they were not aware that this data is currently easily accessible.
- Age UK further suggested that it would be useful to find a way of capturing older people's access to life saving medical treatment as we know that this in area in which age discrimination currently operates and which the new equality legislation aims to tackle. Cancer survival rates for older people could be a proxy measure for this. The report of the All Party Parliamentary Group on Cancer's Inquiry into inequalities in cancer, in 2009 found that success rates for people over 75 have not improved over the last decade and are much lower than in comparable countries. A Review of the National Cancer Dataset is currently being carried out by the National Cancer Intelligence Network and we would recommend that outcomes by age group are included within this. The work that Macmillan Cancer Support is carrying out in partnership with the EHRC is also relevant here. See: www.macmillan.org.uk/Documents/AboutUs/WhatWeDo/HumanRightsFrameworkForCancerCareReport.PDF
- Colm O'Conneide, UCL Faculty of Laws, queried whether the proportion of GDP spent on protecting under oneyear olds from homicide and percentage of GDP spent on child protection provides an indicator of effectiveness? A focus on under ones actually distort patterns of protection – for example, is this distinction important in existing social services? As a result, this indicator could possibly be removed.

- The PPO stated that it considered natural causes deaths in custody of equal significance to ‘non-natural causes’, and queried why there was no mention of such deaths in the HRMF panel. All deaths in custody are investigated by the PPO under Article 2 of the ECHR. Ongoing work in Europe to establish a set of minimum standards for the investigation into deaths in custody.
- The PPO further pointed out that it is working with indicators and measures that are relevant to the development of the right to life panel. It investigates deaths in prisons, court cells, immigration removal centres and probation approved premises.
- WAG made a number of specific recommendations for the development of the right to life panel. The importance of the European Directives including the Equal Treatment Directive was highlighted. WAG also suggested that that it would be appropriate for prisons to be covered in the institutional context under the attribute ‘Other action/inaction by the state...’ as well as in the attribute ‘use of unlawful force’.
- WAG further queried the meaning of resource indicators and pointed out that the amount of GDP spent does not necessarily mean a better outcome, and that the addition of such indicators further complicates the panels. The rationale for the resource indicator (GDP) only covering children under one year was also queried.
- WAG recommended that it would be better to categorise indicators as ‘infant mortality rates’, ‘suicide rates’ etc. rather than as ‘variations’ in such rates. The data would be expected to highlight any variations.
- Matching data could potentially be identified in the Welsh context in relation to ethnic and minority diversity policy on forced marriages and safeguarding children. Complaints data might provide a potential source in relation to domestic homicide. A lack of measures targeting older people was highlighted. Other potential measures include the number of:
 - people denied treatment for ill health
 - deaths due to child trafficking/slavery (Children’s Commissioner for Wales office has done some research on child trafficking)
 - deaths of children in private homes (foster care placements/adopted children)
 - deaths due to corporate manslaughter.
- WAG finally pointed out that within the Gypsy and Traveller cultures, ethnic minorities, and also amongst refugees and asylum seekers, there are beliefs regarding life and death which may be seen as at odds with any such measures.

- BRAP highlighted work undertaken for Macmillan exploring what a human rights standard might look like in cancer care. The focus was on identifying the types of behaviours that staff should be enacting if they are protecting patients' human rights. Another potentially relevant project involves mapping what is important to patients and carers in the end of life care pathway, pointing out that questions relating to 'what matters to staff, carers and patients in relation to cancer end of life care' might be useful for the development of the right to life panel. These could be particularly important for the development of 'process' indicators. The following documents were highlighted: Developing and Evaluating the Practical Application of a Human Rights Framework in Cancer Care (BRAP 2010) and PRIDE Cancer End of Life Care Evaluation Report (Gaze 2009) from NHS Bury. It maps what is important to patients and carers in the end of life care pathway.
- End of life issues were a particular concern in Scotland and in London. One participant highlighted work on end of life pathways in Bury where individuals were asked 'what's a good type of service – what would that look like'. The evidence here could provide be relevant in relation to an indicator capturing the level of choice in end of life decisions. Individuals might also be asked prior to death about other choices in end of life decisions (for example, 'has anyone consulted you about do you want to be at home, in the hospital, etc.'). Questions might also be put to carers.
- This issue of DNR (do not resuscitate) and advanced directives orders came up in Scotland. There was a particular concern with issues of consent and the disproportionate use of such orders in relation to people who are disabled.
- Support for abortion and assisted suicide were also suggested by one participant as falling within the scope of the right to life panel. One participant suggested including a place holder for an indicator that would be based on good practice in Belfast for suicide prevention in the mental health context. They want guaranteed follow-up appointments for mental health services. It is now a policy across Northern Ireland that people leave with a card.
- A final issue raised was access to life saving medical treatment (covering evidence of discrimination in access against older people and National Institute for Health and Clinical Excellence(NICE) rules/age limits on drugs).
- Information Services Division Scotland was highlighted as a useful source of information for many of the life and health indicators and a number of contacts were provided.

The right to freedom from torture, inhuman or degrading treatment or punishment

- Domestic violence was viewed as an important concern at all three events, and as cutting across different forms of household abuse including child abuse. It was emphasised that the duty relates to where the state has knowledge of a risk and where there was a failure to intervene and protect. 'Due diligence' was viewed as a critical principle.
- The impossibility of the 'non-ambiguity' selection criterion was highlighted here. Increasing reporting of domestic violence could be viewed as 'good' since behaviour rather than prevalence may have changed. Care therefore needs to be taken in interpreting indicators, and the non-ambiguity criterion should perhaps be dropped from the final list of selection criteria, to allow for more emphasis on qualitative indicators.
- The use of restraint was highlighted as a key Article 3 issue in Scotland. The use of medication could also be viewed as a form of restraint.
- Suggestions for indicator development included: complaints data, conviction rate on sexual assault, punishment in schools.
- Perceptions of feeling safe within a community/home/crime surveys (perception, rather than reality) although there was recognition that this issue might be picked up under Article 8, as well as the possible limitations of subjective indicators. Likewise, the merits and demerits of social survey questions on being treated with dignity and respect were discussed. There was a feeling that although these measures could be useful they may not always pick up the relevant human rights concerns, and objective probing would also be necessary.
- Non-official data was seen as being particularly important under Article 3. For example, it would be wrong to rely exclusively on the state's interpretation/analysis of the extent of torture. One participant also highlighted the importance of non-state data in the context of racially and religiously aggravated crime. It would be vital to include non-official data since official records would not capture incidence in the community. General comment: 'don't rely on reported data, need to find a way to capture the unreported incidences'. Participants in Scotland suggested that helpline data could provide a way of capturing cases not reflected in police recorded crime, for example, in the context of rape and sexual assault and elder abuse. Laws relevant to the assessment and implementation of these.
- Some participants highlighted the importance of capturing the gaps between general population rates of incidence, police recorded crime and successful prosecutions, including in the context of domestic violence, sexual violence, rape and hate crime.

- The PPO comment that it was unclear what was meant by ‘open prisons’ in the outcome indicator under this panel. Does it mean category D prisons and, if so, are there measures for all prisons? The PPO would be able to provide figures for complaints made by prisoners to the PPO that fall within the scope of Article 3 and is working with indicators and measures that are relevant to the development of this panel? Since it investigates eligible complaints dealing with subjects that fall under the categories of this panel.
- Criminal Justice Women’s Policy Team, MoJ welcomed the sections on Violence Against Women, which they viewed as comprehensive, whilst suggesting that ‘Women Offenders’ can be added to the list of vulnerable groups, and that further consideration be given to women offenders who are Black, Asian & Minority Ethnic (BAME); to those who have disabilities; to those women offenders who are elderly; and to identification of these groups by those in custody and those in the community? It was pointed out that this is often a forgotten group as work on women’s issues tends to focus on white women, and work on ethnicity focuses on black males. Indeed, the needs of BAME women differ from both of these groups, they are often rendered invisible.
- Age UK noted that it would be good to capture resources dedicated to tackling elder abuse. Under outcome indicators, the inclusion of a measure of adults with very low perceptions of treatment with dignity and respect in healthcare was welcomed whilst recognising that there is some concern that levels of self-reporting on lack of dignity may be low among older people. The measures in the Inpatient Survey (England only), which include people who feel they are not always treated with respect for their dignity and people who are not given the help they need at mealtimes, both return percentages which are not high. That said, even a small percentage is important in an area where non-compliance should be virtually zero. Objective measures such as the number of people treated on mixed-sex wards might offer a different perspective. Measures of treatment with dignity and respect should also be extended to care homes. We are not aware of any good person-centred measures for inhuman or degrading treatment in care homes, but the National Minimum Standards for care homes (older people) provide a number of process indicators that could be used. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4135403.pdf
- Age UK also welcomed the inclusion of a measure of adults experiencing a lack of support for individual nutritional needs during hospital stays. This is more useful than hospitals own self-assessment of how they do on this, which can often mask a serious gap between policy and practice. A measurement of the incidence of elder abuse would be very welcome. However, a proper measure for this (in care homes or in the community) is still not available. This is a serious data gap.

- JUSTICE Key issues include torture/'hooding'/handcuffing in detention context; pain compliant techniques in the youth detention context; other forms of degrading treatment; interrogation techniques overseas, for example, Southern Iraq. JUSTICE reports provide a potential source of information.
- WAG called attention to the Amnesty International report on the state of the world's human rights and the European Commission/Directorate General for Humanitarian Aid annual report and statistics. It noted that the set of measures under Article 3 could be the most problematic as it will comprise allegation data and state data. Thus, concerns are raised here around access to (state) data and secrecy along with the robustness of allegation data. It would also be important to capture what is an effective investigation for the purpose of reporting. In relation to alleged use or involvement in extraordinary rendition/alleged deportation of individuals, WAG raised a concern in relation to the term 'alleged'. This appears to imply that the data may be true or false but in this context the allegation will be treated as true.
- WAG suggested that sexual abuse in immigration centres should be covered. The measure of the percentage of adults with very low perceptions of treatment (currently covered in the resident/detained section) is applicable to all people, for example, in outpatient treatment and could be expanded to cover state activity regardless of residency/detention. Percentage reporting lack of support for individual nutritional need could be expanded to cover nutritional needs such as those through day centres, meals on wheels etc.
- Participants at the Welsh event highlighted the importance of the following inspectorates for the development of an indicator identifying key inspectorates: Care and Social Services Inspectorate Wales (CSSIW); Healthcare Inspectorate Wales; Social Services Commission; Older People's Commission; Youth Justice Board, National Offender Management Service and HMIP,. A number of relevant Welsh Government Committees were also highlighted. These were: Social Justice Committee; Local Government Committee; Children and Young People Committee. The importance of the regulatory group for migrant workers at the UK level; the LSB (Local Service Board); the One Wales Agreement; Equality Act; Single Equalities Scheme.
- The following key issues/programmes were highlighted in Wales: Children Unbeatable Campaign, Female Genital Mutilation; Forced Migration, Community Health Councils, UNCRC Action Plan (Getting it Right), plus, within the third sector, Wales Domestic Abuse Hotline; Multi Agency Risk Assessment Conference on issues of domestic abuse and intervention.
- Participants in Wales suggested that there is a need for the broadening of categories to include the following: treatment of those resident (as well as detained) in institutions – they can also be mistreated; and boarding schools.

- The role of a protection committee in Scotland under Articles 3 and 8 was highlighted together with a network of child protection and adult protection bodies under local authorities. Statistics on abuse of adults/children would be relevant to the Article 3 panel and might be available from these sources.
- Similar concerns around the need to broaden categories in Scotland were also expressed. For example, participants highlighted that in looking at social care statistics, there was a concern that the proposed HRMF indicators focused on residential care settings. It would be important to cover degrading treatment in all contexts, for example, by looking at those receiving auxiliary care (such as someone being locked in their home at the behest of a contract carer, or someone not giving them the full 30 minutes of attention they deserve).
- Participants in London highlighted the importance of cross-referencing the different issues that affect different groups falling under the category 'degrading human treatment'.
- Other issues highlighted under Article 3 included: destitution, including failed asylum seekers experiencing destitution (especially those not entitled to public support); violence against women in detention; trafficking; female genital mutilation; forced marriage; and bullying. It was suggested that information on transgender motivated crime will be available on Scotland. Finally, the importance of safeguarding children and vulnerable adults guidance was highlighted.

The right to liberty and security of the person

- Age UK welcomed the focus on the operation of Deprivation of Liberty Safeguards and recommended that this is extended to cover the use of restraint on residential care settings in addition to mental health institutions, if the data allows for this.
- WAG highlighted European reports regarding prisoners held without charge for long periods. Possible measures under this indicator included wrongful arrest, overturned convictions, Anti-Social Behaviour Orders (ASBOs) (young people), number of mental health tribunals, time spent in detention (various groups and settings). The use of restraints should be taken to cover both physical and chemical restraints.
- Regarding the number of children entering and leaving immigration and asylum detention centres, WAG raised the issue that proof of age is difficult to ascertain in some cases. There have been cases of adults posing as children and this issue would need to be addressed.
- WAG finally highlighted that the use of restraints is also relevant in the schools context.
- Participants in Wales noted that criminal justice is not devolved and highlighted the importance of the UNCRC action plan and proposed children and young people's rights. The list of inspectorates highlighted under Article 3 was again mentioned. Victim support, advocacy provision in secure settings and dignity drive.

- Stop and search mechanisms, ASBOs, restraint, deprivation liberty safeguards were all mentioned as key concerns.

The right to a fair trial

- Age UK welcomed the measure of the average number of days to completion of a case in the magistrate's court is welcome. Speed of justice has been recognised by the ECHR as being a relevant factor in upholding older people's right to a fair trial, whether as victims of crime or as defendants.
- WAG queried whether the percentage of those who were dissatisfied by the information about court procedure would cover defendants only, or whether it would cover both defendants and witnesses.
- WAG also made a number of suggestions of measures we could draw on for this panel, including number of people denied advocacy services and the number of complaints to Social Services or ChildLine etc. against number of prosecutions taken forward. A time related measure for county/crown courts as well as other courts was suggested.
- Access to legal aid was seen as a key issue that would need further unpacking. State funding for advice services and the position of CAB would be particularly important issues, as well as the 'marketisation' of the legal aid system.
- One participant suggested that a broader range of 'offences brought to justice' would be relevant, for example, sexual abuse of children or employment-related abuse.
- The following issues were highlighted as key under the right to a fair trial: victim support; treatment of victims/witnesses; access to advocacy provision in secure settings, including access to advocacy for prisoners; access to advocacy for disabled people; accessible information/interpreters; deprivation of liberty in the mental health context; availability of legal aid in the civil courts context; impact of control orders/ anti-terrorist legislation on the right to a fair trial; public attitudes/percentage of people who believe everyone has a right to a fair trial.
- One participant suggested that in relation to access to representation within the court system it would be important to tease out the following: does the advice bureau have an in-house adviser available on the day for those who do not have any representation in their cases (from criminal and civil cases); in terms of the cut-off point in legal aid – is that very low, or how is that translated in reality?
- Another raised the question of who can actually afford to take civil cases for a violation of their human rights? There might be a recognised breach of their rights, but in all likelihood, a case would not be brought forward because of the resilience needed to take the case as well as costs involved. Families with single parents, etc. Would not be brought to light.

- The list of inspectorates provided under Article 3 was highlighted in Wales, with the additions of a mental health tribunal, family proceedings (Children and Family Court Advisory and Support Service –CAFCASS), employment tribunals and criminal justice practitioners.
- In Scotland, participants put particular emphasis on the right of children to be heard when making decisions or when decisions are being made about their well-being. It was noted that the Convention on the Rights of the Child(CRC) is ratified but not incorporated. The role of judicial discretion in determining whether or not children were able to participate was a particular concern, particularly in family law.
- Participants in Scotland also raised the need to relate human rights to awareness, legal aid, financial barriers and legal support. Some individuals cannot identify a solicitor to deal with cases.
- One participant raised concerns around the issue of those participating in juries – they might not have any understanding on what those issues might be. Another raised concerns around lists of people excluded from jury service and suggested that people with sensory impairment should be allowed to take part in juries. Another suggested, in the mental health tribunal context, that people who sit on these committees might be council officials or elected officials, and do not understand the impact of their decisions. The issue of the identification of perpetrators in sexual crimes where anonymity protected was also discussed. Is that the right thing to do? Is the victim for the crime being punished? At the same time, the identity of the perpetrator should also be protected.
- One participant noted that the measure of offences brought to justice might be better positioned under Article 3.

The right to private and family life

- Participants discussed the wide range of Article 8 and the need for the HRMF to capture and reflect its many dimensions.
- Age UK welcomed proposals for developing an indicator to measure the percentage of those ‘who feel able to form and maintain the relationships they want’. This is particularly relevant to older people who as a group are particularly susceptible to isolation and loneliness. Social isolation is thought to affect in the region of 1 million older people (ICM research survey for Help the Aged and Age Concern’s One Voice report, 2009).
- Age UK also advocated inclusion of a separate indicator to measure social isolation among older people in the framework. A new data source would need to be established for this as we are not away of any official measurement of social isolation. It is not only lack of practical support (as defined in the indicator relating to disabled people) that affects older people’s Article 8 rights.

- A key theme emerging from the project that Age UK is currently undertaking in partnership with BIHR, is that older people view lack of access to public transport and amenities such as public toilets and fear of crime as key barriers to their enjoyment of Article 8 rights. A separate measurement of older people's assessment of their ability to exercise choice and autonomy which incorporated such factors should be considered for inclusion in the framework.
- WAG highlighted family law cases and cases under the Equalities Act 2010 dealing with family rights and the rights of the parent. The possibility of measures covering homelessness was raised and difficulties in measuring unrecognised/unsupported need in education were highlighted.
- WAG suggested that a measure focusing on percentage of children and young people resident in institutions in England might be relevant but numbers here may be very small and unusable. An alternative measure, if available, would be distance from home, for example, number of children and young people detained over 50miles from their home...100miles...150 miles, etc.
- One participant queried why support in mainstream schools for disabled children was included under the right to private and family life – this should be broadened to cover support for parents and families in general.
- There was a need to bring in 'unmet basic needs' where these have been identified as necessary for the enjoyment of Article 8 rights, for example, in relation to older people and disabled people.
- A number of participants mentioned bullying and hate crime as key concerns. Complaints data relating to identity based crime raises the same issues as in other areas in terms of interpreting increases – these might reflect changes in behaviour rather than underlying trend. Qualitative indicators focusing on the dimensions rather than on numbers might be particularly relevant here.
- Privacy, DNA and radio frequency data were also discussed. Data provided by relevant regulators on interventions in privacy cases provided a potential data source. There was a discussion of the privacy issues that arise in the context of electoral rolls and the commercial use of information sharing.
- In relation to family life, particular issues around separation were discussed in the refugee/asylum seeking context and the growing body of case law in these areas was discussed.
- Access to family/visits for people in detention was viewed as a particular issue including in Wales, where the number of children detained in England raises key concerns. WAG proposed the percentage of detained people denied access to family visits as a possible measure.

- JUSTICE suggested that issues include DNA, private CCTVs and stop and search. In relation to data on privacy and surveillance, relevant bodies and organisations include the Information Commissioner's Office and Privacy International. Studies on use of CCTV (including a new study on the use of private CCTVs which supersedes previous work based on inferences from small scale studies) are also relevant. The House of Lords Constitutional Committee/Home Affairs Select Committee Report on Surveillance 08/09 is a key source.
- In Scotland, there was a discussion of access to information to support decision making. In the Scottish prison service, there are high rates of illiteracy where surveys take place. It would be important to monitor the role of surveys here and whether those with lower levels of literacy could still have their voices heard.
- Proposals for including measures on personal autonomy were welcomed, although data limitations in this area were viewed as an obstacle. Some participants felt that there was currently too little emphasis on independent living within the Article 8 panel. Social services data was highlighted as a potential source of an indicator on those assisted to live at home. People remaining at home, for example, delivery of home-meals (and satisfaction with these) was another possible source. It would be important to develop a measure of support of individuals who want to remain in their own home and the extent to which they exercise choice and control and the losses of autonomy associated with moves of disabled people and older people into care. Decision making autonomy was also emphasised and advanced statements/capacity to make decisions were discussed.
- Family breakdown and homelessness issues were also discussed under this panel.
- Some participants suggested that sexuality and reproductive rights were missing from this panel. One participant argued there was a need to bring in private life and the control of corporate behaviour.

The right to education

- Colm O'Conneide, UCL Faculty of Laws, queried the relevance of the proportion of local authorities' budget spent on support for children with Special Educational Needs (SEN) (this point was raised under discussions about Article 8 but is also relevant to the right to education panel). As in the context of other indicators, he felt that focus on resource/input is questionable, and may encourage excessive focus on spending money rather than ensuring effectiveness.
- Bullying in the educational context was also highlighted as an important concern. A lot of people bullied as children and leaving school because of bullying will return to education to get qualifications in later life.
- Access to/support for special educational needs was raised as a concern at all three consultation events. In Wales, the percentage of disabled people who accessed education outside Wales was proposed as a measure.

- A number of participants emphasised that education is not just for children – the HRMF should also capture adults' education with a focus on life-time learning especially given the changing economy and job market. For example, access to literary training and right to take time out of work to develop new skills. Functional literacy and the number of over 50s with no qualifications would be relevant.
- Access to education by vulnerable/at risk children in 'looked after children' and children in secure units and immigration removal centres were highlighted as particular concerns during the course of the Specialist Consultation. This issue arose, for example, during discussions with HMIP. Many participants welcomed the specific measures proposed that highlighted access to education by these specific groups within the HRMF and viewed specific reporting on the position of these groups as a key object of the HRMF. The logic of extending the measurement of educational gaps to cover ethnicity/'looked after children' (as well as free school meal status) was also welcomed. A few participants, however, queried why there was a focus on these specific groups.
- Margaret Greenfields, Buckinghamshire New University, pointed out that during the Children's Measurement Framework(CMF) consultations, it was suggested that the National Pupil Database (NPD) be used to measure school drop-out rates of Gypsy and Traveller children as they progress through the Key Stages. It is possible to use one of the NPD attendance codes for this measurement: 'authorised absence due to Traveller absence'. The difficulty is that this code identifies only whole numbers rather than individual children so that we are only able to say 'X' children were in school at Key Stage 1 and that 'X' children were there at Key Stage 4. While the educational history of individual children cannot be identified (which would be preferable) one can still see by region that a substantial proportion of children are lost to the system over certain time periods. Use of the NPD enables us to map numbers of children in school and drop-out percentages in a way which cannot be monitored from roadside figures.
- Another technique useful in picking up shifts in retention rates over time is to look at regional/local education authority (LEA) statistics. The number of children identified on school census data each year can be compared to the figures of those not present for Standard Assessment Tests (SATs)/national exams at Key Stages. Using this technique, a study assessing the service needs of Gypsies and Travellers in the Cambridge area (Home and Greenfields, 2006) identified a significant drop-off rate of Gypsy and Traveller children at each SATs period with fewer returning on each occasion. The study also identified significantly lower numbers on school census figures for Gypsy and Traveller children in the final years of schooling, as well as a high number of drop-outs in the GCSE year.
- Age UK suggested that the measures in the proposed panel were heavily focused on children's education and do not adequately address adult, including older people's participation in, and access to, education. The National Institute of Adult Continuing Education(NIACE) undertakes an adult annual participation in learning survey which includes a breakdown by age that could be used here.

- WAG suggested measures and indicators including truanting, full-time schooling, suspension, expulsion and school absence data, literacy rates as a percentage of vulnerable groups and lifelong learning. Information relating to the range of education policies in Wales can be gained through theWAG’s DCELLS Strategy Unit for School pupil data initiatives, including the Lost Pupil Database, Children Missing Education Guidance and the Pupil Level Annual School Census(PLASC). Also see the Ethnic Minority & Safeguarding Policy/Support for Learners Division for possible indicators.
- At the consultation event in Wales, in the discussion of structural indicators, the following public policy instruments were raised:: Learning and Skills Act 2000; national curriculum (quality and effectiveness framework); basic skills strategies; quality effectiveness framework (flying start, early years/sure start, learning pathways); local and national government duties. The following were proposed as process indicators for the right to education: Estyn; Personal and Social Education (PSE) Framework containing the CRC (requiring teaching and having the resources in order to teach); youth councils; youth forums. It was thought that it would be appropriate to include a resource indicator relating to expenditure on education compared to GDP. The importance of NEET (not in education, employment, or training)and of focusing on how systems are used so that there is intervention before young people fall off of the system was discussed.
- Also in Wales, in relation to outcome indicators, the following were highlighted: data series available include: the percentage of students with temporary absences/ exclusion data for children and disaggregation (cost pupil database/PLASC); school-based data; recent data requirements including improved data on children missing education; gaps in education achievement, particularly under the poverty agenda; Flying Start, 14-18 Learning Pathways, Children and Family (Wales); Lifelong learning record (Wales).
- • Other issues highlighted in Wales were: learning accounts (EMA) and impact on adults; access to education for those who are disabled; ability to access education outside Wales; Welsh language: provision of degrees, through the medium of Welsh; speech and language therapy for those who are Welsh; freeschool meals, socio economic disadvantage and its impact on achievement. The child poverty strategy was discussed in this context, with children who are carers being identified as a major issue.
- In London, there was some discussion of whether access to ‘upper end education’ was a human rights concern – or whether the framework should be about minimums, focusing on more basic education. Participants were divided on this issue:Whilst some felt that the HRMF should be about minimums, others felt that inequalities in the overall distribution of education were also relevant. For example, we should consider including a measure of participation in elite universities by free school meal status.

- In Scotland, the Right to education: STEP (Scottish Traveller Education Programme) pilot study was highlighted as a potential data source on statistics on access to education.
- Other issues raised included educational attainment by sexual orientation; equal recognition of a range of skills in the labour market, for example, vocational/academic; outcomes following training; digital IT literacy; perceptions of education as a right; access to early year education/sure start; gaps in educational achievements. Another concern highlighted at the London event was the importance of educational attainment by social class. Social mobility based on educational qualification was suggested as a possible indicator. One participant raised particular equality and human rights concerns around non-discrimination and admissions criteria, for example, new academies.

Right to adequate housing

- The overlaps between the right to housing and the right to private and family life were discussed. The need to embed cross-links in the HRMF so that users could easily identify these overlaps was discussed.
- The issue of forced evictions was highlighted at all three consultation events. Reliance on official data was viewed as problematic because many cases will not be reported and the role of other sources (for example, NGO input and citizens' advice bureau data) was highlighted.
- Colm O'Connell, UCL Faculty of Laws, commented that the European Committee on Social Rights makes use of useful indicators on state compliance with Article 31 (housing) of the revised Social Charter, which the UK has not ratified. In addition, the Committee has in a collective complaint, *Feantsa v France*, emphasised the importance of transparent priority-allocation mechanisms and the need to prioritise (within reasonable limits) the most disadvantaged.
- Age UK suggested another indicator that could be considered here is the percentage of people living in non-decent housing (or living in housing deemed non-decent for thermal comfort). This is measured by the annual English housing survey. Another possible indicator might be the number of homes built to the lifetime homes standard.
- Colm O'Connell, UCL Faculty of Laws, commented that he was more comfortable with GDP indicators under this panel, but they need to be used with great caution. He would prefer an emphasis on housing demand and quality, not expenditure.
- WAG suggested additional indicators and measures including the percentage of prosecutions against private landlords by local authorities for providing inadequate housing; and the percentage of home adaptation applications against the number granted.

- In the Welsh context, the Social Justice and Local Government, policy on housing and policy on Gypsy and Traveller sites are relevant under this panel. The annual report (www.lgo.org.uk/publications/annual-report/) and the digest of cases in previous years were highlighted as potential sources.
- In London, a number of participants highlighted the need to include a panel on the right to an adequate standard of living in the first HRMF round. One proposal was to replace the current housing panel with a panel focusing more broadly on the right to an adequate standard of living, with housing and food viewed as attributes of this.
- One participant suggested that the resource indicator focusing on the proportion of GDP spending on housing should be broken down to local administrative level (to capture regional disparity). An indicator of the disparity of cost of housing and average wage of an area was suggested. Other proposed measures focused on the proportion of households that need public housing and get it, homelessness and perceptions data on treatment in the social housing process.

The right to health

- Participants highlighted a range of concerns including elder abuse and mental health; the need to cover public health and preventative measures, for example, reducing alcohol consumption, eat five a day, smoking reduction; black men and mental health status; South Asians and the prevalence of heart disease; the need to identify religion and belief and sexual orientation issues that health surveys for England may miss. Infection control mortality rates; immunisation screening; life expectancy; healthy life expectancy; cancer treatment and survival; language and access issues; teenage pregnancy; access to breastfeeding; competence/capacity decisions; access to interpreters; waiting lists; outcome indicators for disabled people; broad-based measure of mental health (in addition to a focus on vulnerable groups).
- Under non-discrimination a range of issues including access to essential medicines, the postcode lottery and NICE rules were discussed. In the Gypsy and Traveller context, non-registration at GP practices was a particular concern from the non-discrimination perspective. However, this raises an issue about the limits of measurement – how could non-registration be picked up in a measure?
- Some participants raised concerns around the challenges of using public expenditure of healthcare as a proportion of GDP, ie that the relation to outcomes is not clear. In Scotland, in the discussion of resource indicators, the proportion of budgets spent on mental health services (including work on mental well-being) was proposed as a measure.

- In relation to vulnerable/at risk groups, some participants felt that it would be important to make use of emerging new data, for example, in relation to health outcomes for looked after children and access of children in detention to health services. Others remained concerned that this would result in an over-concentration on certain groups. Access to healthcare in the detention context, for example, by prisoners, including in relation to access to mental health services, was viewed as particularly important and access to GPs by refugees, migrants and asylum seekers was highlighted.
- In Wales, the following inspectorates and regulators were highlighted: Healthcare Inspectorate Wales (HIW), Wales Audit Office (WAO) and CSSIW.
- Some participants raised concerns around data gap in the social care context – for example, care homes.
- Access to services for LGBT people was raised as a concern and the importance of Stonewall research, Prescription for Change 2008 was highlighted. Sex education should be LGBT inclusive.
- In Scotland, particular emphasis was put on the disaggregation of all health indicators by area deprivation and the Scottish Index of Material Deprivation (SIMD). Allocation of funding by SIMD area was also thought to be important. For example, do GPs get more to deal with more complex issues in deprived areas?
- Also in Scotland, access to health and social care services for remote communities was also highlighted as a particular concern and a ‘contender’ for the development of an indicator. For example, mental health services in island communities. There is lack of availability of services in some areas. The accessibility of all services, including primary and mental health services, needs to be evaluated; care homes need to be located appropriately; and support and training for GPs in remote areas given broader demands on them (as other services are not available) is essential. Rural Health Care Scotland was highlighted as a potential data source. More generally, geographical location and rural versus urban access views were viewed as relevant.
- The following bodies and sources were highlighted in Scotland: Quality Improvement Scotland – part of NHS Scotland (clinical governance standards) – safety patient programme; Ombudsman – serious failure of care; Scottish Public Services Office – end of life; Patients’ Rights Board (currently there is a bill about it in parliament); ISD Scotland (Health Service Data) – Life and Health indicators; Better together: Scottish patient programme; Scottish Patient’s Association. The Marmot Review and Scottish Review were highlighted as potential data sources. NHS targets, access measures and treatment targets were highlighted as relevant minimum standards frameworks. NHS ‘HEAT targets’ (Health, Efficiency, Access and Treatment) and health outcomes measures and treatment measures were also mentioned.

- One participant suggested that requirements under UNCRP in relation to health should be reflected in the panel. A number of participants argued that complaints data should also be built in. The number of complaints-handling bodies was highlighted and it was also suggested that increases in number of complaints could not always be unambiguously interpreted as 'bad' – in some cases increased numbers of complaints reflects behavioural change.
- In London, the proactive use of human rights indicators in making a business case in health was discussed, for example, treating people with dignity and respect could be viewed as a 'selling factor'. BRAP provided information on its work on human rights and work with Macmillan Cancer Care (see information under the right to life panel).
- The need for measures capturing the position of people with dementia in residential care was another concern. In Scotland, the use of informal restraints and the Bournemouth Case (and the implementation of the Bournemouth findings) were discussed. Indicators that capture whether bodies have something in place to monitor case law and make sure that the staff are aware of human rights issues were proposed as possible 'process' indicators.
- Colm O'Conneide, UCL Faculty of Laws, commented that the European Committee on Social Rights makes use of useful indicators when assessing state compliance with the right to health (Article 11 of the Social Charter). Although there are some possible limitations to these measures (too much of a GDP/expenditure focus) they are, nevertheless, extensive.
- The PPO noted that prisoners are entitled to receive healthcare which is equivalent to what they would receive in the community. PPO investigations into deaths in custody consider whether this was delivered. The indicators and measures that are relevant here, and with which PPO works, refer to existing NHS standards and service frameworks.
- Age UK strongly agreed that a measure of discrimination in access to healthcare should form part of the HRMF. Age discrimination in both health and social care is a key human rights issue for older people. In developing this indicator framework further we urge that older people's specific experience is reflected, for example, by looking at access to certain treatments by age. See Age UK's comments on measures of dignity in healthcare.
- WAG made a number of suggestions for measures including: selfharm rates for children in care; percentage take up of services at genito-urinary medicine/sexually transmitted diseases clinics; number of doctors available to make house calls; percentage of population with access to an NHS dentist.
- Specific matching sources for Wales could be identified under the following headings: Minority Ethnic Achievement Policy, Gypsy Travellers Policy, Health for children of asylum seekers, refugees, gypsies and travellers.

- Some deaths, like those with Multiple Sclerosis (MS), or those with other similar disabilities, show up in statistics as being “caused” by MS, when in fact there is an issue of preventable deaths and being unable to access the necessary antibiotics. How will this issue of avoidable deaths be captured in the HRMF evidence base? In Scotland, there was a discussion on an indicator around termination of pregnancies, whether that would be simply the number per live births (like the UN), or whether it would be something about a structure or process indicator (a list of medical professionals that offer a list of termination services) and the refusal to do so. Termination data itself was thought to be relevant (ISD Scotland).
- In Scotland, the new Patient Rights Bill was mentioned and the process of revising legislation around NHS complaints in Scotland was discussed. Contacts were provided for further discussion of measurement of human rights around health and right to life.
- Other sources and references included the Judith Mesquita section in Unequal Britain which uses the structure process outcome framework for the right to health; Paul Hunt’s Special Rapporteur reports and article in the Lancet; and the General Comments of relevant UN committees. One participant suggested that the standards in the UNCRPD should be integrated into this panel.

Right to adequate food

- Colm O’Cinneide, UCL Faculty of Laws, highlighted that the European Committee on Social Rights makes use of useful indicators on social assistance, poverty and other socio-economic rights which may be useful. He further suggested that the reference to GDP proportion here is a little more appropriate than in other contexts, as there is a clearer link in this area between state expenditure and enjoyment of the right, but its use still needs to be treated with caution.
- Age UK suggested that under ‘food accessibility’ a measure of pensioner poverty should be included. In line with the suggested measures of child poverty this should be taken from the data collected for Households Below Average Income data series. It would be relatively simple to cross-reference this with food expenditure (from the Family Expenditure Survey) to create a ‘food poverty’ indicator in line with fuel poverty indicator. This would involve setting a percentage of total income above which pensioners would be deemed to be in food poverty.
- Age UK further raised the issue of how the percentage of the ‘working age’ population in paid employment be measured once the default retirement age is scrapped (expected in October 2011). Employment for some older people is a key route out of poverty and age discrimination in the workplace currently remains a major barrier to employment. Any measurement of unemployment should encompass all those who wish to work but are not able to find a job, and not be restricted to a particular age group.

- Age UK finally noted that whilst a measure of adults experiencing a lack of support for individual nutritional needs during hospital stays is included in Panel 2, it would seem important that it is also reflected here. A measure of the, percentage living in the community at medium or high risk of malnutrition (BAPEN definition) would also be useful.
- WAG suggested that the proposed measure focusing on the proportion of students eligible for free school meals who do not accept the meals would only be interesting if it was compared to all those eligible/take-up. The measure relating to the percentage of working age population in employment was queried. Whilst these people can pay for food, so can those on benefits, thus, it is not a direct link to adequate food. Alternatives proposed were the proportion of household budget spent on food; whilst the measure relating to the percentage of people developing malnutrition during a stay in a hospital/institution may be better regarding older people in particular. The percentage of people admitted to hospital by conditions such as malnutrition/rickets etc. (illness related to inadequate food intake) would also be relevant. The adequate range (including for religious purposes) of food available in hospitals, schools and prisons is a further issue; as is some form of measurement of elderly people's spending on food against pensions.
- One participant raised the need to add a measure relating to quality and nutritional value of free school meals and the provision of food in prisons and hospitals. Equality and human rights issues included access to suitable food by religion and belief, for example, halal food, in the school meals context.
- One participant suggested that a measure of the affordability of food could be derived by linking expenditure studies with the Family Resources Survey.

Additional Welsh specific issues

- Participants at the day event in Wales highlighted that clear policy differences in England and Wales would need to be flagged up. For example, in Wales, if a local clinic cannot provide timely care, they are required to provide an alternative facility for healthcare. So, for example, the measures on choice and control for care and treatment would be different for England and Wales.
- Some Welsh regulators, inspectors and auditors are different bodies to those covering England and the HRMF should also identify Welsh inspectorates.
- In relation to some areas of policy that are not formally devolved, for example, crimes against women and how the criminal justice system handles those cases, the impact of local services such as a victim service means that in practice these areas fall between Welsh and GB-wide law.
- Variations in choice and control by urban/rural are particularly important in Wales and should be reflected in the HRMF.

- One participant noted that efforts are being made to ensure that the views of children and young people are incorporated into policy making and equalities and human rights monitoring in Wales. Developments include the submission of a report to a UN Committee in 2007 that is based on the views of children aged between seven and 18 in Wales, called Our Rights, Our Story by the Funky Dragon (the Children and Young People's Assembly for Wales). This report provides insight on how children feel about their access to their rights guaranteed under the UNCRC (Funky Dragon, 2007).
- Participants in Wales suggested that the right to be educated in the language of choice or to receive healthcare in one's own language should be reflected in the HRMF.
- The possibility of indicators of a fair trial in Welsh – language plays a part in access to a fair trial in Wales. This right is set in law, but obtaining bilingual juries is still a big issue.
- Qualitative studies of discrimination against those whose first language is Welsh should be explored
- One example is access to public services, especially access to speech therapists, and the need to protect Welsh speakers who are at risk of discrimination.
- There is anecdotal evidence from older people about poor treatment in healthcare because of the Welsh language issue.
- The right to dignity in, and access to, healthcare is affected by the bilingual nature of Wales. A recent UN/European Council of Minority Languages (for regional languages) report specifically mentions language and health and social care as issues of concern.
- There is human rights legislation from a UN level down that refers to language as a human rights issue. There is currently debate being posed to the National Assembly on rights about this.
- If the HRMF was being designed specifically for Wales, the Welsh language and its impact on human rights would be a major issue.
- There was a long discussion of how the protection of Welsh speakers should be reflected in the HRMF – panel by panel, or as a cross-cutting issue?
 - Similarly, some participants argued that it might be applicable to add Welsh language as a disaggregation characteristic for Wales. Alternatively, there could be disaggregation by 'first language not English' and Welsh speakers captured as a subcategory.
 - Yet another position was that rather than including Welsh speaking as an additional disaggregation characteristic, the issue could be explored in a context-driven way – especially in relation to education, access to health and social care, and the right to a fair trial.

- In support of the latter approach, one participant suggested that whilst there is a large number of complaints about Welsh speakers being unable to access services through Welsh, there are also English speakers who cannot access jobs or services through the medium of English in a predominantly Welsh speaking area. Therefore, the HRMF should highlight that Wales is a bilingual country and that while negative impact is much more severe for Welsh speakers, it exists for other languages in Wales.
- It was further suggested that it will be important to protect all speakers, of whatever language, in Wales – not one particular group over another. Care should be taken in how protection of Welsh language speakers is defined. The official position of the government is that there are two official languages, and that has to be taken into account.
- Some quantitative data might be possible in certain contexts. There are indicators of access to a fair trial by Welsh language speaking status and Estyn might be able to provide underlying data on Welsh language issues. One participant referred to three qualitative studies that identified instances of discrimination and inability to access services by Welsh language speakers.
- Overall, the view emerged from the discussion that Welsh speakers should not be identified as a cross-cutting characteristic, but important contexts will be specified within panels when they appear, such as when lack of access to services or discrimination for being Welsh speaking is important. Other existing comparative frameworks (regions with their own language) could be useful to the Welsh language issue for the HRMF, for example, the UN model for Catalonia.
- A list of Welsh inspectorates that could be drawn on under the proposed indicator on key regulators, inspectorates and audit bodies was provided. This included Estyn; CSSIW; WAO; Board of Community Health Councils in Wales; HIW; Welsh Risk Pool; Postgraduate Medical Education and Training Board.
- A list of inspectorates covering England and Wales was also provided. This included: Planning Inspectorate (Wales); The Charity Commission for England and Wales; Environment Agency for England and Wales; General Medical Council (GMC) Wales; Health and Safety Executive (HSE); HM Inspectorate of Constabulary (HMIC); HMIP for England and Wales; HM Crown Prosecution Service Inspectorate (HMCPSP); HM Courts Services; HM Inspectorate of Probation.
- The Rights and Entitlements Branch, Children and Young People's Strategy Division emphasised the need to acquire detailed information on policy initiatives from across WAG and provided a series of contacts.
- It was noted that there is a problem with small sample sizes in Wales. Even where data is anonymised surveys can reveal people's identities, and this in turn might mean that people are less willing to reveal personal information.

Additional Scottish specific issues

- As in the Welsh context, participants emphasised the importance of there being different institutions and regulators in Scotland, including in relation to arrangements for human rights protection.
- Relevant Scottish regulators and inspectorates included the Scottish Police Complaints Commission, the Scottish Public Sector Ombudsman, Audit Scotland and the Scottish Care Commission.
- Participants in Scotland discussed the need to operationalise the HRMF and asked whether the new framework would be used for performance management, for example, by the Scottish Government and local bodies.
- There was some discussion of the applications of the EMF for performance management purposes in Scotland, including at the local levels and in relation to single-outcome agreements.
- SHRC was taking forward work to use and develop data to improve local equality outcomes using the EMF, including by working with the Improvement Service and Scottish Government. This involved piloting the EMF with five local authorities (Glasgow City Council, City of Edinburgh Council, South Lanarkshire Council, Highland Council and Perth and Kinross Council) and community planning partners, for example, the police (where appropriate) in order to identify, measure and track progress on key equality outcomes through performance management and self-evaluation frameworks.
- The need to cover the three dimensions of prevention, protection and remedy was highlighted in Scotland. Would it be possible to make coverage of these three dimensions more explicit in the HRMF?
- It was suggested that the notion of investigation, for example under Article 2 but also in a more cross-cutting way, should be linked to that of 'compliant investigation' rather than just 'effective investigation'.
- Remote location and access to public services (particularly health services and specialists including mental health experts) in rural and island communities was a particular concern. Participants suggested that 'remote access to services' rather than an urban/rural split is what is critical in Scotland. There should be a disaggregation characteristic to reflect this distinction. The importance of variations by geographical area was highlighted as being of particular importance.
- The following were mentioned as possible sources: Better together: Scotland's Patient Experience Programme; SPS (Scottish Prison Survey) and Annual Prison Survey; Civil Justice Survey for Scotland; Scottish Social Attitudes Survey –discrimination module; ISD Scotland (Health Service Data); independent advisory support service (run by citizens' advice bureau) for complaints data

- The following were mentioned: Scottish Public Services Ombudsman, ISD Scotland, National Services Scotland, NHS improvement Scotland,
- In relation to Right to life, end of life issues, the difficulties and complexities of measurement were highlighted. Ombudsman data and the outcome of recommendations relating to end of care were highlighted, etc.
- One participant suggested that Children's Rights Network is working on budget allocation and that this might be relevant for the development of resource indicators.

Appendix 4 notes

- 731 PCCS highlighted the relevance of a number of documents to the HRMF. These include: www.pcc-scotland.org/assets/0000/2413/PCCS_ANNUAL_REPORT_0910_web_version.pdf; www.pcc-scotland.org/assets/0000/2687/PCCG1983_20STAT_20RETURN_20Web_1_.pdf; www.pcc-scotland.org/assets/0000/2624/Draft_Statutory_Guidance_FINAL_for_consultation.pdf; www.pcc-scotland.org/quality_assurance/reports/assessment_of_accessibility_of_police_complaint. Other relevant documents include HMICS Thematic reviews such as www.scotland.gov.uk/Resource/Doc/241086/0066923.pdf
- 732 www.scotland.gov.uk/Resource/Doc/229105/0062018.pdf. The PCCS produced a CHR in 2007 (www.pcc-scotland.org/assets/0000/0386/PCCS-0710-00007-PF-SP.pdf) regarding the detention of a child in custody. We asked HM Inspectorate of Constabulary for Scotland (HMICS) to consider the issues arising from the CHR in the thematic review of their detention of children in custody.
- 733 www.pcc-scotland.org, *Increasing Scotland's confidence in police complaints handling through impartial oversight and reform*.
- 734 On the essential standards on quality and safety for health and social care, and, on equality and rights, see www.cqc.org.uk/aboutcqc/howwedoit/promotingequalityandhumanrights.cfm
- 735 www.cqc.org.uk/_db/_documents/FINAL_PDF_Equality_and_Human_Rights_Scheme.pdf

