HASCAS

DIGNITY THROUGH ACTION
(Older People)

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 older people.

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.

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.

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CONTENTS

ON-LINE RESOURCES *(See Appendix 3 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

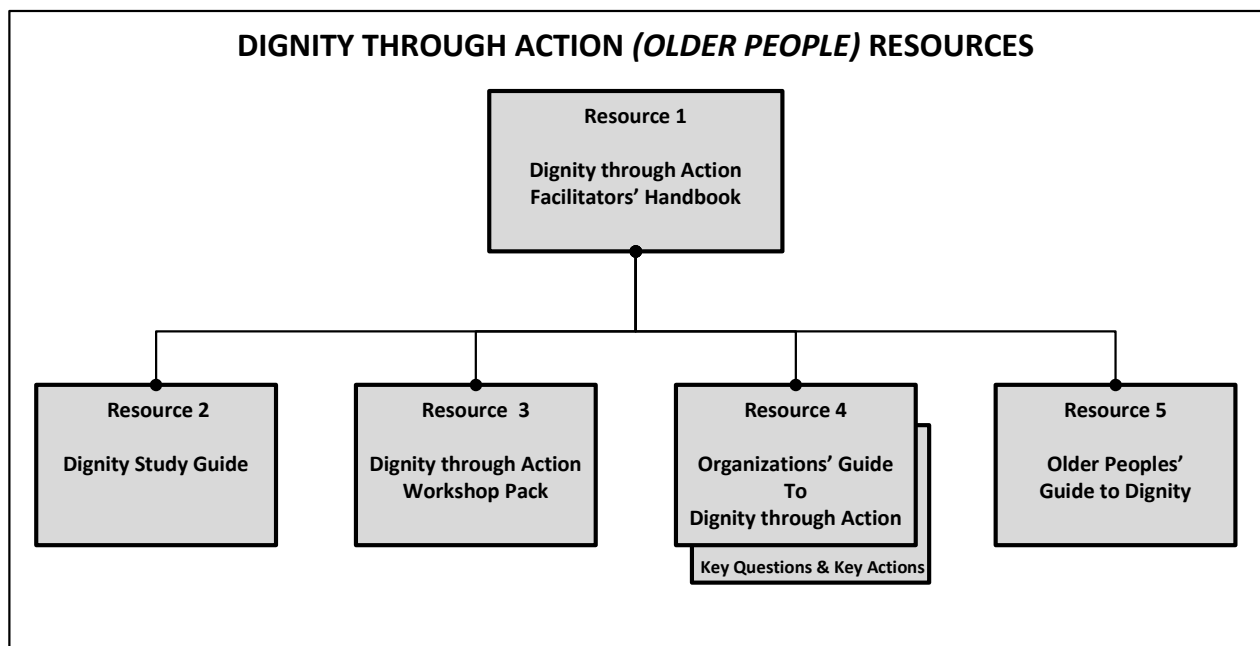## DIGNITY THROUGH ACTION (OLDER PEOPLE {OP})

The Dignity through Action Project Resources were sponsored by the Department of Health (DH) and created by the Health and Social Care Advisory Service (HASCAS) and the University of Winchester. *(Note: there is also a separate complimentary set of resources covering dignity in the care of vulnerable adults.)*

The purposes of the Dignity through Action resources are to:

- Improve the delivery of dignified care to older people by a wide range of carers by providing an educational and training approach.

- Challenge the values, beliefs and attitudes that can contribute to lack of dignity for older people.

- 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 range of care environments and types of staff members likely to use these resources they have been developed in a generalized form. For example the resources do not cover specific subjects such as 'end of life care' or 'spirituality'. These resources and, in particular the Dignity Workshop material, can be adapted easily to suit local circumstances and training needs.

SUMMARY OF THE DIGNITY THROUGH ACTION (OP) RESOURCES

DIGNITY THROUGH ACTION *(OLDER PEOPLE)* RESOURCES

Resource 1

Dignity through Action Facilitators' Handbook

Resource 2 — **Dignity Study Guide**

Resource 3 — **Dignity through Action Workshop Pack**

Resource 4 — **Organizations' Guide To Dignity through Action** — **Key Questions & Key Actions**

Resource 5 — **Older Peoples' Guide to Dignity**

The Dignity through Action Educational Package is made up of five resources and some other useful documents.

- **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 resources, organization and running of dignity workshops and how to carry out action planning and its evaluation. It is made up of:

    o How to deliver dignity workshops. This covers:

        ▪ Workshop administration and implementation.

        ▪ Content of the workshop presentations.

        ▪ Case Studies and answer guides.

- ▪ Workshop discussions based on case studies.

  o Action planning including follow up actions and evaluation.

  o PowerPoint presentations.

  o Further reading.

- **Dignity Study Guide (Resource 2)**. The purpose of the Dignity Study Guide is to provide a substantial core text and self-study guide suitable for a wide range of people involved in care. It contains practical examples, thinking activities and references with links to further reading and useful websites (*Note 1)*. The Study Guide covers*:*

  o A definition and explanation of the terms used to describe dignity, so as to provide a common basis for the subject.

  o A structured explanation of the concepts of dignity, ageism, dignity challenges and action planning. It contains practical examples, thinking activities and references with links to further reading and useful websites.

  o A method for personal and managerial audits of dignity in the care of older people.

  o A method of action planning for care with dignity and its evaluation in the organization.

- **Dignity through Action Workshop Pack (Resource 3)**. The purpose of the Workshop Pack is to provide workshop participants with all the resources they need to attend a workshop. The Workshop Pack contains:

  o **Notes on the Principles of Dignity and Dignity Challenges**. These notes, including a 'glossary of terms', summarise the main points from the workshop presentations.

  o **Workshop activities and case studies with associated worksheets**. The workshop activities are based on two case study 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**. Case Study B provides a substantial narrative built up from real life examples and provides the basis for discussing the Dignity Challenges. To provide flexibility there are 3 optional versions of Case Study B designed to match broad care environments of the workshop attendees.

      Case Study B1: Independent Living Environment
      Case Study B2: Residential Care Environment
      Case Study B3: Nursing Care Environment

  o **Action Planning and Evaluation Resources**. There are a number of 'checklists' included to support planning activities.

- **Organizations' Guide to Dignity through Action (Resource 4)**. The purpose of this Guide is to provide organizations *(senior managers)* with a briefing document about Dignity through Action.

- **Older Persons' Guide to Dignity (Resource 5)**. This short guide provides a description of what older people should expect from care with dignity, how to identify undignified treatment and what to do about it.

Note:
1. The Dignity Study Guide follows the structure of the dignity workshop. However, the Study Guide would not normally be issued at a dignity workshop as everything a workshop participant requires should be contained in the Workshop Pack (Resource 3).

o   This Guide has been designed to be used where a Dignity through Action Programme is under way. It should be used carefully by Dignity Facilitators to help discuss ideas of dignity and respect with older people and their advocates.

o   The Guide also provides a set of questions to help older people consider the quality of dignity and respect in their care. Its use is described in the Facilitators' Guide.

- **Other Useful Documents**. Facilitators have the option of extending the Workshop Pack with:

  o   Activity worksheets.

  o   Generic dignity audit tools for care workers and supervisors/managers.

  o   A Dignity Workshop Evaluation Questionnaire.

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 older people.

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 and experience of educational/training practices. This Facilitators' Guide is divided into three parts to describe the roles of the Dignity Facilitator:

- **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 available and 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. The Dignity through Action workshop resources have been developed to provide considerable flexibility, but complicating variations have been kept to a minimum.

- **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.

ORGANIZING DIGNITY WORKSHOPS

FACILITATORS' DIGNITY WORKSHOP OBJECTIVES

The objectives of the Dignity through Action 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 older person.

DIGNITY WORKSHOP TYPES

There are two types of Dignity through Action workshop, which share the same workshop pack and activities:

- **Half-day Dignity Workshop***.*

  o The half-day workshop is suited to the needs of all types of Health and Social Care workers involved in the care of the older person who need to be provided with an <u>introduction</u> to the subjects of dignity and action planning.

  o The half-day workshop uses the same workshop study materials as the full day workshop, but much less time and emphasis is spent considering specific topics and discussing practical dignity ideas. The half-day workshop only has enough time to provide an introduction to basic action planning from the perspectives of:

    ▪ Identifying dignity issues and problems.

    ▪ Carrying out immediate and limited changes to personal practice.

    ▪ Carrying out an approved action plan as a member of a team.

- **Full-day Dignity Workshop***.*

  o The full-day workshop is suited to the needs of all types of Health and Social Care workers, whatever their grade, who need to be provided with a comprehensive coverage of the subject of dignity.

  o The presentations include the themes of human rights, abuse, discrimination and ageism in more detail and consider the 10 Dignity Challenges in some depth. The full day workshop provides a longer period for action planning and thinking about the management of change.

  o This type of workshop is better suited to professionally qualified staff members who may already be in a supervisory or managerial position, and who will need longer to discuss local dignity issues and develop action plans.

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 *(Microsoft Publisher Format)* 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 the tutor 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:

    o Use of the Dignity through Action Audit Tools.

    o Checking that workshop participants understand what they are doing and are working productively.

    o Clarifying issues as they arise.

    o Providing additional expert advice and support to participants as required.

    o Prompting with ideas to freshen up group discussions as required.

    o Encouraging groups to review their findings critically.

DIGNITY WORKSHOP STRUCTURE

The Dignity through Action Workshop has 4 presentations:

- Presentation 1: The Meaning of Dignity**.**

- Presentation 2: Older People and their Challenges *(Full Day Workshop Only)***.**

- Presentation 3: The Dignity Challenges *(Full Day and Half Day Versions)***.**

- Presentation 4: Action Planning**.**

A summary of the structure and contents of the Dignity Workshop is at **Table 2**.

WORKSHOP TIMETABLING

Example timetables for the two forms of Dignity Workshop are shown at Tables 3 and 4. The timings are approximate and should be adjusted to suit local arrangements and the nature of the workshop attendees.

CASE STUDY ANSWER GUIDES

Answer Guides for Case Studies B1, B2 and B3 are at **Appendix 2**.

Part	Descriptions
TABLE 2: SUMMARY OF DIGNITY WORKSHOP STRUCTURE AND CONTENTS	
PART 1	**INTRODUCTION & LEARNING OUTCOMES** *(Full-day and Half-day workshops)* The short workshop introduction is for use on the full day and half day workshops. There are some PowerPoint slides included at the start of Presentation 1 to support the Introduction. **THE MEANING OF DIGNITY** *(Full-day and Half-day workshops)* **Presentation 1**. This Presentation covers the meaning of the term dignity from the perspective of care for the older person and, following ideas of the Dignity and Older Europeans (DOE) Project Study (2001-2004), covers the meaning of dignity from the wider 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 overall perspectives of: • Treating older people as human beings. • Meeting older peoples' 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 and a worksheet for workshop participants to consider types of dignity. Activity A includes a group discussion and a plenary session.
PART 2	**OLDER PEOPLE AND THEIR VULNERABILITIES** *(Full-day day workshops only)* **Presentation 2.** The Presentation covers the vulnerabilities of older people and includes discrimination, stereotyping, ageism, abuse and neglect. It provides the context for the next presentation about the Dignity Challenges. Discussions are encouraged, but there is no formal Group Activity related to Part 2 of the Workshop. As new statistics are released the presentation will need updating.
PART 3	**THE DIGNITY CHALLENGES** *(Full-day and Half-day workshops)* **Presentation 3**. The presentation covers the Dignity Challenges. Full day workshop: Part 3 (Two sessions) and Half day workshops: Part 3 (Single Session). **Activity 3.1.** Activity 3.1 is a Group Discussion, followed by a Plenary Session, based on **Case Study B: the Dignity Challenges**. There are 3 versions of Case Study B designed to meet the needs of the main groups of workshop participants. These are: • **Case Study B1**. Independent Living Environment *(Mr Smith (72 yrs) Living at Home)*. • **Case Study B2**. Care Home Environment *(Mrs Arthur (75 yrs) in the Red Robin Care Home)*. • **Case Study B3**. Nursing Care Environment *(Miss Brown (91 yrs) in Hospital)*. Answer Guides for these Case Studies are at **Appendix 2**. **Activity 3.2** *(Normally Full Day Workshop Only)*. Activity 3.2 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 3. If supervisors or managers are attending the workshop then they could use the alternative **Supervisors' and Managers' Dignity Audit Tool**.
PART 4	**ACTION PLANNING** *(Full-day and Half-day workshops)* **Presentation 4**. 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 4.1** *(Part of Presentation 4)*. This Activity is a tutor led step by step worked example of an action plan using information from Case Study B. 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 Pack. *(Note: Case Studies B1, B2 and B3 are different, but they have all been modified so workshop participants will come up with consistent ideas and findings in the area of 'communication'. This is important because Activity 4.1, based on Case Study B, uses common findings on the Dignity Challenge: Communication for the example and so only a single set of PowerPoint slides covers all three case studies.)* **Activity 4.2**. 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. Full day workshop participants should develop reasonably detailed plans, whereas for a half-day workshop more time will need to be spent developing plans after the workshop. 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'.

Timings *(hh:mm)*	Work Type	Topic
TABLE 3: EXAMPLE TIMETABLE - FULL DAY DIGNITY WORKSHOP *(OLDER PERSON)*		
01:00	**PART 1: THE MEANING OF DIGNITY**	
00:05	Introduction	Introduction/Learning Outcomes
00:25	Presentation 1	The Meaning of Dignity
00:15	Activity 1 - Group Discussion	Case Study A - Identifying Types of Dignity
00:15	Plenary Discussion	Case Study A
00:30	**PART 2: OLDER PEOPLES' VULNERABILITIES**	
00:20	Presentation 2	Older People and their Vulnerabilities
00:10	Short Break (5 Minutes)	
02:50	**PART 3: THE DIGNITY CHALLENGES**	
00:30	Presentation 3 *(First Part)*	Dignity Challenges *(Treating Older people as Human Beings)*
00:05	Short Break (5 Minutes)	
00:30	Presentation 3 *(Second Part)*	Dignity Challenges *(Meeting Older Peoples' Human Needs)*
00:30	Activity 3.1 - Group Discussion	Identifying and describing dignity problems using Case Study B. Includes time to read the Case Study.
00:25	Plenary Session	Discussion about Case Study B
00:30	Lunch (30 Minutes)	
00:20	Activity 3.2 Group and/or Personal Work	Using the Dignity Audit Tools
02:10	**PART 4: ACTION PLANNING**	
00:20	Presentation 4	Dignity Through Action - Action Planning
00:20	Activity 4.1	Action Planning - Worked Example
00:30	Activity 4.2 Group and/or Personal Work	Producing an Action Plan
00:10	Break (10 Minutes)	
00:25	Plenary Discussion	Group Discussion: Action Plans
00:15	Plenary Discussion	Group Discussion: Arrangements for Follow Up Work
00:10	Workshop Evaluation	Complete Dignity Workshop Evaluation Form
06:30	**Total Hours Overall** *(Approximate Timings)*	

Timings *(hh:mm)*	Work Type	Topic
TABLE 4: EXAMPLE TIMETABLE - HALF DAY DIGNITY WORKSHOP *(OLDER PERSON)*		
01:10	**PART 1: THE MEANING OF DIGNITY**	
00:05	Introduction	Introduction/Learning Outcomes
00:25	Presentation 1	The Meaning 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)	
01:30	**PART 3: THE DIGNITY CHALLENGES**	
00:30	Presentation 3	Dignity Challenges
00:30	Activity 3.1 - 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
00:10	Recommended Break (10 Minutes)	
01:30	**PART 4: ACTION PLANNING**	
00:20	Presentation 4	Dignity Through Action - Action Planning
00:15	Activity 4.1	Action Planning - Worked Example
00:20	Activity 4.2 - Group and/or 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
04:10	**Total Hours Overall** *(Approximate Timings)*	

OBTAINING WORKSHOP RESOURCES

The Dignity through Action Workshop Materials which include the presentations, case studies, Workshop Pack, audit tools and other additional resources are on-line at the locations shown at Page 2.

A full listing of the files containing the Dignity through Action Resources is shown in the On-line Resource Catalogue at **Appendix 3** of the Facilitators' Handbook.

WORKSHOP PRESENTATIONS

Each workshop presentation is supported by a PowerPoint slide pack. A few of the slides have been reproduced in Resource 3: Workshop Pack.

See **Appendix 3** for a list of the PowerPoint Presentations which are on-line.

WORKSHOP DELIVERY PLANS'

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

- **Table 4.1**: Workshop Part 1 Plan - The Meaning of Dignity.

- **Table 4.2**: Workshop Part 2 Plan - Older Peoples' Challenges *(Full-day Workshop only)*.

- **Table 4.3**: Workshop Part 3 Plan - The Dignity Challenges.

- **Table 4.4**: Workshop Part 4 Plan - Action Planning.

PRODUCING THE WORKSHOP PACK *(RESOURCE 3)*

To produce the Workshop Pack for use by workshop participants:

- Obtain a master copy of the Workshop Pack *(Resource 3)* and the selected Case Study B version.

- Insert the selected Case Study B into the 2 page blank section 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'.

OPTIONAL MATERIAL FOR EXTENDING THE WORKSHOP PACK

- **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 they feel their use would help workshop participants.

- **Generic Dignity Audit Tools**. Two dignity audit tools have been included in the resources and can be used at any time before, during or after a dignity workshop at the discretion of the facilitator to help workshop participants focus on the key dignity issues from a personal perspective. The audit tools should be used anonymously with the results kept private by the individual. The example timetable for a full day workshop includes a session using audit tools and is scheduled to provide input into the planning exercise during a Full Day Workshop. The two audit tools are:

  o **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 older people. It allows care staff the opportunity to reflect in some detail on the many personal attitudinal and practice issues raised by the Dignity Challenges.

- o **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.

- o **Organizational Level 'Audit' Material for Senior Managers**. During the trials of the Dignity through Action Workshop it was found that many senior managers and other senior professional staff members attended Dignity Workshops to support the event and in some cases taking part to learn more about the subject of dignity. The Organizations' Guide to Dignity through Action (Resource 4) contains many key questions for organizations from the perspective of the Dignity Challenges in the context of the Care Quality Commission Guidelines. This material could be used by senior managers attending Dignity Workshops to help them focus on the issues of dignity from an organizational perspective. If senior managers are attending workshops in any capacity it is recommended that they are provided with a complete copy of Resource 4 as well as a Workshop Pack (Resource 3).

- **Dignity Workshop Evaluation Questionnaire**. It is common professional 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', if required.

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: Dignity Study Guide), prepared well, ensuring 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 older people 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 also 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. In the full day workshop there is time for participants to carry out the planning activity from a considered position, whereas in the half day version of the workshop action planning can really only be addressed in a superficial manner. 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.

Action planning may take place to deal with personal level changes. However, changes should be seen in the context of the internal management and supervisory practices carried out in 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 develop a co-ordination and evaluation plan associated with the action plans started at the Workshop and the arrangements for this need to be discussed and agreed with the participants.

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. Resource 4: Organization's Guide to Dignity through Action is designed to help you engage and inform your senior managers about the Dignity Challenges and the Dignity through Action Programme and its resources.

Resource 4 contains information about:

- The Dignity through Action Programme, and its resources and how they should be used.

- The Dignity Challenges. The 10 Dignity Challenges are described at an organizational level in the context of Care Quality Commission Guidelines. There are 10 concise tables covering :

  - An **explanation of each Dignity Challenge**.

  - The **core ideas** associated with each Dignity Challenge.

  - The **key questions** *(from an Organizational Perspective)* for each Dignity Challenge.

  - Some **Key actions** *(from an Organizational Perspective)* to meet the Dignity Challenge.

INVOLVING OLDER PEOPLE IN DIGNITY THROUGH ACTION CHANGES

Older people also need to be involved in the Dignity through Action programme and any changes to care practices:

- To find out what is important to individual or groups of older people and what their expectations are with dignity and respect issues.

- To help older people understand why carers may be introducing changes to care practice.

- To develop the co-operation and commitment to changes to care practices.

There are many ways of involving older people. You might discuss changes of practice with individual older people, groups of various types and sizes, as well as introducing the subject into the agenda of formal 'service user groups'. You will have your own local practices. However, if you are carrying out Dignity through Action workshops coupled to action planning you may need to explain to older people receiving services:

- The Dignity Challenges.

- The Dignity through Action Programme

- How changes to improve care with dignity and respect are being developed.

You may also wish to:

- Understand what might be worrying older people locally about their care from the perspective of dignity and respect.

- Ensure older people can articulate their concerns and dignity and respect, and perhaps even know how to make complaints.

- Involve some older people in discussions during Dignity Workshops. This would need to be planned very carefully and you would need to choose suitable older people to participate as well as gaining management approval for this. However, using older people in this way will likely increase the time taken for activities. You need to think very carefully about the merits of taking this approach.

The Dignity through Action Resource 5: Older Peoples' Guide to Dignity provides a description of:

- What older people should expect from care service that values dignity and respect.

- How older people might identify undignified treatment and what to do about it.

Resource 5 has been designed to provide you with material to help you discuss ideas of dignity and respect with older people where a Dignity through Action Programme is under way. However, it has not been designed for general distribution. You should:

- Edit and tailor Resource 5, with advice and approval from managers, so it meets the needs of the local context.

- Use 'Some Questions to Ask Yourself' in the Older Peoples' Guide (Appendix 1), which is all about expectations, very carefully and with sensitivity.

APPENDIX 1: ORGANISING AND 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 *(Full day/Half Day Workshops)* 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 timetables.)*		

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. **<u>Very important</u>**!
	 • 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: CASE STUDY B ANSWER GUIDES

ANSWER GUIDE NOTES: CASE STUDY B1	
Independent Living Environment *(Mr Smith (72 yrs) Living at Home).*	
RESPECT Support people with the same respect you would want for yourself or a member of your family.	Carers speaking loudly and slowly although this was not necessary. Carers did not consult with him about his needs.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	Possible incident of financial abuse. Removing the man's walking frame that he owned.
PRIVACY Respect peoples' right to privacy.	Student was not introduced. Permission was not sought before looking around the flat. Moving coats into the bedroom. Possible breach of confidentiality - with carers swapping stories about his neighbour. Potential theft of his belongings (walking frame).
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	He was being provided with walking aids without proper assessment and something he did not want or need. He wished to go shopping (with assistance), but was not permitted to.
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	Too many agencies involved. Too many different carers involved. Unclear if all understood his needs. Confusing and conflicting advice on mobility aids. Lack of clarity as to overall responsibility.
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	Lack of a programme to improve confidence with walking. Loss of confidence with carers. Perhaps not feeling he was worth the effort. Providing incorrect information e.g. if he falls he will end up in a wheelchair'.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	Despite presence of carers, this man is still confined to his home and no effort to get him out and about. No assessment as to what his preferences are for mixing with other people. Perhaps he would like the Day Centre again? Perhaps he would like to attend something else (e.g. football match?). He was not asked.
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	Need to listen to what he wants particularly with mobility, shopping, food requirements. Listen to his concerns about individual care staff. Need to ask his permission to do things e.g. move coats – enter cupboards. Obvious lack of consultation with older person and apparent confused planning over future care.
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	Encourage him to talk about issues regarding care workers *(hours, shopping and money shortages).* Complaints may need to be made. How does this Agency monitor its staff members? Where are the supervisors?
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	It is clear that the older person's relative wishes to be involved in care – but appears excluded. Poor information flow to and from relatives. Many care professionals having input, but little consultation with family members. Inaccurate information being provided to the relative about future care – there are also intervention/consent issues. Daughter having difficulty contacting the Agency and Social Services.

ANSWER GUIDE NOTES: CASE STUDY B2
Care Home Environment *(Mrs Arthur (75 yrs) in the Red Robin Care Home).*

RESPECT Support people with the same respect you would want for yourself or a member of your family.	Removal of bedclothes without asking and pulled out of bed (against will?) Inappropriate use of language e.g. 'you stink'! Inappropriate use of the 'toilet chair'. Need for false teeth: eating and appearance issues. Lack of washing and being forced to wear soiled clothes. Talking 'over' Mrs Arthur. Unsympathetic response to an agitated older person. Failure to help Mrs Arthur look after her belongings *(link to privacy)*.
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	Lack of assistance with eating and drinking. Being pulled out of bed. Forcing her to do what the HCA wants to do not what she wants to do. Call bell not activated and ignored. Inadequate and incorrect record keeping. Misuse of food choice.
PRIVACY Respect peoples' right to privacy.	Entering rooms without knocking. Leaving the persons room door open *(without asking or explaining the reason)*. Removal of bedclothes without asking. Searching room and locker *(without asking or explaining the reason)*. Manager not taking daughter into a private room. Conversations about care being overheard. Lack of a quiet area?
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	Lack of encouragement to use walking frame, No choice in wearing clothes. Unable to find teeth – inhibits proper eating. Lack of food she could enjoy.
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	Issues of : ▪ Loss of teeth. ▪ Clothing. ▪ Personal hygiene. ▪ Walking aids. ▪ Checking weight and accurate record keeping. ▪ Toilet use and being taken to the toilet.
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	Issues of : ▪ Loss of teeth. Possible major factor in loss of confidence and self esteem. ▪ Soiled and smelly clothes. ▪ Lack of washing. ▪ Use of 'toilet chair' and being taken to lunch on it. ▪ Walking assessment and aids. ▪ Telling off for not eating food.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	Has there been an opportunity for her to talk on the telephone with her daughter. Day room too noisy for Mrs Arthur – where are quiet facilities as advertised.
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	Few people seem to talk to Mrs A they just seem to tell her what to do. Evidence that Mrs A is not being listened to – was she ready to get out of bed? Poor comments made about her eating *(e.g. not wasting food)*.
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	Do not appear to provide care as advertised! Mrs A concerns seem to be ignored by manager. Poor record keeping including incorrect records being made by the HCA could lead to problems if any complaints are made. Poor exposure of trainee to working practices. Is the HCA aware how to make a complaint about another member of staff? Is the organization supportive?
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	Poor communication and involvement with daughter. Failure to inform daughter of GP diagnosis which daughter might contest from other evidence. It is clear that the patient's family wishes to be involved in care – but appear excluded. Obvious lack of consultation with patient and apparent confused planning of future treatment. Many professionals having input but little consultation with relative despite legal position. Inaccurate information to relative about future care - Intervention/consent issues. Poor documentation issues.

ANSWER GUIDE NOTES CASE STUDY B3
Nursing Care Environment *(Miss Brown (91 yrs) in Hospital).*

RESPECT Support people with the same respect you would want for yourself or a member of your family.	Humiliation issues: Chest exposed, mixed sex ward, inappropriate bed clothing issued. Neglect issues: Lack of proper assessment of needs? Slumped in chair. Personal hygiene: Hair unkempt – Dirty Linen
ZERO TOLERANCE OF ABUSE Care and support is provided in a safe environment, free from any form of abuse.	Nutrition issues: Lack of food & fluids by mouth – fluids/drinking cup out of reach. Lack of assessment of refusal to eat. Documentation: No records of nutritional state or accurate weight records. No active care notes. Neglect: Call button out of reach, no warm clothing when out of bed. Soiled clothes not placed in plastic bags. Communication: might be in pain – who knows?
PRIVACY Respect peoples' right to privacy.	Mixed sex ward issue and exposure of body. Closeness of male patient for this lady and expectations of her background. Notice over bed about dirty linen – breaks her privacy.
AUTONOMY Enable people to maintain the maximum possible level of independence, choice and control.	Obvious lack of consultation with patient and apparent confused planning of future treatment. Many professionals having input, but little consultation with relative despite legal position. Inaccurate information to relative about future care. Intervention/consent issues
PERSON-CENTERED CARE Treat each person as an individual by offering a personalised service.	Little evidence of personalised treatment and care. No co-ordinated care plan apparent. Guessing bodyweight. No discharge plan. No mention/consideration of MRSA.
CONFIDENCE AND POSITIVE SELF-ESTEEM. Assist people to maintain confidence and a positive self-esteem.	No evidence of anything being done to make this women feel she ought to be getting better. Kept in hospital clothing.
LONELINESS AND ISOLATION Act to alleviate people's loneliness and isolation.	Patient appears to be left alone for long periods of time. Little social interaction observed.
COMMUNICATION Expression of Needs and Wants. Listen and support people to express their needs and wants.	Low level of communication with patient & relatives – nothing in place to manage this. No contact with niece over moving wards. Written complaints handling – processes slow and poor?
COMPLAINTS Fear of Retribution. Ensure people feel able to complain without fear of retribution.	Relative having difficulty with making complaints which are then acted on. This relative is a qualified nurse having difficulty making complaints. No feedback on complaints.
ENGAGE WITH FAMILY AND CARERS Engage with family members and carers as care partners.	It is clear that the patient's family wishes to be involved in care – but appear excluded. Obvious lack of consultation with patient and apparent confused planning of future treatment. Many professionals having input but little consultation with relative despite legal position. Inaccurate information to relative about future care - Intervention/consent issues. Poor documentation issues. Did not allow niece to assist in grooming care e.g. hair washing.

APPENDIX 3: DIGNITY THROUGH ACTION RESOURCES ON-LINE LISTING

Resources	File Names
R0. INTRODUCTION TO THE DIGNITY THROUGH ACTION RESOURCES	DTA(OP) R0. FLIE LISTING READ ME FIRST
	DTA(OP) R0. INTRODUCTION DTA(OP) RESOURCES Ver x
R1. RESOURCE 1 - DIGNITY THROUGH ACTION FACILITATORS' HANDBOOK	
Dignity Facilitators' Handbook	DTA(OP) R1. DIGNITY FACILITATORS HANDBOOK Ver x
PRESENTATIONS	
Full Day **(FD)** & Half Day **(HD)** Presentations Set (MS PowerPoint)	DTA(OP) R1. Presentation 1 Meanings of Dignity Ver x
	DTA(OP) R1. Presentation 2 **FD** Older Peoples Challenges Ver x
	DTA(OP) R1. Presentation 3 **FD** Dignity Challenges Ver x
	DTA(OP) R1. Presentation 3 **HD** Dignity Challenges Ver x
	DTA(OP) R1. Presentation 4 Action Planning Ver x
R2. RESOURCE 2 - DIGNITY STUDY GUIDE	
Dignity Study Guide	DTA(OP) R2. DIGNITY STUDY GUIDE Ver x
R3. RESOURCE 3 - DIGNITY THROUGH ACTION WORKSHOP	
CORE MASTER FOR REPRODUCTION	
Workshop Pack	DTA(OP) R3. DIGNITY WORKSHOP PACK Ver x
Dignity Challenges Case Study B: Variations	DTA(OP) R3. Workshop Pack Case Studies B Ver x
OPTIONAL WORKSHOP DOCUMENTS	
Action Planning Worksheet Template	DTA(OP) R3. Worksheet Action Planning Ver x
Dignity through Action Self-audit Tools	DTA(OP) R3. Workshop Dignity Audit Tools Ver x
R4. RESOURCE 5 - ORGANIZATIONS' GUIDE TO DIGNITY THROUGH ACTION	
Organizations' Guide to Dignity through Action	DTA(OP) R4. ORGANIZATIONS GUIDE Ver x
R5. RESOURCE 1- OLDER PERSONS' GUIDE TO DIGNITY	
Older Persons Guide to Dignity	DTA(OP) R5. OLDER PERSONS GUIDE Ver x
R6. OTHER USEFUL DOCUMENTS	
Workshop Advertising Flyer	DTA(OP) Dignity Workshop Flyer Ver x
Workshop Evaluation Questionnaire	DTA(OP) 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 4: WORKSHOP DELIVERY PLANS

TABLE 4.1: DTA(OP) WORKSHOP PART 1 DELIVERY PLAN - THE MEANING 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 an older person 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. All workshop participants must have a copy of **Dignity through Action Workshop Pack (Resource 3)**.
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** ▪ **{S}:** **Title Slide – Introduction to the Dignity through Action Workshop.** ▪ **{S}:** **Background to Dignity through Action** *(Optional Slide).* Explain the overall objectives of Dignity through Action. ▪ **{S}:** **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 overall. • **{S}:** **Timetable for the Day** *(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 also 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 have read Resource 2: Dignity Study Guide. You also need to tune the presentation to meet the needs of the workshop participants.** • **{S}:** **Title Slide.** • **{S}:** **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. • **{S}:** **Meaning of Respect**. Explain the concept of respect.

TABLE 4.1: DTA(OP) WORKSHOP PART 1 DELIVERY PLAN - THE MEANING OF DIGNITY

- **{S}: 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.**

- **{S}: 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.

- **{S}: 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 older people.

- **{S}: Treating people as Human Beings 3 – Some examples.** This slide provides a few examples of potential breeches of the human rights of older people. 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)*:

    o   **{S}:** Further Examples 3A Article 2 Right to Life.

    o   **{S}:** Further Examples 3B Article 2 Right to Life (Neglect).

    o   **{S}:** Further Examples 3C Article 3 Prohibition of Torture (Abuse).

    o   **{S}:** Further Examples 3D Articles 5 (Liberty), 8 (Privacy) & 14 (Discrimination).

Note: the next <u>two slides</u> 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.

- **{S}: Treating people as Human Beings – Supporting Laws**.

- **{S}: Treating people as Human Beings – Supporting Laws**. This slide shows a list of supporting laws.

- **{S}: Types of Dignity (Green Box)**. This is a repeat of an earlier slide so as to provide a summary of what has been covered under the idea of treating older people as human beings.

- **{S}: Types of Dignity (Meeting Peoples Human Needs)**. This slide is a follow on from the previous slide so you can focus workshop participants about the other three types of dignity which will now be covered in more detail.

- **{S}: Older People's Personal Needs**. This slide covers <u>Maslow's Hierarchy of Needs</u>. This is a very useful way of describing the relative balance of personal needs. This Model is used extensively, so many participants will recognise it.

Note: the <u>next 5 slides</u> 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.

- **{S}: Type of Dignity - Dignity of Personal Identity (Purple Box)**. Discuss the attributes of a person's personal dignity. Ask participants for real life examples.

- **{S}: 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.

- **{S}: 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.

TABLE 4.1: DTA(OP) WORKSHOP PART 1 DELIVERY PLAN - THE MEANING OF DIGNITY

- **{S}: Types of Dignity (full slide)**. This is a copy of the full unmasked slide, to complete this run of build up slides.

- **{S}: 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.

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

<u>ACTIVITY 1: IDENTIFYING TYPES OF DIGNITY</u>

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: 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 use the classification of types of dignity and to allow participants to see dignity issues from these different perspectives.**

- **{S}: Activity 1 Title Slide**.

- **{S}: 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. You should 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 **(Allow 10 minutes)**. <u>Case Study A is a good example because it illustrates all four types of dignity.</u>

  - Participants need to answer the question by discussing the **<u>types of dignity</u>** which are observable in Case Study A *(dignity of the Human Being, personal Identity, merit and moral status).* <u>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.</u>

  - 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.

- **{S}: 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.

- **{S}: Activity 1 Title Slide** *(Repeated)*. **Note: There is a 'title slide' to use while Activity 1 Group Work is under way. 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.**

  - **You should use a 'flipchart' to record the overall ideas from the groups. You should use a 'volunteer' to act as the scribe.**

- **{S}: Activity 1 Answer Guide**. This slide provides a short answer guide. **Note: remove this slide if it is not required**.

- **{S}: Last Slide - Blank Black Background.** This marks the end of Part 1.

TABLE 4.2: DTA(OP) WORKSHOP PART 2 DELIVERY PLAN - OLDER PEOPLES' CHALLENGES **(Used on Full Day Workshops Only)**	
Objectives	To present overview and understanding of the main challenges faced by older people to provide the context for further discussions about the Dignity Challenges.
Required Materials	**Note: Same requirements as Part 1**
Procedure	**PRESENTATION 2: OLDER PEOPLES' CHALLENGES** **{S}:** Indicates PowerPoint Slide. **Note: You should tailor this presentation to the type of participants attending the workshop. If you can you should present this so as to challenge participants' ideas and preconceptions. You should encourage participants to offer their own experience and knowledge about the subjects covered. However, do not be surprised by the lack of participants' general knowledge in this area. This presentation is short and you should take care not to become distracted by issues raided by participants. It is assumed you have read Resource 2: Dignity Study Guide.** • **{S}:** **Title Slide**. • **{S}:** **What is an Older Person**? A description of various definitions of 'old age'. • **{S}:** **Aging Population.** Some interesting facts to discuss about the aging population. • **{S}:** **Stereotyping & Prejudice - Overview.** Major factors in determining how older people are treated. • **{S}:** **Older People - Poor Terminology.** This terminology exposes deep prejudice about older people. Even the term 'older people', which is better than most, is still ambiguous. As a quick exercise you could ask participants to provide further negative terms, but on a more positive note set them the task of coming up with 'positive' collective terms, this is not so easy e.g. 'sages'. **Note: the next 5 slides provide a build up of an overview of the challenges older people face. In the time available you should cover these challenges according to the knowledge and experience of the participants.** • **{S}:** **Overall Question**. What challenges do older people face? • **{S}:** **Main Challenge Headings**. • **{S}:** **Amusing Quote**. • **{S}:** **Challenges - Physical and Medical**. • **{S}:** **Challenges - Discrimination (Ageism).** This is an important topic related to dignity and this slide provides some basic points. • **{S}:** **Does Age Discrimination Exist? (Ageism)**. You may not require this slide, but it has been included to provide some evidence of age discrimination. Age discrimination is very much a measure of dignity in the way we treat older people. • **{S}:** **Challenges - Neglect and Abuse**. These are important topics related to dignity and this slide provides some basic points. The message must be reinforced that these issues are potentially major human rights issues. • **{S}:** **Older People's Challenges Summary**. This slide shows all the challenges in one diagram for a summary. • **{S}:** **Look Forward 'Cloud'**. Participants should now be able to see that they have been provided with a sound thinking framework for dignity. • **{S}:** **Last Slide - Blank Black Background.** This marks the end of the Presentation 2. **ACTIVITY** Throughout this presentation you should encourage workshop participants to offer their ideas, examples and personal experience. There is no Activity 2 to support Part 2 of the Dignity Workshop.

TABLE 4.3: WORKSHOP PART 3 DELIVERY PLAN - THE DIGNITY CHALLENGES	
(Tailor to Full Day or Half Day Workshop Use)	
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.

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: there are there are three versions of Case Study B.
	
	Note: There are two PowerPoint Slide packs to support Presentation3:
	
	• **Full-day Workshop. The slide pack is designed to be used in two sessions and uses more detailed slides to cover the Dignity Challenges.**
	
	    o **Session 1: Treating Older People as Human Beings.**
	    Respect
	    Abuse
	    Privacy
	    Autonomy
	    Person-centered care
	    o **Session 2. Meeting Older Peoples' Human Needs.**
	    Self-esteem
	    Loneliness and isolation.
	    Communication.
	    Ability to complain.
	    Engaging with care partners.
	
	• **Half-day Workshop. The slide pack is designed to be used in a single session and uses less detailed slides to cover the Dignity Challenges in the time available.**

Procedure	**Note: You need to deliver Presentation 3 from the perspective of the participants, their present knowledge, experience and roles. The full day workshop allows more time for discussion, sharing of experience and consideration of best practice. The way you deliver Presentation 3 may also be affected by current local dignity issues. It is assumed you have read** <u>Resource 2: Dignity Study Guide</u>**.** *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* <u>*without numbers*</u> *in the Dignity through Action resources.* **PRESENTATION 3: THE DIGNITY CHALLENGES {S}:** Indicates PowerPoint Slide. **Note: Full and half-day versions cover the same material in the same order**. • **{S}: Presentation Title (First Part)**. • **{S}: Government Initiatives 1 – Dignity in Care Campaign**. • **{S}: Government Initiatives 2 -Dignity Champions**. • **{S}: Slides: Dignity Challenges Slide Sets: See full-day and half-day versions**. **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 3 workshop participants should have a good understanding of these challenges and should be able to apply this knowledge in Activity 3.1.**

TABLE 4.3: WORKSHOP PART 3 DELIVERY PLAN - THE DIGNITY CHALLENGES *(Tailor to Full Day or Half Day Workshop Use)*	

	ACTIVITY 3.1: IDENTIFYING DIGNITY CHALLENGES
	
	 Note:
	
	     • **To carry out Activity 3.1, 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:**
	
	         o **Notes on the Dignity Challenges.**
	
	         o **The Activity 3.1 Worksheet for them to record their notes**.
	
	 Activity 3.1 is covered by:
	
	     • **{S}: Case Study B - Title Slide**. First discussion period for Case Study B.
	
	     • **{S}: Text and Worksheet Instructions**. The slide shows the basic requirements of Activity 3.1, and where participants will find the Case Study B and the associated worksheets in their Workshop Pack.
	
	     • **{S}: Activity 3.1 - Worksheets**. This shows the Activity 3.1 Worksheets and you can point to where participants should write their ideas in note form.
	
	     • **{S}: Activity 3.1**. This is a 'blank title slide' to use while Activity 3.1 Group Work is being under way.
	
	 The groups should then return for a plenary session where the Case Study is discussed.
	
	 ACTIVITY 3.2: USING DIGNITY AUDIT TOOLS Note: the self audit tools are recommended for full day workshop use only, although they can be handed out to participants at half day workshops for use after the workshop.
	
	 Activity 3.2 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 3. If supervisors or managers are attending the workshop then they could use the alternative **Supervisors' and Managers' Dignity Audit Tool**.
	
	 Note: this activity is useful for providing workshop participants with ideas for action planning.
	
	 Note: 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.

TABLE 4.4: DTA(OP) WORKSHOP PART 4 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 4: ACTION PLANNING {S}:** Indicates PowerPoint Slide.
	Note: In this part of the Dignity Workshop the emphasis shifts from learning to think about dignity issues 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 Resource 2: Dignity Study Guide where the subject of action planning is covered in some detail.
	{S}: Title Slide. **{S}: Dignity Action Plan Definition**. The important point is that whatever the size and complexity of a plan the same planning steps can be identified. **{S}: Basic Planning Steps**. This slide allows you to explain the basic steps of action planning. **{S}: 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 older people 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. **{S}: 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'. 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**. **{S}: Step 3: Considering the Factors – Look for a Solution.** **{S}: 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.
	{S}: Step 5: Creating the Plan – Goals & Objectives (Slide A). You need to explain the difference between an overall goal and objectives.

TABLE 4.4: DTA(OP) WORKSHOP PART 4 DELIVERY PLAN - ACTION PLANNING	

	{S}: Step 5: Creating the Plan – Goals & Objectives (Slide B). It has been found that workshop participants can become confused between a goal and objectives particularly with small scale or limited plans. Clearly if there is only 1 objective this must be the goal! **{S}: Step 5: Creating the Plan – Goals & Objectives (Slide C)**. Explain SMART Objectives. **{S}: Step 5: Creating the Plan – Goals & Objectives (Slide D)**. Explain SMARTIES. For the subject of dignity which is deeply rooted in how people treat each other, objectives should have addition qualities such as 'inspiring', 'enthusiasm generating' and 'sustainable'. Workshop participants do like this and they can see the benefits, particularly the idea of sustainability. **{S}: Step 5: Creating the Plan – Details in the Plan. Note: 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.** **{S}: 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 4.1: 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 edit the slides below and 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.

- **{S}: Activity 4.1 - Title Slide**.

- **{S}: Step 1: Identify Dignity Problems**. This slide shows an extract of the kind of ideas likely to have been generated from using Case Study B during Activity 3.1. They define likely communication problems in Case Study B. 'Communication' has been chosen for a demonstration of action planning because it is made up of several Dignity Challenges and is common to all care environments. **Note: Case Studies B1, B2 and B3 have been designed to have the same kinds of communication issues**.

- **{S}: Step 1: Identify Dignity Problems & Prioritize**. You should ask participants to prioritize the problems using their own experience. This slide provides an 'answer guide'.

- **{S}: Step 2: Identify Causes.** Using the priority 1 issues from the previous slide this slide offers some possible causes which workshop participants will recognise. Because the Case Studies are artificial examples and the full details of each case are unknown, it is not clear what the causes of these issues really are. Therefore, you need to draw out possible causes from the workshop participants *(see the slide)* and ensure they understand the difference between identifying dignity challenges and finding out their causes.

- **{S}: Step 3: Consider the Factors.** 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.

- **{S}: Step 4: What are my options?** This slide shows two possible **simplified** options to illustrate the idea of options and deals only with the priority 1 issues identified in the slides above. Clearly one option is deliberately better and more realistic than the other and is the best way forward. If asked, workshop participants are likely to generate many other realistic options.

- **{S}: 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 also listed in their Workshop Packs.

- **{S}: 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.

- **{S}: 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

TABLE 4.4: DTA(OP) WORKSHOP PART 4 DELIVERY PLAN - ACTION PLANNING

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.

- **{S}: Last Slide - Blank Black Background.** This marks the end of Activity 4.1.

ACTIVITY 4.2: PRODUCE AN ACTION PLAN *(PERSONAL OR GROUP ACTIVITY)*

- **{S}: Activity 4.2 - Title Slide**.

- **{S}: Activity 4.2 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. **Note: participants should be able to use dignity problems arising from a number of sources:**

  - o **Their own experience.**

  - o **A group defined problem.**

  - o **The dignity audit tools.**

  - o **Local examples of dignity problems as directed by local management to consider.**

- **{S}: Blank Slide**.

ARRANGEMENTS FOR FOLLOW UP WORK

- **{S}: Title Slide: Arrangements for Follow Up Work.** You need to discuss with Workshop participants:

  - o Finishing their plans.

  - o Any approval mechanisms for their plans.

  - o Who is going to evaluate their proposed changes and when.

  - o Spreading 'best practice' to others.

  - o You will need your own plan and timetable for this work!

- **{S}: Blank Slide**.

EVALUATION QUESTIONNAIRE

- **{S}: 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.

- **{S}: Blank Slide**.

APPENDIX 5: SOURCES OF FURTHER INFORMATION

Source and Description	References and Links
Age Concern Internet site for older people providing useful advice, services and contacts. Describes campaigns about: Depression, Quality Care, Financial Assistance, Advice to Older People, Malnutrition and Chiropody. A general position statement with interesting evidence about nutrition for older people. Firm practical guidance with useful examples which covers 7 step plan to end the scandal of malnutrition in hospitals. The ideas are useful for all care settings.	Age Concern (2008), *Campaigns and Issues,* [Online]. Available at: http://www.ageconcern.org.uk/AgeConcern/campaigns.asp. Age Concern (2006), *Hungry to be Heard*, [Online]. Available at: http://www.ageconcern.org.uk/AgeConcern/Documents/Hungry_to_be_Heard_August_2006.pdf.
British Geriatrics Society A campaign to raise awareness that people, whatever their age and physical ability. The aim of the campaign was to raise awareness that people, whatever their age and physical ability, should be able to choose to use the toilet in private in all care settings **British Geriatrics Society** Submission by the BGS to the UK Parliament, Joint Committee on Human Rights. Very concise summary of all the problems from a Human Rights perspective.	British Geriatrics Society (2006), *Behind Closed Doors: Using the toilet in private*, [Online]. Available at: http://www.bgs.org.uk/campaigns. British Geriatrics Society (2007), *Position Paper: The Human Rights of Older Persons in Healthcare Call for Evidence*, [Online]. Available at: http://www.bgs.org.uk
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 (2006), *A New Ambition for Old Age*, [Online]. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133941. Department of Health (2007), *About the National Service Framework (NSF) for Older People*, (Updated: 8 November 2007). Available at : http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/DH_4073597. 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.

Source and Description	References and Links
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 for older people 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.
Help the Aged Internet site for older people providing useful advice, services and contacts. Describes campaigns about Age Discrimination, Elder Abuse, Health and Social Care, Neighbourhoods, and Pensions and Benefits. General information for older people on the subject of abuse. A Vision for Social Care Practical leaflet guidance on mobility for the older person.	Help the Aged (2008), *Campaigns and Issues,* [Online]. Available at: http://www.helptheaged.org.uk/en-gb/Campaigns/. Help the Aged (2007), *Elder Abuse: What it is and How to Stop It*, [Online]. Available at: http://www.helptheaged.org.uk/NR/rdonlyres/2B789046-6FEF-488C-A5DD-17A90F3FE11D/0/elder_abuse_adv.pdf. Help the Aged (2008), *A Vision for Social Care – Principles for Change*, [Online]. Available at: http://www.helptheaged.org.uk/NR/rdonlyres/AEAFF67D-6B5A-4D03-8667-53D6D2FBCD8C/0/HtA_executive_summary.pdf. Help the Aged (2007), *Staying Steady: Improving your strength and balance,* [Online]. Available at: http://www.helptheaged.org.uk/NR/rdonlyres/F6D4F2BB-5DAD-42B4-8141-9354FE24AF6F/0/staying_steady_adv.pdf.
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.