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Using Human Rights-based Approaches to Support the Engagement and Empowerment of Young People

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Abstract: This paper explores questions about the value of human rights-based approaches in supporting the engagement and empowerment of young people. It will examine how rights-based approaches allow education about human rights to take on the characteristics of transformative learning, with consequences for increased possibilities of engagement of young people in positive social action both inside and outside the school setting. Key characteristics of rights-based approaches are introduced and their connection to skills supporting empowerment examined. Case studies of rights-based approaches from around the globe drawn from a wide spectrum of countries (including both north and south) are used to illustrate both positive effects and explore challenges and limitations. The work discussed in this paper sits at the intersection of education, public health and health promotion, and is underpinned by values of social justice, equity and participation.

Keywords: Human Rights, Rights-based Approaches, Engagement, Empowerment, Citizenship, Resilience

INTRODUCTION

Using ongoing research and critical interrogation of past published research, this paper explores the value of human rights-based approaches (RBAs) in supporting the engagement and empowerment of young people. It will explore how RBAs allow education about human rights to take on the characteristics of transformative learning (Mezirow & Taylor 2011), leading to increased potential for engagement of young people in positive social action both inside and outside the school setting. Key characteristics of right-based approaches are introduced and their connection to skills supporting empowerment will be examined. Case studies of RBAs from around the globe are used to illustrate both positive effects and explore challenges and limitations. The work discussed in this paper sits at the intersection of education, public health and health promotion, and is underpinned by values of social justice, equity and participation. The paper begins by introducing a number of key concepts and then moves on to briefly overview human rights and the notion of RBAs. It then introduces five case studies and explores the evidence on their outcomes. The concluding section highlights implications for practice, in education, public health, and health promotion.

Empowerment, Engagement and Autonomy

Empowerment, engagement and autonomy are key concepts utilised within this paper. The definition of empowerment used is: “Empowerment is a multi-dimensional social process that helps people gain control over their own lives”, (Page & Czuba 1999, p. 1). For engagement, the paper draws on the work of the Canadian Centre of Excellence for Youth Engagement: “Youth engagement is the meaningful participation and sustained involvement of a young
person in an activity, with a focus outside of him or herself" (www.engagementcentre.ca). For autonomy, the succinct definition by Marmot (1994, page 2) is used: "Autonomy–how much control you have over your life". It is important to recognise that there are many other definitions of these concepts, and while some are nuanced variations on the above, others have quite different theoretical roots in terms of ontology and/or epistemology. Space precludes a detailed exploration here, but the challenges this can pose are well illustrated by considering Arnstein’s ladder of citizen participation (Arnstein 1999) depicted in Figure 1. This describes eight distinctly different forms that participation can take, only some of which, at higher rungs of the ladder can be said to match with the ‘meaningful’ participation referred to in the definition of youth engagement given here.

Empowerment, engagement and autonomy are important for health, wellbeing and quality of life. Evidence on the importance of empowerment for health outcomes comes from the review conducted by Wallerstein (2006) which demonstrates that: empowering initiatives lead to improved health outcomes (both directly and indirectly); this requires the inclusion of capacity building within the initiative; and, successful empowering initiatives must be created or adapted to local contexts, e.g. gender and culture appropriateness. Marmot (2004) summarises the importance of autonomy as follows: ‘autonomy ... and the opportunities you have for full social engagement and participation are crucial for health, well-being and longevity’ (Marmot 2004: 2). Marmot’s careful review of research (his own and others’) demonstrates not only that autonomy has an important effect, but also that this is separate and distinct from effects due to other risk factors.

**Figure 1: Arnstein’s ladder of citizen participation**

- Citizen control
- Delegated power
- Partnership
- Placation
- Consultation
- Informing
- Therapy
- Manipulation

[Figure 1 showing the ladder of citizen participation]
Human Rights—The Universal Declaration and the Convention on the Rights of the Child

“our contemporary human rights system is heir to demands for human dignity throughout history and across cultures. It expresses the enduring elements of the world’s great philosophies, religions and cultures”. Boutros Boutros Ghali, former UN Secretary-General quoted in AHRC 2009, page 1

The Universal Declaration of Human Rights (UDHR) was adopted by the member states of the UN in 1948, and thereafter the global human rights system has been progressively developed through the formulation of a wide variety of human rights instruments, including treaties, conventions and covenants. These come into force when they are ratified by a specific number of member states, and those states that have ratified them then are obligated to report progress towards achieving them. It is worth noting the incredible achievement represented by obtaining the support of all UN member states for the UDHR, and it is this that provides one reason for the value of human rights as a basis for powerful advocacy.

The Convention on the Rights of the Child (CRC) was adopted in on 20 November 1989 and came into force on 2 September 1990; a summary of the key rights it covers is given in Table 1. The CRC has the greatest number of ratifications out of all the human rights instruments in the global system. Within the CRC, ‘child’ is used to mean ‘not legally adult’, i.e. covers groups that are nowadays usually referred to as adolescents and young people as well as those age groups that are usually understand by the term ‘child’. From Table 1, it can be seen that the rights listed include access to a range of resources, good and services that are essential for achieving and maintaining health and development of children. Education about human rights represents one important avenue to supporting children in achieving development to the fullest, and enabling them to participate in all aspects of life and this is explicitly covered in CRC article 29 on the ‘aims of education’.

<table>
<thead>
<tr>
<th>Table 1: Key Rights in the Convention on the Rights of the Child</th>
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<tbody>
<tr>
<td>Play, Shelter, Education, Health, Food and water, Development to the fullest extent</td>
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</table>

Human rights have certain common features. They are founded on respect for dignity and worth of each person. They are universal, meaning applying equally and without discrimination to all people; this provides a very powerful basis for grounding individual or social action in many spheres of life. Human rights are also inalienable, no one can have his or her human rights taken away; they can however be limited in specific situations, for example the right to liberty can be restricted if a person is found guilty of a crime by a court of law, and rights like freedom of movement may be limited to protect public health, for example in some situations involving highly contagious diseases. Human rights are also indivisible, interrelated and inter-dependent; thus, it is insufficient to respect some human rights and not others, violation of one right will often affect respect for several other rights, and human rights should be seen as having equal importance and being equally essential to respect for the dignity and worth of every person.
It is important to note the claim made in the quote from Boutros Boutros Ghali that began this section, that the human rights in the UDHR and other instruments are not bound to a specific culture or religion. The drafting group responsible for the UDHR, chaired by Eleanor Roosevelt was in fact diverse in cultural terms and a chronology of human rights (Levinson 2003) traces explicit links throughout history in the major world religions. This has been contested however, and this has led to regional developments in for example Africa and the Middle East that aim to address specific issues, a more detailed discussion of these regional points of difference can be found in Taket (2012).

"Where, after all, do universal human rights begin? In small places, close to home-so close and so small that they cannot be seen on any map of the world. Yet they are the world of the individual person: the neighborhood he lives in; the school or college he attends; the factory, farm or office where he works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world." Eleanor Roosevelt at the presentation of 'IN YOUR HANDS: A Guide for Community Action for the Tenth Anniversary of the Universal Declaration of Human Rights', Thursday, March 27, 1958 10:00 a.m. United Nations, New York, quoted from the Franklin and Eleanor Roosevelt Institute’s web site www.udhr.org

Eleanor Roosevelt, in the quote above, illustrates the importance of individual knowledge about human rights, and the importance of citizen action in achieving progress towards human rights. Public awareness of human rights remains low however as the first couple of minutes of the documentary on ‘What are our human rights?’ produced by the American-based NGO ‘United for Human Rights’ graphically illustrates (http://www.humanrights.com/#/home).

Rights-based Approaches

Since the early 1990s there has been a growing body of work exploring RBAs within public health and other related disciplines that are concerned with seeking reductions in health inequities (Taket 2012). RBAs are summarised by Singh (2010) as having in common four principles: aim for the realisation of rights without discrimination; accountability to rights-holders by duty-bearers; recognition of importance of participation in process; adaptation to local context. The value of right-based approaches has been well established in a number of arenas including improving access to health services for different disadvantaged groups, improving global access to essential medicines, improving treatment of and services for people with HIV/AIDS as well as tackling discrimination (Taket 2012). This paper now turns to examine five case studies of the use of RBAs in working with young people.
Table 2: Overview of the Five Case studies

<table>
<thead>
<tr>
<th>Case</th>
<th>Location and setting</th>
<th>Age group</th>
<th>Focus</th>
<th>References and sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>India, Tamil Nadu, schools, clubs and camps</td>
<td>11 to 15</td>
<td>Human rights education in school and community</td>
<td>Bajaj (2012)</td>
</tr>
<tr>
<td>2</td>
<td>South Africa, schools</td>
<td>8 to 12</td>
<td>Learning and developing skills to facilitate mobilisation around issues affecting schools and communities</td>
<td>Goldstein et al (2001), Soul City (2005), Health and Development Africa Pty (2008)</td>
</tr>
<tr>
<td>3</td>
<td>UK, schools</td>
<td>11 to 17</td>
<td>Mental, physical and social health needs</td>
<td>Taket and Edmans (2003), Taket et al (2002), Author’s field notes</td>
</tr>
<tr>
<td>4</td>
<td>UK, variety of settings</td>
<td>10 to 17</td>
<td>Active learning for active citizenship</td>
<td>Annette and Mayo (2010), Bedfor et al (2006), Mayo and Rooke (2006, 2008), Author’s field notes</td>
</tr>
<tr>
<td>5</td>
<td>Bolivia, variety of settings</td>
<td>Not specified</td>
<td>Educational and life-skills needs of street and working children</td>
<td>Picard (2003)</td>
</tr>
</tbody>
</table>

Case Studies—Working with Young People

Table 2 summarises key features of the five case studies. These each relate to different programme/initiatives involving young people. They are chosen from around the globe, and all of them include specific elements related to providing young people with knowledge about human rights; however it was only in case 1 that this was the sole purpose of the programme. All five case studies also have been subject to some evaluation; in the discussion that follows, the paper draws on published reports and papers, and in the case of two of the case studies (3 and 4) in which the author was involved, also draws on unpublished data in the form of field notes from the author and other members of the research teams involved.

India—Human Rights Education in Schools in Tamil Nadu

Bajaj (2012) present results from a study of the work of an Indian NGO, the Institute of Human Rights Education, who carried out curriculum design, and then provided resources and training for teachers to deliver human rights education in government schools. The course is delivered across three years to pupils aged 11 to 13, involving two hours a week and involves interactive features such as stories, participatory activities and discussion questions to promote investigation into school and community realities. In later years of schooling clubs and summer camps are available. The course is presently in use in 18 states and more than 3500 schools across India.

Bajaj’s study identified four types of impact on students, in decreasing order of frequency: attempts to intervene in situations of abuse; educating others and spreading awareness about human rights; personal changes; reporting (or threatening to report) abuse. The significance of the impacts reported is illustrated by two examples, the first of a successful intervention, and the second of a personal change in the life of one student:
“After reading human rights education in 6th, I overheard in my area that a neighbor was planning to kill their newborn girl baby. I formed a group of classmates and we went to their home. We explained to the lady [that this is wrong], but the father didn’t accept. He scolded us and slapped us. We told [him] that the child also has a right to life, you should not kill the child. We said, ‘If you are going to kill the child, we will complain to the police, we won’t move from this area. We will stand here and watch what you are doing with this child.’ Often we used to go to that home and watch that child. But now that child is older and is even studying in school.” (focus group, May 22, 2009, quoted in Bajaj 2012 page 77)

“Some parents show off their children’s talent whereas my family was not even willing to accept it. Once I took part in a dance program at school and I was beaten very badly at home after. They said, ‘How can you give up your honor for a dance program?’ What happened was that slowly I started telling them that, ‘This is my right and I should be able to express myself even through an art form, like dance.’ Slowly, they accepted that I could do a dance on stage for school, and when I did, a lot of people came and appreciated saying, ‘You are a brilliant dancer’ and things like that. So after that, they let me dance and now they let me follow my passion. If anyone had to ask me something that I will never forget in my life, I would tell them about this HRE program.” (individual interview, May 20, 2009 quoted in Bajaj 2012, page 76)

Bajaj (2012) reports that the majority of students and teachers involved in the study identified substantial impact. She concludes that the education had ‘transformative force’, knowledge and values related to human rights were internalized and action taken based on this. Bajaj (2012) also provides examples of how the teachers changed as a result of their training.

**South Africa—Soul Buddyzz and the Soul Buddyzz Clubs**

The second case study is based on the work of a South African NGO, the Soul City Institute for Health and Development Communication, who specialise in ‘Edutainment’ designed to convey health information and prompt behaviour change. Soul Buddyzz is a multi-media intervention targeting children aged 8 to 15. It has a number of distinct components: a TV drama, Soul Buddyzz; a radio programme with drama, and interactive talk between children and adults; Lifeskills Booklet for Grade 7 school students; Soul Buddyzz Clubs in primary schools for 8-to 12 year olds, created after the response to the TV drama of children wanting to be Soul Buddyzz; a reality TV programme, ‘Buddyzz on the Move’ which showcases Soul Buddyzz Club activities; and finally complementary materials and messaging for parents and care-givers of children are also part of the intervention.

Soul Buddyzz Clubs were established in 2002, aiming to help children learn and develop skills that would facilitate mobilisation around issues affecting them, their schools and community. By 2004, there were 1900 clubs nationally. Club activities include weekly club meetings: discussing and debating issues from the Soul Buddyzz Club monthly newsletter; projects relating to various health and development issues like HIV and AIDS; doing research within communities about issues which affect children; preparing dramas and presenting these within their schools; monthly and quarterly competitions. As Goldstein et al (2001) identify, the rights in the CRC are actively used in the programme, each topic covered in the TV drama relates to a specific right. The Buddyzz Clubs provide their members with the opportunity to plan and take action on local issues in the school or community. Evaluation (Soul City 2005) demonstrates that the clubs are attractive to all cultural groups and are successful in skilling students to plan and take action:
"Soul Buddyz Club addresses a wide range of social challenges-members are given a slot every Wednesday during assembly to address other learners on issues such as drug and alcohol abuse, bullying" (Facilitator)

"Soul Buddyz plays an important role in addressing issues such as bullying-we have a problem of over age learners and they tend to take advantage of young ones. This is something that could not be addressed by any other club" (Principal)

"Soul Buddyz is different from other clubs because it teaches learners to become leaders. These kids are not afraid of anything, they are very articulate" (Educator)

All quotes from Soul City (2005), page 36

A wide range of successful activities are reported in clubs, including: action on litter; development of vegetable gardens; and action on bullying and abuse. Improvements in student discipline are also reported (Soul City 2005).

**UK: Face 2 Face-A Young People's Independent Access Clinic**

Face 2 Face was situated in a deprived urban area that was undergoing a substantial regeneration programme (Taket and Edmans 2003). The author led the team of external evaluators who worked with the regeneration programme to skill up community members to participate in evaluation and also to carry out evaluation of some components. Face 2 Face focussed on mental, physical and social health needs, it was developed following a participatory rapid appraisal amongst young people carried out on one of the large housing estate in the area and involved services delivered via a 'hub and spoke' model, with the spokes in secondary schools within the area. Services included: one to one support, facilitated groups and drop-ins. Major areas covered included sexuality and sexual health, drugs and alcohol, bullying and stress. Young people's rights were explicit in the project in a number of ways, firstly in terms of providing young people with independent access to services in their own right without involvement of parent and offering confidentiality, as well as in the explicit stance taken by all Face 2 Face workers in their interaction with individuals and in group facilitation. This was incidentally a challenge to the ethics clearance for the evaluation, where the ethics committee initially wanted to impose seeking of parental consent to young people's participation in the evaluation, something which was successfully argued would completely undercut the young people's rights as well as breach the confidentiality offered by the service.

The evaluation of Face 2 Face (Taket et al 2002) included a baseline survey and follow-up survey after the service had been running for a while (the survey included both users and non-users of the service), plus interviews, focus groups, observation, and projects carried out by the user group such as a video they produced on views of the service. The evaluation demonstrated success in reaching young people most in need, particularly those experiencing bullying; the baseline survey found significantly poorer levels of health in those experiencing bullying.

The process evaluation demonstrated the importance of the relationships between young people and Face 2 Face workers being rights-based and non-directive. This is illustrated by the example of one particular student's experience, extracted from field notes. Emma (a pseudonym) was a young white 15 year old, who was newly identifying herself as a lesbian. The first time Emma approached the drop-in, she was surrounded by dozens of students grabbing and completing a quiz on drug use. Surrounded by these students, Emma yelled, "Hey, I go to see [counsellor's name]". One of the workers replied "That's great". Then Emma disappeared. For four or five weeks, Emma would walk by the drop-in but not speak to the workers. One worker would try to find excuses to walk down the hallway alone in case Emma wanted to
There were some organisational changes leading up to the ALAC finale. In one instance, a worker was leaving and a new worker was about to enter. The ALAC branches were then asked if they would like their worker to work more solely with young gay men or with young people in general. They would then have to fill forms about youth groups for young lesbians. The worker was then able to tell her about youth groups for young lesbians. Emma also joined a youth group in Face 2 Face and became the clear leader of the group, bringing along other friends who needed extra support. For Emma, the drop-in clearly gave her the means of seeking the support she needed from Face 2 Face, which included what she gained from the drop-in itself; as she said in a formal interview, “You can tell Face 2 Face things you can’t tell other people”.

UK: Active Learning for Active Citizenship

Active learning for active citizenship (ALAC) was a citizenship learning programme (Woodward 2004), delivered over 2004–2006 through the activities of teams based in seven regional hubs who worked with different groups in different ways. Learning was shared amongst hubs through regular meetings, some of which involved an external steering group on which the author sat, and external evaluators facilitated a participatory evaluation of the programme (Mayo and Rooke 2006, 2008). ALAC used a community development-based approach and, as its title implies, was based around notions of action or participatory learning; its main focus was adults but young people were included in a variety of ways in two of the hubs, picking up young people who were not regular attenders at school: young carers and young migrant workers.

The community development ethos of ALAC meant that the hubs worked with different groups in different ways to respond to their particular issues and needs, however as Mayo and Rooke (2006) identify, education about rights was an important element in the activities of all hubs. The evaluation demonstrated successful outcomes in terms of a wide variety of different ways; individuals and groups were empowered to become active citizens and increase their engagement at levels from the very local, self, family neighbourhood, right up to the global level.

Three quotes from young people involved illustrate some of the outcomes, in particular in countering discrimination (last two quotes):

“I have developed the drive to make change and the confidence to influence. At the same time I have been building up my knowledge of knowing where to influence.”

“Meeting different people on the course was really useful. For me as a Ghanaian, I think we should get more involved in events by other communities. For instance I saw notices about a party for Eid. Anyone could go [participant was not Muslim] but I wasn’t sure about going. But after going on the course I thought I would try it, and I went and had a great time, even though there weren’t many people there.”

“Listening to people’s personal experiences was mind blowing to hear. Now I try not to have preconceptions—now I think let’s just see what this person is about and I realise that you can’t instantly recognise who you have things in common with.”

Although ALAC programme funding ceased after two years, activities continued in a number of forms, leading to the Take Part programme that followed ALAC, based on the national framework for active learning for active citizenship (Bedford et al 2006) and its evaluation (Miller and Hatamian 2010), which is still ongoing.
CARE Bolivia Alternative Youth Education (AYE)

The final case study is of Alternative Youth Education (AYE), a programme developed by the NGO CARE Bolivia (Picard 2005). AYE’s aim was to tackle the educational and life-skills needs of street and working children in Bolivia by means of a tailored curriculum delivered in night classes. This was piloted in 7 ‘experimental’ schools in La Paz and El Alto and then later incorporated into 47 other educational units in seven of the nine departments that form Bolivia’s administrative regions. The AYE curriculum aimed for empowerment, especially of young women, through strengthening self-worth and identity, providing knowledge of rights, as citizens, and also of sexual and reproductive health rights. Leadership and peer education training was also provided for older young people. Wider work was also carried out in support of AYE’s aims with teachers and parents. As their self-evaluation argued:

“Child or youth labour is a structural problem that exists in Bolivian society, due to the conditions of extreme poverty. As a result, a rights-based approach had to work intentionally in the context of educative political structures in order to press them to assume their responsibilities. Therefore the project opened doors to other actors in civil society who were able to promote the exercise of rights. For example, CARE has been working with the Ministry of Education, the National Ombudsman, the Directorates of Alternative Education and of Youth and Adolescents, among others.” (quoted in Picard 2005, page 7)

The CARE example is an interesting one, as the AYE programme was just one example of a programme planned and executed using Care’s six principles of a RBA: they take a RBA to mean a deliberate and explicit focus on enabling people to achieve the minimum conditions for living with dignity—in other words, achieving their human rights. CARE adopted six programme principles in 2003 that they argued encapsulate a RBA: promote empowerment; work in partnership with others; ensure accountability and promote responsibility; address discrimination; promote the non-violent resolution of conflicts; and finally, seek sustainable results.

CARE’s RBA was subjected to an evaluation through examination of 16 different CARE programmes across the globe (Picard 2005). Comparison of the 16 programmes suggests a continuum of RBAs in practice that encompasses: research, analysis, and diagnosis; dialogue and awareness raising; planning for action, proposing solutions and preparing the ground; and finally, taking action. Not all CARE programmes had progressed to the stage of taking action at the time of the evaluation, but the majority were able to increase knowledge of rights and responsibilities. Categorising individual interventions along this continuum so that it can be visualised how they might evolve proved a useful exercise. Although it breaks down into four categories, there is overlap between the continuum’s categories and many of their programmes moved in a sequence of steps along it.

Reading Across the Cases—The Value of RBAs

There were common findings from the evaluations of CARE (Picard 2005) and ALAC (Mayo and Rooko 2006, 2008; Annette and Mayo 2010). First was the need for more time and support than for many conventional projects. Obtaining support of key stakeholders was not always possible at the outset, and required persistence, advocacy, transparency and negotiation. Any effort to raise awareness of rights and responsibilities relating to the problems facing marginalised groups must include rights holders and duty bearers, both of whom are equally capable of transformation. Attention needs to be paid to assessing, managing and taking risk; this is relevant to staff and citizen groups alike. Variety and flexibility in use of participatory methods was required.
Both CARE and ALAC identified the need to differentiate populations more systematically and analyse inequities and power relations. This extends to disaggregating within marginalised or excluded groups by gender and other relevant categories. This type of investigation relies for its validity on the participation of marginalised groups. Human rights legislation or frameworks were not always explicitly involved. In some cases human rights were incorporated into community education. In other examples, rights language was minimised in favour of tapping into relevant values, beliefs, and principles of local cultures to achieve more equitable treatment of excluded groups. Thus very importantly, tactical decisions were required as to the extent to which it was appropriate to use rights and rights language explicitly.

Both CARE’s evaluation (Picard 2005) and that of ALAC (Mayo and Rooke 2006) showed a number of promising signs of change: duty bearers who responded to pressures or demands of marginalised groups; a greater ability to broach and discuss issues of inequity; communities that have taken control over decision making processes; and marginalised groups no longer voiceless or faceless. Both reports sound some notes of caution: about the sustainable impact in the medium to longer term, about whether the complexity of power relations was fully grasped in some cases and about what happens once CARE or ALAC is no longer available as an external facilitator.

Each of the five case studies considered here resulted in increased engagement and empowerment of young people, achieving ‘full’ or ‘meaningful’ participation up on the upper rungs of Arnstein’s ladder, and demonstrating the value of RBAs. All of them identify the importance of contextual factors, at a variety of levels, in mediating the impacts achieved, the use of RBAs and knowledge about human rights provides no magic bullet to guarantee the removal of social injustice.

In terms of understanding the positive effects achieved, from reading across the different evaluations a number of elements seem particularly important. One very important feature is the incorporation of participatory activities into the delivery–problem based learning, experiential learning, action learning. Second was the efforts made to build young people’s autonomy and self-worth. Third was the quality of the relationships between adults and the young people concerned, characterised by authenticity and respect. Human rights with the characteristic of universality and their application to all without discrimination provided a strong basis for all of these.

Knowledge of human rights thus provides a helpful resource for those seeking action towards social justice, as well as enormous personal benefit for individuals, as all the case studies illustrated. Implications include the value of incorporating human rights education in schools, but also seeking relevant ways of providing such education in settings outside schools as in case studies 4 and 5. The education provided can be pure human rights education (case study 1) or as part of other subjects, such as citizenship, health promotion, or public health as other case studies demonstrate.
REFERENCES


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Prof. Ann Taket: Ann Taket holds a chair in Health and Social Exclusion within the School of Health and Social Development, and is Director of the Centre for Health through Action on Social Exclusion (CHASE) at Deakin University, Australia. Professor Taket has over thirty years experience in public health related research, with particular interests in research directed at understanding the complex interactions between social exclusion and health, in the design and evaluation of interventions to reduce health inequalities, the use of action research, participatory methods, and experiential learning, and prevention and intervention in violence and abuse. She is particularly interested in exploring the value of human rights based approaches as a basis for policy and practice.