Department of Health

# OUR VIEWS:

## North East Dignity Champions 2008

# Report on North East Dignity Champions Research 2008

## The Dignity Challenge

The Dignity in care campaign was launched by the Department of Health (DH) in November 2006, when Ivan Lewis was the Minister with responsibility for Social Care. Its aim is 'to stimulate a National Debate around dignity in care and create a system where there is zero tolerance of abuse and disrespect of older people'. In 2007, DH extended the campaign to people with mental health problems. The aims, which can be found on the web-site, www.networks.csip.org.uk/dignityincare/dignitycarecampaign/ are to:

- Raise awareness in dignity in care
- Inspire local people to take action
- Share good practice and give impetus to positive innovation
- Transform services by supporting people and organisation providing dignified services
- Reward and recognise those people who make a difference and go that extra mile

In support of the campaign, the DH wanted 'people from across the country, from all walks of life, to sign up as dignity champions.' To achieve this, the Care Services Improvement Partnership (CSIP), an improvement organisation commissioned by the Department of Health with particular responsibilities for development support of care services for the older people and other vulnerable people was given responsibility for promoting the Dignity Challenge. Within the CSIP regional structures, each region, including the North East, nominated a Dignity Lead to support the programme. Some central resources were made available, in particular a credit card sized fold out card with 10 points for dignity champions to sign up to. A web-site was set up accessible through the CSIP networks name (see reference above) or the Department of Health main site. The CSIP Dignity team also produced newsletters in paper and web format. Funding was made available for events in regions. The Minister attended some of these. There were also links with other events such as the work to develop a dementia strategy England. By October 2008, over 3,000 people across England had signed up as Dignity Champions.

## Background to Research

In 2008, CSIP was looking towards strengthening the Dignity Champions campaign, particularly in the regions. Ivan Lewis, the Minister responsible until the beginning of October undertook a Dignity tour, starting in May in London; with a North East event on the tour planned for 13th October (this event took place with a new Minister for Adult Care, Phil Hope). CSIP was developing regional sections on the web-site. Within this context, the North East lead for Dignity Champions, Debbie Smith, also the CSIP lead for older adults, commissioned a short piece of research from Elaine Rodger, Independent Health Development Consultant, to look at how the initiative was

perceived by Dignity Champions in the North East and to provide information on how to improve support to them. The intelligence would inform Debbie's work as regional organiser. The findings would be shared through the web-site and newsletters for those without regular web/email access.

## Methodology

Elaine and Debbie agreed that Elaine would conduct the research through a short telephone questionnaire of up to 25 North East champions, about 10% of all dignity champions in the North East. This would have the advantage of speed, and a high response rate. The disadvantage was that the sample was unlikely to be typical; it would favour those who were most in touch with the campaign, who were more likely to be positive and fully engaged with it.

To set the research in motion, Emails and letters were sent out to all North East dignity champions on Debbie's data-base, asking champions if they wanted to help with the work and if so, to respond to Debbie with their telephone contact details. In order not to exclude dignity champions without regular access to email, Debbie sent letters to them in parallel with the emails. Through this process, Debbie and Elaine recruited twenty-five dignity champions. 20 interviews were conducted, using a semi structured interview lasting about thirty minutes. The interview structure appears as appendix 1. The list of dignity champions interviewed is appendix 2. This report is an analysis of responses. All those interviewed were offered anonymity should they wish. All were happy to share their comments through this report. The report text refers to interviewees with numbers; the key to the numbers is included in appendix 2.

Elaine and Debbie wish to thank all those interviewed and those who came forward but could not be contacted in time for the analysis.

## Respondents' Profile

Given the aim of the challenge attracting people 'from all walks of life' the background of the interviewees is important. Most were in paid employment of organisations, a small number, representing less than a quarter, were not in paid employment but had various roles associated with them, such as being local authority councillors (2), or NHS non-executives, or office holders for voluntary organisations. Only two of the 20 (interviewees 10, and 13), could be described as independent older people. More of the sample was associated with care providers in the independent (for profit) or voluntary sectors than the NHS. Half the sample worked in one or other of these sectors. Only three respondents worked directly for the NHS.
Looking at the areas of interest of the respondents, 18 (90%) had an interest in older people. Up to half of these had an interest in all care groups as well. Only two (10%) had an exclusive interest in adult mental health, although higher proportion, at least 25%, were interested and/or worked within services to older people with dementia and other mental health problems. Only one (interviewee 14) had an interest exclusively in physical disability.

For more than half of respondents (60%) working with people from the targeted groups of the dignity campaign was a central part of their work role. Many were managers in care or service giving organisations. A further 20% were not hands on, but had roles that were quite closely associated with care services. For example, interviewee 8 is involved in nurse education. This leaves only 20% for who did not work within the care environment in any way.

**Motivation for joining in the network (Q1)**

Question 1 asked why respondents had signed up as dignity champions. 75% of respondents said that it fitted with their job. 60% of respondents, including many of the work role group as well as others who did not work directly in the care environment, made comments referring to the campaign chiming with their own values and beliefs, being 'passionate' about the subject and similar comments. Others mentioned that they felt the area of dignity was neglected and that there was still poor practice. At least two felt that there was less emphasis on care and dignity in the caring professions now than had previously been the case. A substantial proportion of respondents (40%) had 'migrated' from other initiatives or felt that the dignity campaign fitted well with them. Migrations (or sometimes joint status holding where the other initiative was on-going) included older people's champions, and ex patient forum members (PPI). Two NHS respondents mentioned the current NHS Essence of Care initiative.

Most had signed up after an event, a very small number (three) specifically mentioned seeing promotions about it in the press or though internal organisational flyers. Not all interviewees were asked about when they had signed up but most were (70%). A little over half had joined up early and the rest had done so more recently. Joining up through the web-site (rather than through Debbie, as the regional organiser) had sometimes proved problematic. Some people who thought they were signed up proved not have been receiving all material sent out.

**Affect of Joining the Dignity Challenge (Q2, 3, 4 and 5)**

The next three questions asked about the benefits of signing up as a dignity champions (Q2), support accessed (Q3 and 4) and whether it had made any difference to what interviewees had done in addition to what they would have done anyway(Q5).

**Benefits** - most (80%) described at least one benefit. The most popular answers were clustered around the following:

- Networking, learning, information
- Highlights the importance of dignity, and is recognition by Department of Health
- Encouraged reflection on own practice, to start a local initiative
- Gives a platform
- Raised awareness

Four (20%) of respondents reported that they had not yet had any benefit or were unsure. These were all people who had signed up more recently. However, given likely bias in terms of respondents (see methodology) and the pressure within a telephone interview to give a positive answer, these responses are significant and should not be ignored.

**Support accessed** - two questions covered this, Q3 asked openly what support they had received to pick up spontaneous mentions and Q4 prompted them from a list, which included all the practical forms of support provided. In order of mentions, respondents reported using the following support:

- Cards (credit card sized with the 10 key principles)
- Regional organiser
- Events
- Emails
- Web-site
- Newsletters
- Toolkits

All but three respondents were familiar with the cards and at least a quarter reported handed them out to others within their organisation. One respondent (interviewee 4) had tied it to a training course he delivered in dealing with dementia, where graduates of the course would become dignity champions of the course and within the dignity campaign. Most respondents knew the regional organiser and had spoken to her, seen her at meetings she organised, or had invited her to local meetings. Whilst the methodology is likely to exaggerate this, it is important to recognise the centrality of the organiser. In terms of joining, most respondents had joined up after events and meetings: each of the major events in the North East being a watershed for more joiners. Emails were valued as a way of ongoing support. More respondents mentioned using them than the accessing the web-site. Some commented that the link/s within the emails prompted them to look at the web-site. The level of spontaneous looking at the web-site was relatively low and only one respondent had accessed a toolkit. Just under half of the respondents remembered seeing a newsletter.

There were some interesting comments on support. The web-site had proved problematic for some in terms of joining the campaign. One respondent felt that it was improving. There were some comments about the way the web-site excluded those without or with limited access to the internet. One of the two respondents who was an independent older person (10) made the point that the dependence on internet support that she felt the dignity challenge had was very excluding of many people. She had received some paper-based material and phone calls but felt that support was limited for those without internet access.

**Increased action on dignity –** Q5 covered this area, making the distinction of what respondents had done that they would not otherwise have done had they not become a dignity champion. This was an open question. All but three respondents put something forward. Of the three who did not, one (interviewee 19) said that it was close to Essence of Care on which she was

very active as the local lead. The other two had become champions relatively recently. Whilst some were relatively general such as increased focus, added to confidence to raise issues, promoted dignity challenge to others, many were quite specific individual initiatives. The list below gives an impression of the content of comments – they are paraphrased, not direct quotations. They refer back to the individual respondent to make it possible for readers of this report to get more detail:

- Our Care plans now have a personal profile of the individual [with permission (Interviewee 1)
- I have made my own practice more user led and my organisation now has a staff member of the month award (Interviewee 5)
- The challenge has encouraged me to look with residents eyes and think 'would I like to live with this?' My organisation has introduced choice as to when main meal of the day is served (Interviewee 6)
- In the Durham and Darlington NHS Foundation Trust we have amended the Essence of Care Audit to be consistent with Dignity in Care. We have made some dignity improvements in the areas of clothes and meals in collaboration with families and Age Concern (Interviewee 7)
- A group of dignity champions in Sunderland together with the Local Authority's Adult Services are working on involving dignity champions in governance visits to care homes following training (Interviewee 8)
- In Middlesbrough we ran a dignity in care awards scheme and place more emphasis on dignity in induction training (Interviewee 15)

**Dignity Network going forward**

The next two questions covered the future. Respondents were asked (Q6) what they would like the Dignity Network to do at a number of levels, local regional and national. Question 8 asked what changes they would like to see in support for Dignity Champions. In practice, there was quite high degree of overlap in their responses and even some overlap with responses to question 8 which invited general comments.

**General and Strategic Action** – the most popular response was around doing more good practice sharing and networking. There was a high level of support for more sub-regional and even local networks. On the more strategic front, around half the respondents mentioned ensuring that the Dignity Challenge was sustained – that it should not just 'dwindle out' with the Department moving onto the next issue. Essentially people wanted to see it become a long lasting 'brand' possibly with clearer links to other initiatives. Currently people were making links with other initiatives such as Essence of Care themselves. One respondent thought that the link with the personalisation agenda should be made more directly. At least a quarter of respondents thought that the Dignity Challenge itself should be clearer about what it wanted the champions to do. There seemed to be a slight perception that the Department of Health's focus was to get people signed up as dignity champions rather than what it wanted them to do once they had done so; 'set

objectives not numbers' (Interviewee 7). There were some individual but useful suggestions including:

- More publicity and 'myth busting' on older people (Interviewee 9)
- More in the scheme to connect in the physically disabled (Interviewee 14)
- A regional awards scheme (Interviewee 4)
- Research on what dignity in care is and to see why it was hard to achieve (Interviewee 7)

**Changes to support** - beyond the networking already referred to, respondents seemed reasonably content with the support offered and some comments were in the nature of 'more of the same', such as more meetings like the Newcastle Citygate one. In the area of training, there was some demand for training on dementia, 'first steps in dignity', and training or an opportunity to debate the meaning/concept of dignity. Interviewee 2 suggested reminders, the 'odd nudge now and again'. Another suggested blog pages on the web-site (Interviewee 5). Slightly more general was a desire to make contact with the harder to reach and to use formats other than web-based ones as the latter had a tendency to exclude. Facilitating greater networking through publicising the list of dignity champions was a further suggestion (Interviewees 3 and 8). A regional newsletter with opportunities for getting involved was another in a similar vein. Another comment on newsletters was to make them more focused.

**General Comments**

Q8 invited respondents to make any other comments that they had not already covered. This drew a great many very positive comments of which the ones below are a typical sample:

- Really positive, links well with Essence of Care (19)
- Beneficial – everyone should be involved at whatever level
- Wonderful idea – not before time, people should get behind it (13)
- Encouraged reflection, very enthusiastic, definitely the way forward (16)
- The challenge is absolutely pertinent and relevant (8)

There were a few comments in this section on sustainability, and on setting objectives, framed by interviewee 12 who asked what is the outcome? Is it being monitored? Is the challenge reaching the hardest to reach?

**Members offer to the Network**

Question 9 asked respondents whether they had anything that they could offer to the network of other Dignity Champions in the North East. Many offered to describe or share their work (Interviewees 5, 7, 8, 10). Two of the independent sector champions mentioned possible issues around commercial sensitivity with sharing some tools but were nevertheless prepared to share ideas (3, 10) and investigate how far they could share. Some offered talks on issues, for example the Commission for Social Care Inspection (CSCI) inspector offered for herself or a colleague to talk to groups on safeguarding

(Interviewee 18). A respondent who worked with CSCI as an Expert by experience (13) offered to share the list of questions that the experts had developed to assess dignity on inspections. There were offers of chairing meetings from one of the two councillors (2), and of facilities for hosting meetings (1). Some offered reach – for example one private care provider offered to act as a conduit to others (9), GOLD said that it may be able to create a link with more isolated people in future who could have more dignity issues (11) and the chief officer of Gateshead Age Concern pointed out that they worked with significant numbers of older people and were therefore very well placed to pick up their views.

**Stories**

Q10 asked whether respondents were willing to share the information they had given in their interviews, including stories. All were. In the course of the interviews a number of interviewees had illustrated their answers by describing pieces of work at some length.

**Conclusions**

The Dignity network is proving useful to its members and is well received. It has encouraged a great deal of work over and above people's normal responsibilities. Its main attraction seems to be to people working within the care services who already have a high degree of commitment. It has not succeeded in reaching many 'ordinary people' if the sample is typical.

**Recommendations**

- The Dignity Challenge needs to be promoted to a greater extent and in different ways if it is to appeal to the general public – a formal join up with voluntary organisations such as Age Concern may be one avenue. This is beyond the scope of the regional organiser but it may be appropriate to draw these findings to the attention of the CSIP central support team and the DH.

- The Dignity Challenge needs to consider its aims, whether its reaching them and how it will be evaluated beyond the numbers point. This is also a point for the CSIP central team and DH.

- The Challenge needs to consider how it could use Dignity Champions not working within the care professions to take the campaign forward. Some of the work such as the Sunderland model of using champions, and some of the other work may help with models.

- Dignity Champions should be able to see the details of other champions in their area to help with the establishment of networks.

- The regional organiser could look at how to encourage further networks and to make use of some of the offers made. Offers could also be

sought from Champions who were not interviewed as part of this research.

- Consideration needs to be given on providing paper-based and telephone support to Champions who are unable or have difficulties in accessing web-based material.

Elaine Rodger
Independent Health Development Consultant
Anick Farmstead
Anick
Hexham
NE46 4 LW

Email: elaine@anick.co.uk
Phone: 01434 607914

30.11.08

**Appendix 1**

# North East Dignity in Care Champions Research – Questionnaire

Respondent:

Contact Details:

Area of Work:

Q1 Why did you become a Dignity Champion?

Q2 What benefits have you drawn from being a Champion?

Q3 In terms of support, what are you aware is provided?

Q4 Have you accessed any of it? (Prompt: meetings, cards, web-site, toolkits National newsletter, details of local event, lead contact person in the region e.g. Debbie)

Q5 Have you done anything in the area of dignity that you may not otherwise have done?

Q6 Going forward, what would you like the Dignity Network to do? Nationally, regionally, locally?

Q7 Are there are changes or additions to the support offered that you would like to see? (training in particular areas e.g. skills linked to champions

Q8 Is there anything else you would like to say about the Dignity Challenge and about being a dignity champion?

Q9 What can you offer to the network in the region?

Q10 Can we use your information / story?

ECR/DB/080909

Appendix 2

**North East Dignity Champions Research September - October 2008**

| | Name | Details |
|---|---|---|
| 1 | Joyce Barraclough | Managing Director, The Social Resource Centre Ltd., Ferry Hill, County Durham |
| 2 | Ann Cain | Councillor, Stockton Borough Council. |
| 3 | Tom Chaytor | Care Services Director for Four Seasons Health Care (based in Darlington) |
| 4 | Jason Corringan | Dementia Specialist, Anchor Housing. |
| 5 | Julie Cowen | Lead services manager, Community integrated care. Charlotte Grange. |
| 6 | Chris Denton | St Oswalds Care Home, Gateshead (Four Seasons Health Care) |
| 7 | Marion Dilley | Associate Director of Patient Care, CDD NHS Foundation Trust |
| 8 | Mark Greenfield | Lecturer, Health and Social Care, UNN |
| 9 | Alan Kerr | Non-Executive Director South Tyneside PCT and Councillor (Deputy Leader) South Tyneside Council |
| 10 | Audrey Lax | OPAG (Treasurer) and Years Ahead. Works with GOLD in Darlington |
| 11 | Claire Llewelyn | Community Development Worker<br>GOLD (Darlington) – funded by LA & PCT |
| 12 | Anne Marshall | CEO, Age Concern, Gateshead |
| 13 | Ruby Marshall | Retired SS, Hartlepool. Now voluntary work Carers Centre |
| | Margaret Mett | Intermediate Care Home Manager, Middlesbrough. |
| 14 | Julie-Ann Morrison | Coordinator of Leisure Choices, North Tyneside Council, |
| 15 | Clem O'Donovan | Workforce Development Manager, Adult Social Care, Middlesbrough |
| 16 | Beverley Sims | Business Manager<br>Community Care Services<br>Care UK – Newcastle, |
| 17 | Alan Steele | Senior Manager, Mental Health Concern |
| 18 | Susan (Sue) Talbot | Service Inspector (National) with CSCI |
| 19 | Alison Turnbull | Occupational Therapist, CROP Team,<br>Bensham Hospital |
| 20 | Warren Tweed | Operations manager<br>Older and Disabled People, Darlington |