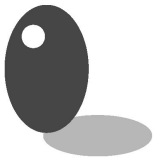

HASCAS

DIGNITY THROUGH ACTION
(Vulnerable Adults)

RESOURCE 1

DIGNITY FACILITATORS' HANDBOOK

DIGNITY FACILITATORS HANDBOOK

The Dignity through Action Programme uses the term Dignity Facilitator to identify a local person in the caring professions who will take on the role of enabling the wide spread use of the Dignity through Action resources in any organization responsible for care of vulnerable adults.

Dignity Facilitators are responsible for organising and running Dignity through Action Workshops and supervising the local follow up activities.

The contents of Workshops should be adapted to suit local situations and the needs of the workshop participants.

The Dignity Facilitators' Handbook provides guidance on the use of the Dignity through Action resources, how to organise and deliver Dignity Workshops and how to supervise the follow up actions.

Health and Social Care Advisory Service (HASCAS),
11-13 Cavendish Square, LONDON, W1G 0AN

CONTENTS

ON-LINE RESOURCES *(See Appendix 2 for Details)*

The Dignity through Action On-line Resources which include the presentations, case studies, workshop pack, audit tools and other additional resources are available from:

- **HASCAS** Dignity through Action at: http://www.hascas.org.uk/hascas_publications_downloads.shtm.
- **Department of Health** at: http://www.dignityincare.org.uk.

INTRODUCTION

DIGNITY THROUGH ACTION

The Dignity through Action Project Resource Package (Older People) was sponsored by the Department of Health and created by the Health and the Social Care Advisory Service (HASCAS) and the University of Winchester.

The Department of Health also sponsored HASCAS and the original author to produce a version called Dignity through Action *(Vulnerable Adults).* This resources package is smaller in scope, but is similar to the Dignity through Action (Older People) Version. This handbook occasionally refers to the Older People Version and in particularly the associated Dignity Study Guide.

The purposes of the Dignity through Action (Vulnerable Adults) Resource Package are to:

- Improve the delivery of dignified care by providing an educational and training approach.
- Challenge the values, beliefs and attitudes that can contribute to lack of dignity for vulnerable adults.
- Deliver a programme focussed on action planning to help care workers, their supervisors and managers make sustainable changes in the work place to support care with dignity.

Due to the wide nature of the learning disability and mental health care environments and types of staff members likely to use these resources they have been developed in a generalized form.

THE ROLE OF THE DIGNITY THROUGH ACTION FACILITATOR

The role of the Dignity Facilitator is to encourage care staff to use the Dignity through Action Resources to improve the level of dignity in quality care practices for vulnerable adults.

'Dignity Facilitator' is a specific term related to the use of Dignity through Action resources and it should not be confused with the wider role of Dignity Champion. A local Dignity Facilitator may or may not be a registered Dignity Champion. However, Dignity Champions will find the Dignity through Action Resources useful in delivering their role. You can find out about more about the important role of Dignity Champions at: www.dignityincare.org.uk.

Dignity Facilitators are responsible for organizing and delivering Dignity through Action Workshops and need to be able to support realistic and practical local follow up activities. It is desirable that the Dignity Facilitator, particularly the person who delivers the workshop as a tutor, has some knowledge of the subjects of dignity and action planning as well as educational/training practices. There is a supporting Dignity Study Guide in the Dignity through Action (Older People) Resources Package which Dignity Facilitators may find useful, particularly the Action Planning Section.

The Dignity through Action Facilitators' role has three parts:

- **Organizing Dignity Workshops**. An efficient and effective workshop requires good organization. Workshops need to be advertised, suitable accommodation needs to be found, presentation facilities need to be made available and participants resources reproduced.
- **Delivering Dignity Workshops** *(Tutor Role).* Tutors should deliver the workshops at a pace and level of detail to meet the needs of the participants.
- **Managing the Follow-up Work**. Change at any level in an organization takes time to implement. The Facilitator, who could be a manager, dignity champion, tutor, supervisor or staff member, has a

role in implementing, co-ordinating, and evaluating the changes planned as the results of workshops.

These roles can be shared by a number of different staff members.

SUMMARY OF THE DIGNITY THROUGH ACTION (VA) RESOURCES

The Dignity through Action (Vulnerable Adults) Resources Package has two parts:

- **Dignity through Action Facilitators' Handbook (Resource 1)**. The purpose of the Dignity Facilitators' Handbook is to provide sufficient guidance on the use of the Dignity through Action (VA) resources, organization and running of dignity workshops, and how to carry out action planning and its evaluation. It covers:
    - How to deliver dignity workshops.
        - Workshop administration and implementation.
        - Content of the workshop presentations.
        - Case Studies and answer guides.
        - Workshop discussions based on case studies.
    - Action planning including follow up actions and evaluation.
    - PowerPoint presentations *(To be downloaded as directed).*
        - Presentation 1. The Meanings of Dignity.
        - Presentation 2. The Dignity Challenges.
        - Presentation 3. Action Planning.
    - Suggested further reading.
- **Dignity through Action Workshop Pack (Resource 2)**. The purpose of the Workshop Pack is to provide workshop participants with all the resources they need to attend a workshop. It contains:
    - **Notes on the Principles of Dignity and Dignity Challenges**. These notes summarise the main points from Presentation 1.
    - **Workshop activities and case studies with associated worksheets**. The workshop activities are based on three case studies:
        - **Dignity Case Study A**. Case Study A is about 'Types of Dignity' and is based on a real life example published by the Daily Telegraph Newspaper.
        - **Dignity Case Study B**. There are 7 versions of Case Study B covering learning disability and mental health in hospital, residential home and community settings. Each Case Study B is a fictional two page narrative of dignity related issues and provides workshop participants the basis for thinking about and discussing the 10 Dignity Challenges.
        - **Dignity Case Study C**. Case Study C, although set in a residential home, provides a common scene for discussion which is independent of learning disability or mental health issues. It offers some issues based on the dignity challenge of communication and gives the Facilitator a basis for demonstrating the production of an action plan.

  - **Action Planning and Evaluation Resources**. A set of planning 'checklists' and worksheets are included to support planning activities.

- **Other Useful Documents**. Facilitators have the option of extending the Workshop Pack with:
  - Activity worksheets.
  - Dignity audit tools for care workers and supervisors/managers.
  - A Dignity Workshop Evaluation Questionnaire.

ORGANIZING DIGNITY WORKSHOPS

FACILITATORS' DIGNITY WORKSHOP OBJECTIVES

The objectives of the Dignity through Action (VA) Workshop are:

- To explain the general concepts of Dignity and the Dignity Challenges and how they can be applied in care practice.
- To provide a managed workshop environment for discussing and reflecting on the dignity challenges in local practice, and determining how personal and team practices can be improved.
- To develop local action plans for the improvement of care with dignity for the vulnerable adult.

DIGNITY WORKSHOPS

The Dignity through Action (VA) Workshop is suited to the needs of all types of health and social care workers, whatever their grade or profession, who need to be provided with a comprehensive coverage of the subject of dignity. The workshop provides a period for action planning and thinking about the management of change. Participants should be prepared to identify and discuss local dignity issues and develop action plans for dealing with them.

ADVERTISING THE DIGNITY WORKSHOP

You should advertise Dignity through Action workshops or nominate staff members to attend according to your local procedures. There is a downloadable workshop advertising flyer available in 'Other Useful Documents'.

GATHERING INFORMATION ABOUT WORKSHOP PARTICIPANTS

It is recommended that the workshop tutor is given the name, designation and work area of all the workshop attendees, so they can understand the nature of the audience, select the most appropriate case study and decide how to pitch the level of the workshop material.

WORKSHOP ORGANIZATION CHECKLIST

The checklist to assist with the tasks of organizing and administering Dignity Workshops is at **Appendix 1**.

DELIVERING DIGNITY WORKSHOPS

FACILITATORS' WORKSHOP RESPONSIBILITIES

To deliver the dignity workshop the facilitator is responsible for:

- Setting the right environment for the workshop to encourage participation and the sharing of ideas.
- Briefing workshop participants on the timetable, activities and discussions *(explaining the rules)*.
- Carrying out the presentations *(more than on presenter can be used).*
- Facilitating the activities and group work:
    - Introduce and use of the Dignity through Action Audit Tools.
    - Check that workshop participants understand what they are doing and are working productively.
    - Clarify issues as they arise and providing additional expert advice and support to participants as required.
    - Prompt with ideas to freshen up group discussions as required.
    - Encouraging groups to review their findings critically.

DIGNITY WORKSHOP STRUCTURE

A summary of the structure and contents of the Dignity Workshop is at **Table 1** overleaf.

WORKSHOP TIMETABLING

An example timetables for the Workshop is shown at **Table 2** overleaf. The timings are approximate and should be adjusted to suit local arrangements and the needs of the workshop attendees. In some case you may need to put the emphasis on understanding dignity issues, whereas more senior staff may require longer producing detailed action plans.

The Dignity Workshop will take between 3.5 hours to 5 hours to deliver depending on the nature of the workshop participants. This does not include a lunch break or more extensive consideration of local issues.

OBTAINING WORKSHOP RESOURCES

The Dignity through Action Workshop Materials, which include the presentations, case studies, workshop pack, audit tools and other additional resources, can be downloaded from the Website locations shown at Page 2. A full listing of the files containing the Dignity through Action Resources is shown in the On-line Resource Listing at **Appendix 2** of this Facilitators' Handbook.

TABLE 1: SUMMARY OF DIGNITY WORKSHOP STRUCTURE AND CONTENTS	
Part	**Descriptions**
PART 1	**INTRODUCTION & LEARNING OUTCOMES** There are some PowerPoint slides included at the start of Presentation 1 to support the Introduction.
	THE MEANING OF DIGNITY **Presentation 1**. This Presentation covers the meaning of the term dignity from the perspective of care for the vulnerable adult and, following ideas of the Dignity and Older Europeans (DOE) Project Study (2001-2004) which are applicable to everyone, covers the meaning of dignity from the perspectives of: • Dignity of the Human Being. • Dignity of Personal Identity. • Dignity of Merit. • Dignity of Moral Status. The Presentation provides the basis for a framework for thinking about dignity from the perspectives of: • Treating vulnerable adults as human beings. • Meeting vulnerable adults' human needs. **Activity 1**. The Activity is based on **Case Study A: Types of Dignity** and uses a newspaper report as a real life case study about a frail and vulnerable older person and a worksheet for workshop participants to consider types of dignity. Activity A includes a group discussion and a plenary session.
PART 2	**THE DIGNITY CHALLENGES** **Presentation 2**. The presentation covers the 10 Dignity Challenges. **Activity 2.1.** Activity 2.1 is a Group Discussion, followed by a plenary session, based on **Case Study B: the Dignity Challenges**. There are 7 versions of Case Study B designed to meet the needs of the main groups of workshop participants. Answer Guides are provided in this Handbook. **Activity 2.2.** Optional Activity 2.2 is designed to encourage workshop participants to reflect on their care practice using a **Personal Dignity Audit Tool**, which covers many of the ideas covered by Presentation 2. If supervisors or managers are attending the workshop then they could use the alternative **Supervisors' and Managers' Dignity Audit Tool**.
PART 3	**ACTION PLANNING** **Presentation 3**. This Presentation covers the main steps in action planning. The Workshop Pack contains checklists for the planning steps. Planning worksheets are available as optional inserts into the Workshop Pack. **Activity 3.1** This Activity is a tutor led step by step worked example of an action plan using information from **Case Study C**. At the end of the worked example the workshop participants should have covered all the planning steps using the planning checklists included in the Workshop. **Activity 3.2**. This Activity requires the workshop participants to work in groups *(or individually),* to choose a local dignity issue *(which may have been identified while using the audit tools)* and work through the planning steps to develop an action plan. The purpose of the activity is to allow workshop participants an opportunity to identify a local dignity problem and develop an outline plan for dealing with it. The Activity concludes with a plenary session where the groups and/or individuals describe *(and agree)* the arrangements for follow up work and for evaluating the success of their action plans.
	WORKSHOP EVALUATION The Dignity Workshop should be subject to evaluation and this should be carried out according to local custom. If required a Dignity Workshop Evaluation Questionnaire has been included in 'Other Useful Documents'.

TABLE 2: EXAMPLE TIMETABLE - DIGNITY WORKSHOP *(VULNERABLE ADULT)*		
Approximate Time Allocation *(hh:mm)*	**Work Type**	**Topic**
PART 1	**THE MEANINGS OF DIGNITY**	
00:05	Introduction	Introduction/Learning Outcomes
00:25	Presentation 1	The Meanings of Dignity
00:15	Activity 1 - Group Discussion	**Case Study A** - Identifying Types of Dignity
00:15	Plenary Discussion	**Case Study A**
00:10	Optional Short Break (10 Minutes)	
PART 2	**THE DIGNITY CHALLENGES**	
00:30 to 01:30	Presentation 2	The 10 Dignity Challenges *(Amount of time spent on this presentation depends on the needs of the workshop participants and the local issues.)*
00:30 to 00:45	Activity 2.1 - Group Discussion	Identifying and describing dignity problems using **Case Study B**. *(Includes time to read the Case Study.)*
00:20	Plenary Session	Discussion about **Case Study B**
00:20	Activity 2.2 – Personal Reflection	Optional Activity using Personal Dignity Audit Tool
00:10	Recommended Break (10 Minutes)	
PART 3	**ACTION PLANNING**	
00:20 to 00:30	Presentation 3	Dignity Through Action - Action Planning
00:15	Activity 3.1 – Worked Example	Action Planning - based on **Case Study C**.
00:20	Activity 3.2 - Group/Personal Work	Producing an Action Plan
00:20	Plenary Discussion	Group Discussion: Action Plans
00:10	Plenary Discussion	Arrangements to complete action plans and Follow Up Work
00:05	Workshop Evaluation	Complete Dignity Workshop Evaluation Form

DIGNITY THROUGH ACTION (VA) WORKSHOP PACK (RESOURCE 2)

The Workshop Pack Master is contained in File: **DTA(VA) R2. Workshop Pack Ver x**. A workshop Pack should be given to every workshop participant.

Case Studies

- **Case Study A**. This Case Study is already included in Resource 2: Workshop Pack. This real life case study is about a vulnerable older person being discharged from a hospital. It is a useful case study because it illustrates clearly the four types of dignity:
    - Dignity of the Human Being.
    - Dignity of Personal Identity.
    - Dignity of Merit.
    - Dignity of Moral Status.
- **Case Study B**. The 7 versions of Case Study B are contained in the Resource 2 Supplement which is File: **DTA(VA) R2. Workshop Case Study B Set Ver x**. The span of the case studies is shown in Table 3. An appropriate version of Case Study B should be chosen to best meet the experience and working environments of the Dignity Workshop participants. The Resource 2 Supplement Case Studies are page numbered, so as to be able to be printed and inserted into the Resource 2 Workshop Pack master before reproduction. The purpose of Case Study B is to illustrate the 10 Dignity Challenges and so they are written in a narrative style. They use made up names, amalgamations of various real life stories from various sources and other illustrative points to create **fictional** educational resources to support activities and generate discussions at dignity workshops.The challenges to dignity are not always made obvious in the case studies and workshop participants do have to think about the situations from a dignity perspective. This a deliberate action to encourage debate and engagement during discussions.

TABLE 3: CASE STUDY B VARIATIONS

Case Study B Settings	Learning Disabilities	Mental Health	General Vulnerable Adult
Acute Care in a General Hospital	LD1 Mr Luke Dobson (43)		VA1 Mrs Vicky Andrews (50)
Acute Care in a Psychiatric/Mental Health Hospital		MH1 Mrs Mana Harris (48)	
Residential/Care Home	LD2 Miss Lucy Dever (32)	MH2 Mr Mike Henning (25)	
Community/Primary Care/Day Centre	LD3 Mr Liam Dexter (47)	MH3 Mr Milton Holder (29)	

- **Case Study C**. This Case Study is already included in Resource 2: Workshop Pack. This case study is the basis for the planning worked example**.**
- **Case Study Answer Guides**. The Case Study Answer Guides are at **Appendix 3** in this Handbook. **Note: The answer guides have been written in note form and have not been designed to be given out to workshop participants**.

PRODUCING THE COMPLETE WORKSHOP PACK (RESOURCE 2)

To produce a complete Workshop Pack for use by workshop participants:

- Obtain a master copy of the Workshop Pack *(Resource2)* and print your selected Case Study B version from the Resource 2 Supplement.
- Insert the selected Case Study B into the 2 page blank section (Pages 9 and 10) of the Workshop Pack Master and reproduce the number of copies you need.
- Each Workshop Pack will use 10 x A4 pages, if reproduced 'back to back'. It is designed for cheap monochrome reproduction.
- You need 1 copy per workshop participant, plus a few spares because they write in them.

OPTIONAL MATERIAL FOR EXTENDING THE WORKSHOP PACK

- **Generic Dignity Audit Tools**. Two dignity audit tools have been included in the resources and are part of Activity 2.2 which is about workshop participants focussing on dignity issues from a personal perspective. The audit tools should be used anonymously with the results kept private by the individual. The main advantage of using these tools is that workshop participants can identify personal or local dignity issues which they can use in the personal action planning activity. The two audit tools are:
    - **Careworkers' Personal Dignity Audit Tool**. This self-awareness audit tool has been designed to be used by anyone involved in care practice, but is really aimed at staff members in direct contact with vulnerable adults. It allows care staff the opportunity to reflect in some detail on the many personal attitudinal and practice issues raised by the Dignity Challenges.
    - **Supervisors' and Mangers' Dignity Audit Tool**. This audit tool follows much of the same content as the Personal Dignity Audit Tool and includes additional subject material. It focuses on the subject of dignity from the perspective of line management issues and problems. This audit tool can be used by managers at all levels to consider how confident they are about how their staff members might approach dignity in care.
- **Planning Worksheet Template**. Planning template worksheets have been included in *'Other Useful Documents'* and facilitators may choose to add these templates to the Workshop Pack or issue them separately, if you feel their use would help workshop participants.
- **Dignity Workshop Evaluation Questionnaire**. It is common practice to invite workshop participants to provide feedback on the quality and utility of the Dignity Workshop. You may have a local way of evaluating education and training in your organization and want to use your own methods. Otherwise an Evaluation Questionnaire has been included in 'Other Useful documents'.

WORKSHOP PRESENTATIONS

Each workshop presentation is supported by a PowerPoint slide pack. A few of the slides have been reproduced in Resource 2: Workshop Pack. See **Appendix 2** for a list of the PowerPoint Presentations which can be downloaded from the Website locations shown.

WORKSHOP DELIVERY PLANS

Dignity Workshop Delivery Plans are at **Appendix 4** in the following tables:

- **Table 4.1**: Workshop Part 1 Delivery Plan - The Meanings of Dignity.
- **Table 4.2**: Workshop Part 2 Delivery Plan - The Dignity Challenges.
- **Table 4.3**: Workshop Part 3 Delivery Plan - Action Planning.

ADVICE ON WORKSHOP DELIVERY

Critical Success Factors.

The Dignity Workshop materials and practices have been used extensively with different groups of care staff. It was found that the presentations were important because many care workers only had a superficial or limited understanding of the subject of dignity and its challenges.

It was found that there were four main factors for ensuring that Dignity Workshops were successful. They were when the facilitator:

- Had a sound knowledge of the subject of dignity *(See Resource 2: Study Guide of the Dignity through Action (Older People) Resources Pack)*, prepared well and ensured workshop materials met the individual needs of the participants.
- Remained flexible during the workshops, making changes as they became necessary and relating ideas to local situations and issues.
- Stayed in control of the time allocated to each part of the workshop.
- Made the discussions enjoyable and relevant, and ensuring everyone taking part had the opportunity to contribute.
- Set firm ground rules about individuals' participation and confidentiality during the workshop.

Advice on Group Work.

Studying dignity in the care of vulnerable adults is all about considering complex social relationships and communication between people. Group work provides the opportunity for participants to formulate and verbalise their understanding, attitudes, values, experiences and knowledge about dignity and to share them with their peers. It is hoped that by operating in a group there will be increased motivation and creativity; sharing examples of good practice and identification of the issues that need to be addressed.

- **Workshop and Group Sizing**. A single facilitator can probably manage to supervise the discussions of **3 – 4 groups** concurrently. If there are more groups, then some additional assistance should be provided.
- **Group Membership**. Considerable care should be taken with allocating participants to groups. You should take into account the background, experience and known performance of participants as factors in allocating them to groups. Some thought must be given to the individual needs of workshop participants and the structure of groups whose members are likely to work together. Be aware that as social interactions, group discussions can be influenced by the personality of participants. Seek the advice of line managers where necessary. Also staff members working in groups can often look to the most experienced or better qualified members of the group to provide what is thought to be the **acceptable institutional answer**. This is a time when staff members need to think about problems themselves, participate in discussions and develop their own ideas. Please

remember that however you group people together, you need to be aware of the **dignity of the staff members taking part** and their own perceptions about who or who they are not being associated with in group work.

- **Role of the Group Leader**. It is recommended that each group should have a Group Leader to coordinate ideas coming from discussions and to act as spokesperson during the feedback. However, allocation of the Group Leader is a local decision, bearing in mind the points about group membership above.

Action Planning.

The Action Planning part of the workshop is probably the most difficult to deliver. While everyone in their daily lives go through the steps of action planning, albeit spontaneously and often unconsciously, few people, unless their jobs have required them to action plan, will have carried out the task as a deliberate and formal activity.

The task of presenting action planning as a formal prescribed activity can be difficult because it forces people to think about the factors influencing a problem, making deductions and conclusions. This mental discipline requires skill and practice. Many workshop participants will only achieve a superficial understanding of the planning process in the short time available for a workshop and may have difficulty applying it without supervision; whereas, other participants, particularly those with supervisory or managerial experience, may probably be able to do this more easily.

Whatever the level of experience and skill the participants bring to the workshop, the task of the facilitator is encourage all participants to move from intuitive 'knee jerk' responses to problems, to develop a more thoughtful and analytical approach. Facilitators really need to match the content and style of their approach to action planning to best meet the needs of individual care staff in the time available.

MANAGING THE FOLLOW-UP WORK

INVOLVING CARERS IN LONGER TERM SUSTAINABLE CHANGE

Workshop participants should be warned in advance that they will be required to consider local dignity issues as part of developing local action plans.

- The local management team might decide on the issues that ought to be addressed and provide appropriate notes to the workshop participants.
- Workshop participants may come to the Workshop with their own ideas from incident logs, personal observation and reflection or other sources.
- Dignity problems may also be identified when carers consider their care practices using the personal or supervisory audit tools. It has been found this approach has been most productive and workshop participants have reported being quite enlightened about dignity after using these audit tools.

Action planning may take place to deal with personal level changes. However, all changes should be seen in the context of the internal management and supervisory practices of the care environment to which a care worker belongs. Such environments will have their own methods and procedures for identifying and reviewing issues. It is suggested that Dignity through Action planning should be fitted into these local arrangements on a co-ordinated basis.

The Dignity through Action Worksop is designed to not only prepare careworkers to understand and identify dignity problems, but to plan to solve them with sustainable changes. Therefore, this planning and remedial work must carry on well beyond the end of the workshop. Plans needs to be finished, validated, approved, and carried out, and the results of subsequent actions need to be evaluated.

The Facilitator must enable the development of a co-ordination, monitoring and evaluation plan associated with the action plans started at the Workshop. Arrangements for this follow up plan need to be discussed and agreed with the participants within the context of local management processes.

DEVELOPING DIGNITY CHAMPIONS

Facilitators should consider the Dignity Champion Scheme to engage care staff in the longer term promotion of dignity. Dignity Champions believe that:

- Being treated with dignity is a basic human right, not an optional extra.
- Care services must be compassionate, person centered, as well as efficient, and are willing to try to do something to achieve this.

Dignity Champions should be committed to taking action, however small, to create a care system that has compassion and respect for those using its services.

Each Dignity Champion's role varies depending on their knowledge, influence within the organization and the type of work they are involved in. You can find out more about Dignity Champions at http://networks.csip.org.uk/dignityincare/DignityCareCampaign/.

The Dignity Champions Website also provides:

- **Toolkit for Action**. This can be added to by Dignity Champions and will include lots of ideas, information and resources including podcasts, images, champions' stories, guidance etc to help everyone to take action.

- **Regional Pages**. There are Dignity Champion Regional pages with regular updates on local networking activities, events and projects which Dignity Champions can get involved in.

- **Contact Methods**. There is information about contacting other local Dignity Champions.

- **Resource Library**. There is a comprehensive resource library full of useful information about dignity in care.

- **Communication**. Quarterly 'webchats' with the Minister for Care Services have also been implemented. There is also a monthly e-bulletin or a quarterly newsletter. Dignity Champions are also able to request Dignity Challenge Cards, which they can distribute locally.

INVOLVING SENIOR MANAGEMENT IN DIGNITY THROUGH ACTION

The success of Dignity through Action in any organization will be directly related to the level of leadership and management support. In general terms, senior management should be seen to be involved in Dignity through Action and during trials many senior managers found it useful to attend the workshops if only as an observer.

APPENDIX 1: ORGANISING/ADMINISTERING DIGNITY WORKSHOPS -CHECKLIST

Ser	Action	Action By	Target Date
1	**WORKSHOP(S) DATE(S) AND ATTENDANCE** • **Advertising**. Advertise the Dignity Workshop, its dates and timings according to local requirements. • **Decide on format of workshop**. Depending on target attendance decide on requirements based on who needs to attend or allocate staff members to attend according to local methods. • **List of Participants**. Produce list of participants for Dignity Workshop with basic biographical information for the tutor.		
2	**PRESENTERS** • Decide on internal or external presenters/tutors. • Check availability of presenters/tutors. • If external presenters/tutors are to be used – obtain budget approval. • Are there sufficient participants to warrant extra staff members to assist with group discussions? Book additional staff as required.		
3	**WORKSHOP TIMETABLING** Create Workshop Timetable(s) to meet local requirements. *(See example timetable.)*		
4	**BOOKINGS** *(as required):* • **Rooms**. o Book room(s) for Workshop. o Book breakout rooms for working groups if available. • **Presentation Facilities**. Book the necessary computer and computer driven presentation facilities to project PowerPoint slides. • **Furniture**. Book furniture *(seating/tables)* for r*ooms (if required)*. • **Environment**. Check room is suitable for group work e.g. noise, temperature etc. • **Check Other Availabilities**. Parking , toilets etc.		
5	**CATERING** Organize catering and refreshments *(as per the usual local arrangements).*		
6	**OBTAINING RESOURCES** Ensure you have up to date copies of the: • Workshop Pack and the appropriate Case Study B. • Dignity through Action PowerPoint Presentations *(& Delivery Plans –see Appendix 4).* • Audit Tools *(as required).* • Blank Planning Templates *(as required).* • Evaluation Questionnaires *(as required.)*		
7	**REPRODUCING RESOURCES** Reproduce workshop resources at a scale of **1 Workshop Pack per participant**, plus some spares.		

Ser	Action	Action By	Target Date
8	**ADMINISTRATION** • **Administrative Instructions**. o Create Attendance Instructions for Workshop participants *(If required*.) o Send Attendance Instructions to participants. • **Audit Tools**. Issue Dignity Self Audit or Supervisor's Audit Documents to participants before the Workshop *(optional task).* • **Attendee List**. o Pre-arrange the structure of workshop groups and nominate group Leaders *(If required).* o Produce workshop nominal roll with working groups and group leaders identified *(seek advice as necessary).*		
9	**ADDITIONAL STAFFING** If the number of workshop participants exceeds 20, then it is recommended that the presenter should have assistants. The Facilitators' Handbook provides further guidance on this. • Arrange additional staff support as required.		
10	**WORKSHOP DELIVERY** • Provide presenters/tutors with: o Local computer access *(passwords/keys etc).* o Access to rooms *(e.g. keys etc).* o Projector and screen *(including cables).* o Attendee list and working group membership. o If using external presenter – provide notes about local dignity issues which management may wish to be considered during the workshop. • Ensure Presenters/Tutors have a copy of the Participant List and Working Group List. • Day before – check presentation facilities actually work. **Very important**! • Decide on Health and Safety announcements *(local arrangements).*		
11	**ADDITIONAL RESOURCES** • Consider having a spare computer laptop available *(pre-loaded with the PowerPoint presentations)* –'just in case'. • Have flip charts and pens available. • Have spare paper and pens available for workshop participants. • Place names on table – according to local practice. • Are any other administrative or support materials required?		
12	**WORKSHOP EVALUATION** • Issue Evaluation Questionnaires at the end of the Workshop. • Analyse Evaluation Questionnaires and report results.		

APPENDIX 2: DIGNITY THROUGH ACTION RESOURCES ON-LINE LISTING

Resources	File Names *(Note Version Number = Ver x)*
R0. INTRODUCTION TO THE DIGNITY THROUGH ACTION (VA) RESOURCES	
Basic File Listing	DTA(VA) R0. FILE LISTING READ ME FIRST
Short Overall Introduction	DTA(VA) R0. INTRODUCTION DTA(VA) RESOURCES Ver x
R1. RESOURCE 1 – DIGNITY THROUGH ACTION (VA) FACILITATORS' HANDBOOK	
Dignity Facilitators' Handbook	DTA(VA) R1. DIGNITY FACILITATORS HANDBOOK Ver x
PRESENTATIONS	
Presentations Set (MS PowerPoint)	DTA(VA) R1. Presentation 1 Meanings of Dignity Ver x DTA(VA) R1. Presentation 2 Dignity Challenges Ver x DTA(VA) R1. Presentation 3 Action Planning Ver x
R2. RESOURCE 2 - DIGNITY THROUGH ACTION (VA) WORKSHOP PACK	
CORE MASTER FOR REPRODUCTION	
Workshop Resources Workbook	DTA(VA) R2. DIGNITY WORKSHOP PACK Ver x
Resource 2 Supplement Case Study B: 7 Variations	DTA(VA) R2. Workshop Pack Case Study B Set Ver x
OPTIONAL WORKSHOP DOCUMENTS	
Action Planning Worksheet Template	DTA(VA) R2. Worksheet Action Planning Ver x
Dignity through Action Self-audit Tools	DTA(VA) R2. Workshop Dignity Audit Tools Ver x
R3. OTHER USEFUL DOCUMENTS	
Workshop Advertising Flyer	DTA(VA) R3. Dignity Workshop Flyer Ver x
Workshop Evaluation Questionnaire	DTA(VA) R3. Dignity Workshop Evaluation Questionnaire Ver x

OBTAINING THE RESOURCES

The Dignity through Action Resources are published online at:

- **HASCAS** Dignity through Action at: http://www.hascas.org.uk/hascas_publications_downloads.shtm.
- **Department of Health** at: http://www.dignityincare.org.uk.

APPENDIX 3: CASE STUDY B ANSWER GUIDES

CASE STUDY LD1: MR LUKE DOBSON (43 YRS) ANSWER GUIDE

(LEARNING DISABILITIES IN ACUTE CARE - GENERAL HOSPITAL SETTING)

Dignity Challenges	(LD1) Dignity Points for Discussion
RESPECT Support people with the same respect you would want for yourself or a member of your family.	• On admission – his needs not really being taken into account. • Left on his own during admission when he was very vulnerable. • Exposure of body in A&E. • Not being cleaned up when it was needed. • Slow response to the feeding problem – suspicion he is not being treated as an ordinary patient as there is not a good prognosis.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	• Tied to the bed and sedated as a 'common sense' response to pulling out his drip. • Staff telling him off for being a 'naughty boy'. • Moving him around the ward because he is noisy. • Serious neglect related to /nil by mouth'. Mother inadvertently left favourite drink on bed side cabinet.
PRIVACY Respect peoples' right to privacy.	• Left in A&E with curtains open so he can see what is going on. • Kept in a gown for convenience of staff – prospect of exposing himself by kicking off bedclothes. • Case notes left out for anyone to read.
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	• Almost no-existent independence. • Sedated.
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	• Lack of personal details available on admission *(where is the hospital book from the Care Home?)* • No proper arrangements apparently in place for communication or monitoring. • Possible lack of clarity and co-ordination amongst staff as to Luke's care. • Need for food not met.
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	• Confused and distressed patient. • Frightened individual. Probably not sure what is happening.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	• Kept being moved around the ward because he can noisy.
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	• Where was Luke's 'hospital book' containing all the information the hospital needs to know about Luke. • No hospital staff available to help communicate with Luke over the weekend. • Care home, perhaps a guardian of Luke, seemed out of the loop.

Dignity Challenges	(LD1) Dignity Points for Discussion
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	• Mother feels she needs to complain, but finding it difficult to articulate what her concerns. • Nobody to speak to anyway during her visit.
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	• On admission carers kept out of ward. • Not discussing Luke's needs with his mother. Mother unclear what is happening to her son. • Speaking too fast and perhaps in a complicated way to his aging mother. • Unwillingness to let outsiders help.

CASE STUDY LD1 ANSWER GUIDE: MR LUKE DOBSON (43 YRS) ANSWER GUIDE
(LEARNING DISABILITIES IN ACUTE CARE - GENERAL HOSPITAL SETTING)

BACKGROUND NOTES FOR THE FACILITATOR

The real case study has been modified for specific use at the Dignity Workshop and to make the workshop participants think about and recognise dignity related issues. However, in the similar real case study:

- The hospital admitted that they did not act on the information that the patient was assessed as being at 'high risk' on the (MUST) scale, and that they did not follow their own central feeding policy. This policy stated that alternative feeding methods should be considered after seven days. The hospital carried out an internal investigation. This found that there had been a multidisciplinary communication failure, which resulted in the doctor being "under the impression" that the nurses had been feeding the patient via a naso-gastric tube, when this was not the case. There had been a complete breakdown of communication, resulting in the patient dying.

- The patient's mother had accepted that the Trust had acknowledged many failings in its care of her son and that it had taken action to try and remedy those failings, she remained dissatisfied and complained to the Health Service Ombudsman that her son should not have died. In particular, the mother believed her son had been treated less favourably for reasons related to his learning disabilities as well as holding the belief that if staff at the Trust had acted differently, her son would have survived.

- The Health Service Ombudsman found that the key failings in the man's care and treatment could be grouped into three main areas: failings in stroke care; failings in clinical leadership; and failings in communication and multidisciplinary team working. The Health Service Ombudsman concluded that the failings in care and treatment could not be separated from the fact that Trust staff did not attempt to make any reasonable adjustments, as they should have done, to the way in which they organised and delivered care and treatment to meet the man's complex needs. It was concluded that the Trust's service failures were for disability related reasons. The Health Service Ombudsman also concluded that the Trust's actions and omissions constituted a failure to live up to human rights principles, especially those of dignity, equality and autonomy. By failing to care properly for the patient, in particular by not feeding him, the Trust failed to have due regard to his status as a person, to the need to avoid the infringement of his dignity and wellbeing that would arise from a lack of attention to his needs, in particular his need for food, and to observance of the principle of equality in the way these rights were to be protected. While there was no evidence of any positive intention to humiliate or debase the patient, nevertheless, the standard of service did at the very least constitute a failure to respect the man's human dignity. The Health Service Ombudsman concluded that, had the care and treatment received not fallen so far below the relevant standard, it is likely that his death could have been avoided.

Mencap's 'Death by Indifference' and NHS Service Ombudsman's report 'Six Lives'

CASE STUDY LD2: MISS LUCY DEVER (32 YRS) ANSWER GUIDE

(LEARNING DISABILITIES IN A RESIDENTIAL/CARE HOME SETTING)

Dignity Challenges	(LD2) Dignity Points for Discussion
RESPECT Support people with the same respect you would want for yourself or a member of your family.	• Major respect issue in pub. • Perhaps lack of preparation for and supervisory care of Lucy in social situation. • Lucy was placed in a difficult and tense social situation over which she had no control. May be feeling guilty and responsible. Nobody talked to her afterwards. • Way Lisa speaks to Lucy in childish manner is inappropriate. • She may need a more controlled diet. • Manager is apparently respecting the wish of these two people to have a relationship. Relationship is in its infancy and should be respected for what it is.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	• Lucy can be aggressive – need to take care with adverse reactions from other users and staff. • Carer and Gardeners should have demanded 'equal rights for Lucy in the pub. Formal complaint could be made – but matter seems to have been dropped. What is Care Home policy?
PRIVACY Respect peoples' right to privacy.	• Entering room without knocking. Threatening to pull bedclothes off *(even in jest).* • Unintentional breech of privacy by putting clothes away in drawers without asking. • Relationship with Joseph *(Who knows? Who should know?)* • Manager giving out too many details about Joseph - *what about his privacy?* • Other people finding out about relationship in inappropriate ways. • Student nurse talking to Lucy - perhaps inappropriate to have such a talk without further guidance.
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	• Lucy able to choose own food, but perhaps better supervision of eating habits is required. • Lucy can wander off when 'gardening'. How much control has the carer got and what has Lucy been told what she can and should not do. • How much freedom does Lucy and Joseph now have to conduct an interpersonal relationship in private while they can be protected as vulnerable adults with needs?
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	• Potential problem of Lucy overeating and putting on weight. May need more rigorous monitoring and a specific nutritional plan. • Has Lucy's needs for activities been properly assessed? Gardening may not really be right for her. • Is the aim of independent living overambitious for Lucy? • How are the care requirements of Lucy and Joseph to be balanced with dignity?

Dignity Challenges	(LD2) Dignity Points for Discussion
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	• Lucy can be spoken to in a childish manner. • Objectives of care plan stressing independent living may be over ambitious – she may fail with impact on her self-esteem. • Gardening may be unsuitable. No evidence in case study of assessment for this therapeutic activity *(This was a deliberate omission for discussion purposes).* • Lucy may be wearing dirty clothing – possibly even dirty underwear – impact on self-esteem. What should have happened? • Clothes not fitting. No apparent actions in hand to manage wardrobe as she puts on weight. Link to overeating and personal care planning. • How do all concerned now get together to formulate a way forward that maintains the self-esteem of all involved which protecting the Lucy and Joseph.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	• Lucy has had friends in the past including male friends at school. • The relationship may be a major source of comfort to both parties and something they may have been looking for. May be too soon to tell.
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	• How can carers help Lucy express what she wants to do particularly in the difficult situation that involves somebody who may be less communicative and withdrawn? • Communications needs of the emerging relationship needs careful assessment. Who needs to know what?
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	• Perhaps formal complaint about landlord should be made. May not be easy. • Mother wishes to have input into this interpersonal relationship. May feel care home is ignoring her wishes. • How would care home treat Lucy if she was able to complain about what she might see in excessive interference in what she feels is a natural relationship that she should be allowed to get on with?
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	• Immediate relatives of both Lucy and Joseph will want to be involved. How can this be done with dignity for all involved? • It would appear to be a potentially difficult problem of balancing needs of two people in care with expectations of immediate relatives. • Potential longer term issues of finance and possible offspring to consider – but Lucy and Joseph seem a long way from that.

CASE STUDY LD3: MR LIAM DEXTER (47 YRS) ANSWER GUIDE

(LEARNING DISABILITIES IN COMMUNITY/PRIMARY CARE/DAY CENTRE SETTING)

Dignity Challenges	(LD3) Dignity Points for Discussion
RESPECT Support people with the same respect you would want for yourself or a member of your family.	• Given nicknames and discussed at work in disparaging terms. Can be humiliated at work. • Made a scapegoat for the mistakes of others. • Low expectations of his abilities. • Police do not always take him seriously – good dignity discussion point. • Mother has low expectations of what he can achieve. • Mother limits his money – good dignity discussion point.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	• Abused by children – this is getting out of hand. • Failure of authorities to put a stop to the harassment and baiting. Human rights issues here (Right to Life). • Ineffectual ASBOs.
PRIVACY Respect peoples' right to privacy.	• Little personal privacy. • Is still bathed by mother/carer. • Mother has constant access to his room and private spaces.
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	• Mother buys clothes without any choice – but with good intentions to buy long lasting clothes. • Mother encourages dependence *(washing, cooking and cleaning).* • Lack of financial independence. There may be issues of maternal dependence on his money.
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	• Headaches could have been investigated better. May have something to do with his collapse (speculation). • Doctor put off by Liam's unhelpful attitude, resulting in catch all response *(useful discussion point).* • Is Liam part of a well organized programme of community care with a good care plan? *(Debatable)*
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	• Given low grade menial jobs that others probably do not want to do. • Blamed for things he is not responsible for. • Laid off again – must affect his self-esteem. • Abandoned by outreach service – would need further investigation. • Has to wear clothes selected by mother – what do durable clothes look like? *(Self-esteem issues)* • Is not encouraged to take part in household tasks and put in his share of effort. • Mother told him he is 'daft' and would not get particular forms of employment.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	• Appears to have no personal friends. • Has acquaintances with shop workers and security guards who are probably a 'captive audience' in a shopping centre. • Misunderstands his relationships with others and wishes to impress by wearing a uniform. • Isolated and rejected in his local community.

Dignity Challenges	(LD3) Dignity Points for Discussion
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	• No clear analysis of what Liam really wants and no realistic plan discussed and agreed with him. • May have unrealistic expectations.
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	• Unwilling to complain about verbal bullying at work as he does not want to lose his job. • Unwilling to complain to police in case there is a negative reaction in the local community.
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	• Relationship between social workers and mother appears cursory. • Other family members do not seem to have had any input into his care. His aunt in the North of England might well have him to stay for longer periods and might even help him move there.

CASE STUDY MH1: MRS MANA HARRIS (AGE 48 YRS) ANSWER GUIDE

(MENTAL HEALTH IN ACUTE CARE – MENTAL HEALTH HOSPITAL SETTING)

Dignity Challenges	(MH1) Dignity Points for Discussion
RESPECT Support people with the same respect you would want for yourself or a member of your family.	• Queue for Medication probably for the convenience of staff. • Staff are 'off hand' and abrupt with her? • She is a professional lady from a BME community. Is she being treated as an intelligent professional? • Noisy ward especially in the mornings. Is this necessary? • Gets constipated due to meds. This should have been explained and corrected without having to ask. • Ability to contact outside world limited. • Constrained to the Ward only. Is this relevant dignified treatment for her? Could she have been treated as an outpatient in a more dignified manner? Why cannot she leave the ward? • Use of Mana's first name by the nurse – dignity issues. • Dirty toilets – ward cleaning issue. • Nurse appears to accept a level of racial abuse.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	• Mana is constrained to the ward environs. There is no evidence in this case study that she should be constrained in this way and she should perhaps have been allowed access to other parts of the Hospital. • Mixed gender ward – may be efficient in resource terms for the hospital but it clearly is an issue for Mana who is uncomfortable about it. • Racial abuse – when observed directly by nurse – nothing was said or done! Patronising explanation by the nurse.
PRIVACY Respect peoples' right to privacy.	• Mixed ward and lack of privacy from Mana's perspective. • Curtains do not meet. Privacy aids should be fully functional. • No locks on locker, so somebody is going through her property. Was it a member of staff looking for the mobile telephone? • Shared bathrooms – dodgy door lock – been reported sometime ago. No excuse for bathroom locks to be broken.
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	• Being unable to leave the ward – ward entrance locked. See comments above. • Relatives asking why door locked – mixed messages – answer, is it policy? • Quality of food choice.
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	• Not involved in assessment - CPA written for her and thrown on bed. • Had to wait for ward round to be seen by doctor. • She is on observation – but there must be questions about the quality of this process. • Vegetarian – only limited and repetitive food choice available. She would like a curry!
CONFIDENCE AND POSITIVE SELF-ESTEEM.	• Occupational therapy offerings may be unsuitable for this professional teacher.

Dignity Challenges	(MH1) Dignity Points for Discussion
Assist people to maintain confidence and a positive self-esteem.	• Anxious about being on a mixed sex ward • Couldn't leave ward to go to café/shop – impact on self-esteem. • Ward phone in corridor and little privacy even if she could have used it.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	• Husband did not see her settled into the ward. No clear reason for this. • Mana is lonely and wanted to contact her husband. Perhaps the Ward should have given her a free telephone call or had some change to borrow! • Mobile phone not allowed on ward – had to keep in office. Rule unenforceable and the mobile did not take photographs anyway. • Being away so from home might have an negative impact on therapeutic treatment.
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	• Quiet and upset a lot of the time • Anxious • Trust/ward Information Pack not received.
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	• No obvious means of complaint. • Has complained about toilets when first admitted. • Although not complained about racial abuse – nurse has done nothing.
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	• No family room or separate room to be with family. • No involvement in care planning. • Availability of staff to discuss matters at weekends.

CASE STUDY MH2: MR MIKE HENNING (25 YRS) ANSWER GUIDE

(MENTAL HEALTH IN A RESIDENTIAL/CARE HOME SETTING)

Dignity Challenges	(MH2) Dignity Points for Discussion
RESPECT Support people with the same respect you would want for yourself or a member of your family.	• Student nurses - or staff having handover in the corridor • 'Having a paddy' – mental health attitudes of staff.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	• Financial – missing money. Was this taken seriously or even believed? • Needs better security of belongings.
PRIVACY Respect peoples' right to privacy.	• Has his own room – dodgy lock • Thinks there has been another service user looking through his possessions • Staff don't always knock when going into his room
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	• Front door locked. • Has to ask to leave rather than say he is going out. • Benefits held by charity – has to ask for money.
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	• Limited menu for food - staff choose • Portion size vs. Food selection and eating vegetables. • Wants to lose weight, but eats 'junk food'. • Wants to go to shops, or on the bus to town, but no staff available
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	• Trips out in the donated mini bus with 'ambulance' on the side • Been told he will never 'get out' of that home • Staff help him choose clothes from a catalogue
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	• Won't pay for internet access on communal PC • Some of the other residents a lot older than him • No apparent OT or access to training
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	• Gets frustrated as not listened too. • So seen as argumentative at care planning meeting. Strategies for communicating with him perhaps need review.
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	• Is frightened to make a complaint as last time the manager gave him the cold shoulder. • Wants his own PC
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	• Parents retired and father has had a stroke so mother carer for him. May feel abandoned. • Not clear how parents involved in contributing to his care planning especially that Mike seem to be in long term care.

CASE STUDY MH3 GUIDE: MR MILTON HOLDER (29 YRS) ANSWER GUIDE

(MENTAL HEALTH IN COMMUNITY/PRIMARY CARE/DAY CENTRE SETTING)

Dignity Challenges	(MH3) Dignity Points for Discussion
RESPECT Support people with the same respect you would want for yourself or a member of your family.	• Manager talks down to people. • Seating around the walls of building in main room. • Unwelcoming entrance and security is lax. • Manager telephone the police about Milton. What is the agenda here? • Standard of dress of careworker.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	• Some of the neighbours' kids are rude when day centre members leave at the end of the day. Manager not dealing with the problem. • Some evidence of bullying of staff and clients who are all terrified of the manager. She has limited qualifications despite experience.
PRIVACY Respect peoples' right to privacy.	• Help with benefits forms in main room • Blood tests – limited privacy – one by one called in. • Little privacy – use of open alcoves. • Manager talking about a member of staff with a visitor in the office.
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	• Asks about personal budgets, but told they are not for him.
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	• Has Milton's needs been assessed properly? • Not clear about how day centre activities are organized to meet individual needs. • Likes to help with the gardening but isn't allowed if the only member of staff who likes gardening isn't there? • No apparent care planning.
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	• Nothing seems to be going on to encourage self-esteem. Dependence culture.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	• Gets on with some of the other people there but doesn't share same interests like pool table and doesn't smoke. • Prefers own company.
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	• Manager often out at meetings and has remote office in a portakabin. • Manager has rigged a questionnaire about personalisation, so users appear to want day centre as is. Causing uncertainty. • He is frightened to complete it honestly in case he is thrown out

Dignity Challenges	(MH3) Dignity Points for Discussion
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	• No complaints procedure obvious, but a suggestion box – manager responsible for emptying it • Poor handling of an anonymous complaint about the manager to the trustees. • Staff are fearful of personalisation - for their job security • Day Centre appears resistant to change. • Lack of confidence in manager handling of suggestions and complaints.
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	• A yearly open day for families with a Bar-B-Q. Is this enough?

CASE STUDY VA1: MRS VICTORIA ANDREWS (50 YEARS) ANSWER GUIDE

(VULNERABLE ADULT IN ACUTE CARE – GENERAL HOSPITAL SETTING)

Dignity Challenges	(MH3) Dignity Points for Discussion
RESPECT Support people with the same respect you would want for yourself or a member of your family.	• Doctor talking over the patient as if they are not there. • Patient made to fashion own sanitary towel. • Student nurse sent to make up Care Plan – what message does this send the patient? • Not believing patients or dismissing what they say. • Many personal hygiene issues being ignored. • Use of commode questionable and unclear. • Patient in much pain but ignored for long periods of time. • Patient's healthcare background apparently ignored. • Food trolley left by bed of 'nil by mouth' patient. • Patient felt tortured by medical procedures, eventually refusing treatment.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	• Unwanted attentions of man – Call bell failure/failure to believe patient/no clear follow up action. • Neglect – evidence of poor record keeping *(heparin injection)* – potential serious breech here. • Neglect – no ensuring call bell fixed.
PRIVACY Respect peoples' right to privacy.	• Bedside curtains did not close – major breech of privacy. • Wearing knickers – recommendation of HCA based on convenience rather than respect for personal privacy. • Questionable gender issues in mixed sex ward. • Lack of supervision of patients' movements and ability to bother other patients.
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	• Major consent issue for chest tube insertion by inexperienced doctor – not explained to potentially semi-conscious patient.
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	• Conflict of protected mealtime vs. Emotional needs of nil by mouth patient. • Many personal hygiene issues being ignored. • Could go to the toilet unaided if unplugged from drips. Perhaps also wash as well. Staff not taking this patient's capabilities into account. • Personalized and unusual surgery (+ point).
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	• Patient's healthcare background not recognised. • Patient's feeling of frustration and helplessness. • Patient told not to be 'silly', where observations not believed or respected. • Patient terrified to be in bed – sat by bed all night fully clothed. • Ward perceived by patient as a place where people die – thought she had been put there to die.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	• Restricted access to family at critical time – felt isolated and lonely. • Access to staff appeared to be limited. Ward closed due to staffing problems.

Dignity Challenges	(MH3) Dignity Points for Discussion
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	• Patient unclear what was happening to her for periods of time.
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	• Mishandling of some real potential complaints. • Lack of clarity of complaints system.
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	• Family denied access at critical times. HCA failed to obtained proper advice in this case.

APPENDIX 4: WORKSHOP DELIVERY PLANS

TABLE 4.1: DTA(VA) WORKSHOP PART 1 DELIVERY PLAN – INTRODUCTION & THE MEANINGS OF DIGNITY	
Objectives	Introduction/Learning Outcomes • To introduce workshop participants to each other *(as necessary)* and to allocate people to discussion groups. • To describe the purposes of the Dignity Workshop and what participants ought to achieve from it. • To present an overview and understanding of the different meanings of dignity. • To provide a structured framework for thinking about dignity and its challenges. • To define the terminology used to describe dignity. • To consider *(as part of a group)* a real life case study (Case Study A) to illustrate damage to the dignity of a vulnerable adult in the context of the different types of dignity. • To draw lessons from Case Study A.
Required Materials	Presenter requires: • PowerPoint projection facilities scaled for the size of the audience and ambient lighting conditions. Back up facility may be required *(e.g. laptop pre-loaded with the presentations).* • Access to projection facility *(e.g. password etc).* • Nominal Roll and pre-defined groups list *(as required).* • List of local dignity issues to target *(if available).* • Flip charts and large marker pens. • Spare copies of the Workshop Pack. Workshop participants must have a copy of **Dignity through Action *(Vulnerable Adults)* Resource 2: Workshop Pack**
Procedure	**PRESENTATION 1: INTRODUCTION TO THE WORKSHOP** **{S}:** Indicates PowerPoint Slide. • Welcome participants and introduce yourself providing some background detail *(if necessary).* • Provide Health & Safety announcements *(as required locally).* • Ask participants to introduce themselves *(Use this to check the nominal roll - if this is required).* The introduction should include some **brief** information about themselves, their background and where they work. You will need to allow the participants a minute to set up some notes about this first. This has the important underlying motive of getting participants to start talking. However, you have little time for this and participants should be prompted to do this in less than 10 seconds each. **INTRODUCTION *(Remove optional slides as required)*** ▪ **{S01}: Title Slide – Introduction to the Dignity through Action Workshop.** ▪ **{S02}: Background to Dignity through Action** *(Optional Slide).* Explain the overall objectives of Dignity through Action. ▪ **{S03}: Dignity through Action Resources** *(Optional Slide).* Depending in the nature of the workshop participants you may wish to discuss the Dignity through Action resources package. • **{S04}: Overall Timetable for the Workshop** *(Optional Slide)* Use this general slide or provide your own version. You should include your own timetable arrangements and explain them to the workshop participants. You may want to provide a timetable as a separate handout. **PRESENTATION 1: THE MEANING OF DIGNITY** **Note: the PowerPoint based Presentation 1 provides a route through the following material. It is assumed you are already familiar with the subject of dignity. You may wish to refer to Dignity through Action *(Older People)* Resource 2: Dignity Study Guide in the separate educational package. You also need to tune the presentation to meet the needs of the workshop participants.** • **{S05}: Title Slide: Meanings of Dignity.** **Note: The following 3 slides have been inserted as an introduction and background to the subject. You should tailor this to meet the needs of the workshop participants and you may wish to insert your own slides.**

TABLE 4.1: DTA(VA) WORKSHOP PART 1 DELIVERY PLAN – INTRODUCTION & THE MEANINGS OF DIGNITY

- **{S06}: What is a Vulnerable Adult** *(Optional Slide).*
- **{S07}: Scale of Learning Disabilities** *(Optional Slide).*
- **{S08}: Scale of Mental Health Issues** *(Optional Slide).*
- **{S09}: The Meanings of Dignity**. Explain the definitions. This is the basis for a thinking framework about dignity which considers dignity as a quality of treatment or a person.
- **{S10}: Meaning of Respect**. Explain the concept of respect.
- **{S11}: Types of Dignity**. Explain the different types of dignity identified. You need to continue with the ideas of dignity started with the 'meanings of dignity', but you now need to start introducing the concept of thinking about dignity from a human rights *(how you treat people with dignity)* and human needs *(peoples' inner feelings of dignity)* perspectives**. Note: If you can do this with the workshop participants you will probably have 'opened their eyes' to just how wide and potentially complicated the subject of dignity is and you will have given them a sound framework for thinking about dignity issues later in the workshop**.
- **{S12}: Treating people as Human Beings 1.** You should explain the background to modern human rights conventions and laws. Explain there is a direct correlation of content between the UDHR (1948), ECHR (1950) and the HRA (1998). There are 16 human rights in the HRA (1998) all taken from the ECHR. You will probably find that participants will have poor general knowledge of human rights conventions and laws, but will have some clear ideas about the popular components such as equality or discrimination.
- **{S13}: Treating people as Human Beings 2.** This slide provides a clear view of the Human Rights Act (1998). Few workshop participants will probably have seen this complete list, although they will all recognise its components. It is worthwhile explaining the difference between 'absolute rights', limited rights' and 'qualified rights'. All people come under this law, although the rights marked with 'yellow' are probably those which have the most impact on vulnerable adults.

  Note: Make the following points about human rights:
  - **They are part of what it means to be a human being.**
  - **They belong to everyone, all of the time – not only certain groups at certain times.**
  - **They cannot be given to us, only claimed or fulfilled.**
  - **They cannot be taken away from us, only limited or restricted in some circumstances.**
  - **They are about how public authorities must treat everyone as human beings.**
  - **They give expression to a set of core principles including dignity, equality, respect, fairness and autonomy.**
  - **They exist as a way of making these core principles real and meaningful in our lives, public services and in society generally.**
- **{S14}: Treating people as Human Beings 3 – Some examples.** This slide provides a few examples of potential breeches of the human rights of vulnerable adults. You should aim to draw out other examples from workshop participants.

Note: You can use the following slides for a more extended discussion depending on the workshop participants *(remove from presentation if not required)*:

- **{S15}:** Treating People as Human Beings: Learning Disabilities.
- **{S16}:** Treating People as Human Beings: Mental Illness.

Note: the next two slides cover the associated UK Laws. You should ask workshop participants about their general knowledge of these laws. You might allow them a few minutes to make a list, and if sitting in groups, this could be made into a simple group task with some quick feedback.

- **{S17}: Treating people as Human Beings – What are these Laws?**
- **{S18}: Treating people as Human Beings – Supporting Laws**. This slide shows a list of supporting laws.

Note: the following slides describe types of dignity.

- **{S19}: Types of Dignity (Green Box)**. This lists the main aspects of treating vulnerable adults as human beings. Treating people as human beings is probably the most common aspect of considering dignity in care.
- **{S20}: Types of Dignity (Meeting Peoples Human Needs)**. This slide is a follow on from the previous slide so you can focus workshop participants about three other types of dignity associated with meeting peoples' human needs.
- **{S21}: Human Needs**. This slide covers Maslow's Hierarchy of Needs. This is a very useful way of describing

TABLE 4.1: DTA(VA) WORKSHOP PART 1 DELIVERY PLAN – INTRODUCTION & THE MEANINGS OF DIGNITY

the relative balance of personal human needs. This Model is used extensively; so many participants will recognise it.

Note: the next 5 slides are designed to cover different types of dignity related to personal needs, while at the same time to allow participants to keep the 'bigger picture' and not become lost in detail. It is recommended that you discuss this with participants in the context of Maslow's Hierarchy of Needs. You will need to judge the pace and level of detail of all this in relation to the type of workshop participants.

- **{S22}: Type of Dignity - Dignity of Personal Identity (Purple Box)**. Discuss the attributes of a person's personal dignity. Ask participants for real life examples
- **{S23}: Dignity of Merit (Yellow Box)**. Discuss being treated with dignity on the basis of their personal merits. Ask participants for real life examples. During workshop trials many carers expressed the opinion *'I treat everyone in the same way'*. The dilemma a carer can face is that treating people on an equal basis must be balanced against the ideas of personal individual requirements, and the best practice idea of treating people as individuals who have personal needs. There is no 'right' or 'wrong' answer and it can provoke an interesting debate. Look for examples from participants.
- **{S24}: Type of Dignity - Dignity of Moral Status (Blue Box)**. Discuss being treated with dignity on the basis of moral status. Ask participants for real life examples.
- **{S25}: Types of Dignity (full slide)**. This is a copy of the full unmasked slide, to complete this run of build up slides.
- **{S26}: Types of Dignity**. This is a copy of the entire slide for you to summarise this section showing the ideas of treating people as human beings and meetings peoples' human needs. You should summarise the main points and ask for any questions. This material originates in the Dignity and Older Europeans Study.

Note: Workshop participants should now have a wide and relatively sophisticated understanding of the meanings of dignity and should be able to apply this to Activity 1.

ACTIVITY 1: IDENTIFYING TYPES OF DIGNITY

Case Study A. Activity 1 uses **Case Study A** in the Workshop Pack which is a copy of a real newspaper article the Daily Telegraph *(31st Dec 2008)*. **Note: This is about an older vulnerable adult, but it serves the purpose to illustrate the types of dignity. Clearly not all the facts of the case are being reported and the more observant workshop participants will start to ask questions about how the hospital was behaving as well as raising questions about the role of the man's family. Do not be drawn into speculation and comment. The purpose of the activity is to apply the types of dignity and to allow participants to see dignity issues from these different perspectives.**

- **{S27}: Activity 1 Title Slide**.
- **{S28}: Activity 1/Case Study A Instructions**. This is a copy of the Activity 1/**Case Study A** *(in landscape format)* which is in the Workshop Pack. Use this slide to talk through the requirements of Activity 1.
  - To carry out Activity 1 workshop participants should break out into groups and read the case study. **(Allow 5 minutes – some participants may need longer)** and discuss Case Study A. **Case Study A** is a good example because it illustrates all four types of dignity.
  - Participants need to answer the question by discussing the **types of dignity** which are observable in **Case Study A**, ***(dignity of the Human Being, personal Identity, merit and moral status).*** You do need to stress this to participants as they can start to focus on more on 'standards of care' rather than the types of dignity.
  - You can remind the participants that they will be taking part in a discussion at the end of the exercise and you should explain how you will carry this out.
- **{S29}: Activity 1 Worksheet**. The Workshop Pack contains the **Activity 1 Worksheet** for the participants to write their notes. The worksheet contains a copy of the summary slide on types of dignity as a reminder.
- **{S30}: Activity 1 Title Slide *(Repeated)***. This is a 'title slide' to use while Activity 1 Group Work is under way.

Note: There Facilitators' Notes on Plenary Session: How you run the plenary session will depend on the nature and experience of the participants. The basic choices are:

- **A discussion by all participants where they are prompted to identify how this man's dignity was affected. The Presenter can act 'scribe' or a participant can be used as a scribe.**
- **The presenter can work through the answer guide with contributions from the participants.**
- **Each group, forwarded to do this, appoints a single member to provide feedback. This is common practice in workshops.**

TABLE 4.1: DTA(VA) WORKSHOP PART 1 DELIVERY PLAN – INTRODUCTION & THE MEANINGS OF DIGNITY	
	○ **You should use a 'flipchart' to record the overall ideas from the groups. You should use a 'volunteer' to act as the scribe**. • **{S31}: Activity 1 Answer Guide**. This slide provides a short answer guide. **Note: remove this slide if it is not required**. • **{S32}: Last Slide - Blank Black Background.** This marks the end of Part 1.

TABLE 4.2: WORKSHOP PART 2 DELIVERY PLAN - THE 10 DIGNITY CHALLENGES	
Objectives	To present a structured overview and understanding of the 10 Dignity Challenges in the context of the structured framework for thinking about dignity and its challenges presented earlier. To consider *(as part of a group)* the Case Study and identify the challenges to dignity. To summarise the findings from each group about **Case Study B** drawing out lessons about the challenges to dignity. There are 7 versions of Case Study B included in the **Resource 2: Supplement**.
Required Materials	Same requirements as Part 1. Ensure that **Case Study B** has been selected to best match the experience and current work of the participants. **Note: The slides cover the 10 Dignity Challenges from the two perspectives of:** • **Treating vulnerable adults as human beings.** **Respect** **Abuse** **Privacy** **Autonomy** **Person-centered care** • **Meeting vulnerable adults' human needs.** **Self-esteem** **Loneliness and isolation.** **Communication.** **Ability to complain.** **Engaging with care partners.**
Procedure	**PRESENTATION 2: THE DIGNITY CHALLENGES {S}:** Indicates PowerPoint Slide. **Note: You need to deliver Presentation 2 from the perspective of the participants, their present knowledge, experience and roles. Therefore, you need to allocate time accordingly. The way you deliver Presentation 2 may also be affected by current local dignity issues. It is assumed you are familiar with the 10 Dignity Challenges.** • **{S01}: Presentation Title Slide**. • **{S02}: Government Initiatives 1 – Dignity in Care Campaign**. • **{S03}: Government Initiatives 2 -Dignity Champions**. • **{S04}: Slides: Dignity Challenges**. ***Please note that in their original published form, the 10 Dignity Challenges were labelled with numbers (e.g. Challenge 1 = Abuse, Challenge 2 = Respect etc) and presented in an order which may have represented some prioritisation by its original authors. However, during Dignity Workshop trials, participants were confused by the numerical labelling and the order in which the challenges were being clustered and presented. To avoid any confusion, the Dignity Challenges are presented without numbers in the Dignity through Action resources.*** **Note: Work your way through the slides on the dignity challenges at a pace suitable for the audience encouraging participation. At the end of Presentation 2 workshop participants should have a good understanding of these challenges and should be able to apply this knowledge in Activity 2.1.** • **{S05}: Dignity Challenges: Overall View.** Opening slide. • **{S06}: Dignity Challenges: Overall View - Respect**. • **{S07}: Respect Detailed Slide**. • **{S08}{S09}**: Build Up slide pair. **Dignity Challenges: Overall View – Abuse, Privacy, Autonomy, and Person-centered Care.** • **{S10}: Abuse Detailed Slide**.

TABLE 4.2: WORKSHOP PART 2 DELIVERY PLAN - THE 10 DIGNITY CHALLENGES

- **{S11}: Privacy Detailed Slide**.
- **{S12}: Autonomy Detailed Slide**.
- **{S13}: Person-centred Care Detailed Slide**.
- **{S14}{S15}**: Build up slide pair. **Dignity Challenges: Overall View – Self-esteem and Loneliness & Isolation.**
- **{S16}: Self-esteem Detailed Slide**.
- **{S17}: Loneliness & Isolation Detailed Slide**.
- **{S18}{S19}**: Build up slide pair. **Dignity Challenges: Overall View – Communication, ability to complain and engaging with care partners.**
- **{S20}: Communication Detailed Slide**.
- **{S21}: Ability to Complain Detailed Slide.**
- **{S22}: Engaging with Care Partners Detailed Slide**.
- **{S23}{S24}**: Build up slide pair. **Dignity Challenges: Overall views for a summary.**

ACTIVITY 2.1: IDENTIFYING DIGNITY CHALLENGES

Note:

- **To carry out Activity 2.1, workshop participants should break out into groups, then read and discuss Case Study B *(allow about 20 minutes).* During this group discussion participants are required to consider dignity issues arising in the Case Study.**
- **The groups should then return for a plenary session where the Case Study is discussed. How you run the plenary session will depend very much on the nature and experience of the participants.**
- **You should remind the participants that the Workshop Pack contains:**
  - **Notes on the Dignity Challenges and Case Study B on Pages 9 and 10.**
  - **The Activity 2.1 Worksheet for them to record their notes**.

Activity 2.1 is covered by:

- **{S25}: Activity 2.1 & Case Study B - Title Slide**.
- **{S26}: Text and Worksheet Instructions for Activity 2.1**. The slide shows the basic requirements of Activity 2.1, and where participants will find the Case Study B and the associated worksheets in their Workshop Pack.
- **{S27}: Activity 2.1 - Worksheets**. This shows the Activity 2.1 Worksheets and you can point to where participants should write their ideas in note form.
- **{S28}: Activity 2.1**. This is a 'title slide' to use while Activity 2.1 Group Work is being under way.

The groups should then return for a plenary session where the Case Study is discussed.

Note: Model answer guides to the Case Study B versions are at Appendix 3 to this Facilitators' Handbook.

- **{S29}: Blank Black Slide Clears the Screen**.

TABLE 4.2: WORKSHOP PART 2 DELIVERY PLAN - THE 10 DIGNITY CHALLENGES	
	ACTIVITY 2.2: USING DIGNITY AUDIT TOOLS **Notes:** • **Activity 2.2 is designed to encourage workshop participants to reflect on their care practice using a Personal Dignity Audit Tool, which covers some of the ideas covered during Presentation 2. If supervisors or managers are attending the workshop then they could use the alternative Supervisors' and Managers' Dignity Audit Tool.** • **This activity is useful for providing workshop participants with ideas for action planning.** • **Activity 2.2 is optional. The dignity audit tools should only be used where workshop participants are experienced enough to gain some benefit from them and where enough time has been allowed in the timetable *(probably a full day workshop).*** • **The self-audit tools have been designed for personal reflection and to be anonymous. They should remain the private property of the workshop participants, who should not be put under any pressure to divulge the products of this personal reflection exercise.** • **{S30}: Activity 2.2 Using Dignity Audit Tools - Title Slide**. To show while explaining the activity. • **{S31}: Activity 2.2 Fragment of the Personal Dignity Audit Tool.** • **{S32}: Blank Black Slide Clears the Screen**.

TABLE 4.3: DTA(VA) WORKSHOP PART 3 DELIVERY PLAN - ACTION PLANNING	
Objectives	To demonstrate a method of action planning using the Action Planning Example *(Using Case Study B).* To create *(as part of a group)* an action plan to deal with the example dignity problem. To identify a specific local dignity problem *(as a group or individually)*. To analyse the factors of a dignity problem. To create an outline action plan to solve a local dignity problem. To discuss further follow up actions to identify further local dignity issues, creating actions plans and evaluating success.
Required Materials	**Note: same requirements as Part 1.**
Procedure	**PRESENTATION 3: ACTION PLANNING {S}:** Indicates PowerPoint Slide. **Note: In this part of the Dignity Workshop the emphasis shifts from learning to think about dignity to creating action plans for solving dignity challenges, problems and issues. All care staff, whatever their grade and experience, need to focus on the clear steps of successful action planning. However, you need to relate the subject of action planning carefully to the nature of the workshop participants. The generic action planning steps covered in the presentation are common to all forms of the planning. In general terms, the more complex the problem the greater the effort must be put into all the steps. You should encourage participants to offer their own experience and knowledge. However, do not be surprised by the lack of participants' general knowledge and confidence about action planning. The presentation is short and you should take care not to become distracted by issues raised by participants. It is assumed you have read Dignity through Action (Older People) Resource 2: Dignity Study Guide where the subject of action planning is covered in some detail.** • **{S01}: Title Slide**. • **{S02}: Dignity Action Plan Definition**. The important point is that whatever the size and complexity of a plan the same planning steps can be identified. • **{S03}{S04}**: Build up slide pair. **Basic Planning Steps**. This slide allows you to explain the basic steps of action planning. If a plan is unsuccessful you can return to any planning step to get it right. • **{S5}: Steps 1 & 2: Identifying, Describing & Finding the Causes of Dignity Problems**. There are some basic questions everyone should ask themselves when faced with a dignity problem. There is a need to distinguish between ***symptoms*** *(what people observe)* and the ***causes*** of the problem *(causes may not be easy to detect)*. Finding out what is happening may be particularly difficult where vulnerable adults are being uncommunicative about dignity issues. You need to match the explanation of Steps 1 & 2 to the experience and knowledge of the workshop participants. • **{S06}{S07}**: Build up slide pair. **Step 3: Considering the Factors.** The ***factors*** are all those things which will influence a plan. **Note: It has been found that workshop participants, particularly those with limited management experience, can become confused with the idea of factors and the concepts of 'Place', 'Process' and 'People' which are clusters of factors. Thinking about factors *(and making deductions)* works for even the most trivial of problems, but participants will probably find this to be the most difficult aspect of action planning. You should refer participants to the checklist in the Workshop Pack because this outlines the sort of factors to consider.** • **{S08}: Step 4: What are my options**? Many problems have an obvious single solution. However, you need to cover the ideas of having more than one option and the need to consider advantages and disadvantages of each option, so as to find the best solution to a problem. **Note: You will find that participants may become confused between the idea of a 'goal' as a single statement of 'purpose' and 'objectives' especially when they might only come up with a single objective for a plan. You need to stress that objectives are about all those tasks that needs to be completed, so as to reach the goal. This should be more obvious when you describe the characteristics of objectives. Wherever possible you should provide practical examples related to the participants own environment to illustrate this subject. Participants' understanding of objectives will be critical to the success of their planning, no matter at what level they are operating. You need to stress the ideas of SMART objectives.** • **{S09}{S10}{S11}{S12}:** Connected slides. **Step 5: Creating the Plan – Goals & Objectives,** o **Slide A**. You need to explain the difference between an overall goal and objectives. It has been found that workshop participants can become confused between a goal and objectives

TABLE 4.3: DTA(VA) WORKSHOP PART 3 DELIVERY PLAN - ACTION PLANNING

particularly with small scale or limited plans.

- **Slide B**. Clearly if there is only 1 objective this must be the goal!
- **Slide C**. Explain the idea of SMART Objectives.
- **Slide D**. Explain the idea of SMARTIES. For the subject of dignity which is deeply rooted in how people treat each other, objectives should perhaps have additional qualities such as 'inspiring', 'enthusiasm generating' and 'sustainable'. Workshop participants do like the idea of SMARTIES. They can see the benefits, and like the idea of sustainability.

- **{S13}: Step 5: Creating the Plan – Details in the Plan.** This slide covers the basic details common to any plan. Wherever possible you should provide practical examples related to the participants' own environment to illustrate this subject. You should note that some workshop participants can become confused with the ideas of 'what', 'who' and 'when' of a plan and the apparent same questions that have already been asked at the start of the analysis (Step 1 and Step 2). The simplest way to explain is that all 'events' have the same characteristics whether the event is a problem or a task to solve the problem.
- **{S14}: Step 6: Evaluation Arrangements.** You should use this slide to discuss how action plans should be evaluated and you can start to introduce the arrangements for local evaluation. You should also introduce the idea of re-planning if changes have not worked.

ACTIVITY 3.1: HOW TO PRODUCE AN ACTION PLAN *(WORKED EXAMPLE)*

Note: There is no 'right way' for this dynamic exercise. It all depends on the type of workshop participants and their level of experience. You might carry out this activity interactively with participants using a 'whiteboard' or 'flip charts' to record ideas and this approach worked well in trials. Otherwise the following slides are offered for a controlled presentation.

Case Study C, which is at Page **17 of the Workshop Pack,** provides a simple narrative focussed on the dignity challenge of communication.

- **{S15}: Activity 3.1 - Title Slide Activity 3.1**.
- **{S16}: Step 1: Identify Dignity Problems**. This slide shows an extract of the kind of ideas likely to have been found within **Case Study C** during Activity 3.1. 'Communication' has been chosen for a demonstration of action planning because it is common to all care environments. The problem is about difficulties associated with providing accurate and consistent information to friends and relatives. Remind workshop participants not to read too much into **Case Study C**, its only illustration.
- **{S17}: Step 1: Identify Dignity Problems & Prioritize**. You should ask participants to prioritize the problems using their own experience. This slide selects only two problems to take the activity forward.
- **{S18}: Step 2: Identify Causes.** Using the identified problems some causes are offered. This is an artificial example and so the real facts are unknown, so the causes are just a guess. However, the idea is to ensure workshop participants can see the differences between the symptoms and causes of problems. Another aspect is that in looking for causes there is a tendency to generalise.
- **{S19}: Step 3: Consider the Factors (PLACE).** This slide shows how some of the factors from the Checklist in the Workshop Pack ought to be taken into account and how they might influence how a plan is constructed. The Place, Policy/Process and People themes originate in the way the RCN describe considering factors during a planning process *(Note 1)*.
- **{S20}: Step 3: Consider the Factors (POLICY/PROCESS/PROCEDURE).** This slide shows how some of the factors from the Checklist in the Workshop Pack ought to be taken into account and how they might influence how a plan is constructed.
- **{S21}: Step 3: Consider the Factors (PEOPLE).** This slide shows how some of the factors from the Checklist in the Workshop Pack ought to be taken into account and how they might influence how a plan is constructed.
- **{S22}: What is my goal - what are my options? Graphic.**
- **{S23}: Step 4: What are my Options?** Two illustrative options to solve the problem are shown. There are other ways. The idea is about of having more than one option and how the advantages and disadvantages of each option need to be considered. Clearly one option is deliberately better and more realistic than the other and is the best way forward.

Note: 1: Royal College of Nursing (2009) Delivering Dignified Care: a practice support pack for workshop facilitators.

TABLE 4.3: DTA(VA) WORKSHOP PART 3 DELIVERY PLAN - ACTION PLANNING

- **{S24}: Step 5: Create the Plan (Summary of Contents).** This slide summarises the contents of a plan. You can use this slide to remind participants of the contents of a plan, which is listed in their Workshop Pack.
- **{S25}: Step 5: Create the Plan (Part of a Plan as an Illustration**). You need to show participants what a written plan will look like. The problem is that even a simple plan will not fit onto a PowerPoint slide. Therefore, a 'fragment' of a possible plan is shown. You may wish to show participants examples of local written plans and discuss them.
- **{S26}: Step 5: Create the Plan (Part of a Timetable as an Illustration).** You need to show participants what a Timetable looks like, although everyone will be familiar with timetables. The points here are that a timetable lists all the practical steps to be carried out. Timetables require considerable analysis and thought and are one of the last items to be produced when planning. You may wish to show participants examples of local planning timetables and discuss them.
- **{S27}: Last Slide - Blank Black Background.** This marks the end of Activity 3.1.

ACTIVITY 3.2: PRODUCE AN ACTION PLAN *(PERSONAL OR GROUP ACTIVITY)*

- **{S28}: Activity 3.2 - Title Slide Activity 3.2**.
- **{S29}: Activity 3.2 Instructions**. Workshop participants now have an opportunity to identify a dignity problem and devise an action plan to deal with it. This slide provides the instructions which are also repeated in the Workshop Pack. Leave this slide on during the activity period. **Note: participants should be able to use dignity problems arising from a number of sources:**
  - **Their own experience.**
  - **A group defined problem.**
  - **The dignity audit tools.**
  - **Local examples of dignity problems to consider as directed by local management.**
- **{S30}: Blank Black Background** This marks the end of Activity 3.2.

DISCUSSION: ARRANGEMENTS FOR FOLLOW UP WORK

- **{S31}: Title Slide: Arrangements for Follow Up Work.** You need to discuss with Workshop participants:
  - Finishing their plans.
  - Any approval mechanisms for their plans.
  - Who is going to evaluate their proposed changes and when.
  - Spreading 'best practice' to others.
  - You will need your own plan and timetable for this work!

Note: Insert other slides as necessary to meet local requirements. Someone needs to keep notes of this discussion and any agreements made. You may need to have these typed up and circulated after the workshop.

- **{S32}: Blank Black Background.** This marks the end of the discussion.

EVALUATION QUESTIONNAIRE

- **{S33}: Title Slide**: Evaluation Questionnaire. Use your own evaluation questionnaire. If you need an evaluation question for this Dignity Workshop, you can download the Dignity through Action Resources version.
- **{S34}: Blank Black Background** This marks the end of Workshop.

APPENDIX 5: SOURCES OF FURTHER INFORMATION

Source and Description	References and Links
Care Quality Commission The Care Quality Commission: Guidance about Compliance (2009) Essential Standards of Quality and Safety has been designed to help organizations comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and the Care Quality Commission (Registration) Regulations 2009. This detailed guidance covers the standards of quality and safety that people who use health and adult social care services have a right to expect and is based on the what people who use services tell have expressed as being what matters most to them.	The Care Quality Commission: Guidance about compliance (2009) [Online]. Available at: http://www.cqc.org.uk/_db/_documents/Essential_standards_of_quality_and_safety_FINAL_081209.pdf
Care Service Improvement Partnership (CISP)	Care Service Improvement Partnership (CISP), (2008), *The Dignity Care Campaign*, [Online]. Available at: http://networks.csip.org.uk/dignityincare/DignityCareCampaign/.
Department of Health	Department of Health (2007), *Essence of Care: benchmarks for the care environment,* [Online]. (Updated 1 Nov 2007), Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080058.
Department of Constitutional Affairs Making Sense of Human Rights. A general reader on human rights. Human Rights Act (1998). A useful resource for in depth reading on this subject.	Department of Constitutional Affairs (2006), *Making Sense of Human Rights*. [Online]. Available at: http://www.justice.gov.uk/guidance/docs/hr-handbook-introduction.pdf. Department of Constitutional Affairs (2006), *A Guide to the Human Rights Act*, 3rd Edn. [Online]. Available at: http://www.justice.gov.uk/docs/act-studyguide.pdf.
Dignity and the Older Europeans Project An EU sponsored multi-disciplinary workbook that covers general points from a wide perspective to make people think about dignity. Wide focus and so does not just cover nursing perspective. Contains some very useful questions and exercises.	European Commission (Undated) *Educating for Dignity*, The Dignity and Older Europeans Project (QLG6-CT-2001-00888). [Online]. Available at: http://wwcardiffw..ac.uk/medic/subsites/dignity
Forum of Young Global Leaders This site provides a wide ranging and international perspective of dignity.	Forum of Young Global Leaders (2008), Global Dignity Initiative, [Online]. Available at: http://www.younggloballeaders.org/development_and_poverty/Global_Dignity_Initiative/Global_Dignity_Initiatve.html. *Dignity 101 - A Course in Dignity*, [Online]. http://www.globaldignity.org/view/COURSEINDIGNITY/.
Healthcare Commission A national report on dignity in care while in hospital. Focus is on care considered from wide perspectives *(trusts, boards, ward levels and voluntary organizations).*	Healthcare Commission (2007) *Caring for Dignity*, London: Commission for Healthcare Audit and Inspection.
House of Lords House of Commons Joint Committee on Human Rights An extensive and relatively easy to read examination of the extent to which the rights of adults with learning disabilities are being respected. It identifies the fundamental issues of humanity, dignity, equality, respect and autonomy: all key human rights principles. The Committee wanted to ensure that its inquiry was accessible and relevant for adults with learning disabilities.	House of Lords House of Commons Joint Committee on Human Rights (2008) *A Life Like Any Other? Human Rights of Adults with Learning Disabilities*, Seventh Report of Session 2007–08 Volume IHL Paper 40 –I HC 73-I, 6 March 2008, London: The Stationery Office Limited, [Online]. Available at: http://www.publications.parliament.uk/pa/jt200708/jtselect/jtrights/40/40i.pdf.

Source and Description	References and Links
Patients Association The publication contains 16 real life care case studies.	Patients Association, (2009), *Patients ... not numbers, people ... not statistics.* See http://www.patients-association.com.
Royal College of Nursing This is a report of the results of the RCN Dignity Survey. It covers the physical environment, individual care, care by the employing organization, ability to deliver care and a comprehensive discussion. RCN training material about dignity.	Royal College of Nursing (2008) *Defending Dignity*, London: RCN. Royal College of Nursing (2009) *Delivering Dignified Care: a practice support pack for workshop facilitators.* Royal College of Nursing (2009) *Small changes can make a big difference: how you can influence to deliver dignified care.*
Social Care Institute for Excellence (SCIE) Detailed guidebook with wide coverage of the subject of dignity in care. Full of useful examples and thinking exercises.	Social Care Institute for Excellence (2008) *SCIE Practice Guide 09: Dignity in Care*, [Online]. (Updated: Feb 2008), Available at: http://www.scie.org.uk/publications/practiceguides/practiceguide09/overview/means.asp.

Further information can also be obtained from a number of online sources for example:

- Mencap at www.mencap.org.uk
- Mental Health Foundation at www.mentalhealth.org.uk
- British Institute of Learning Disabilities at www.bild.org.uk
- UK Virtual Library of Disability resources at http://www.ableize.com/care-and-care-homes/learning-disabilities/
-