



**DIGNITY THROUGH ACTION**  
*(Older People)*

**RESOURCE 3**

**DIGNITY WORKSHOP PACK**

*The Workshop Pack contains all the resources that you will need during a Dignity through Action Workshop*

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## PART 1: MEANINGS OF DIGNITY

### WHAT IS DIGNITY?

There is a considerable amount of literature about the subject of dignity in the care of the older person and you will have seen increasing coverage of the subject in your professional reading, in the media and on the Internet. Once you start reading and thinking about the subject of dignity you will see that the term is used in several overlapping ways covering two perspectives.

- **Dignity is a quality of the way we treat others.** Dignity is one **quality** of our behavior and actions towards others (*e.g. 'the person was treated with dignity'*). You will find that when discussing care of older people, dignity seems to be most often considered from this perspective.
- **Dignity is a quality of a person's 'inner-self'.** Everyone has psychological needs and these are related to feelings of self-respect, self-esteem and self-worth. The term 'dignity' can be used in more complex ways for example:
  - **Expectations of being treated with dignity.** People want to be treated with dignity and most people have a very individual finely tuned sense of whether or not they are being treated with the dignity they believe they deserve. Some older people may have considerable expectations with feelings of self-worth associated with previous achievements or status.
  - **Appearing and acting dignified.** Dignity can be used to describe how person can appear or behave (*e.g. looking or acting dignified*). Firstly, the outward appearance or behaviour of a person may be a direct indication of how they feel about themselves (*self-esteem*). Secondly, maintaining a dignified appearance may be a major contribution to whether a person is treated with dignity by others. It takes training and experience to see past how a person looks or acts and to treat them with dignity even when they themselves do not look or act in a dignified way.

The Dignity and Older Europeans (DOE) Project Study (2004) (*Note 1*) produced a succinct and perceptive classification of four '**types of dignity**':

- **Dignity of the Human Being** (*Note2*). This type of dignity is based on the principle of 'humanity' and the 'universal worth' of human beings and their 'inalienable rights'- which can never be taken away. This is a **moral approach**, which considers that we all have a moral obligation to treat other human beings with dignity because of the belief that all human beings have '**nobility**' and '**worth**' and people need to be treated with dignity as part of fulfilling their human lives. Various international conventions and legal instruments define this in terms of human rights and how all human beings ought to be treated. This brings with it other ideas such as '**equality**', where, for example, it is expected that all people merit treatment as human beings on an equal basis, whoever they are, whatever their age, whatever their background, how they are behaving or whatever they may be suffering from.
- **Dignity of Personal Identity.** This form of dignity is related to personal feelings of self-respect and personal identity, which also provides the basis for relationships with other people. Most people have a self-image and wish to be treated by others in the manner they believe they deserve. Most people have a very finely tuned sense of being treated in a dignified or an undignified manner. It is relatively easy to damage a person's perception of their self-esteem and self-worth with a few harsh words or

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#### Notes

1: European Commission (Undated) *Educating for Dignity, The Dignity and Older Europeans Project (QLG6-CT-2001-00888)*. A report on the findings is available at: [http://www.cardiff.ac.uk/medic/subsites/dignity/resources/Human\\_Dignity\\_An\\_Operational\\_Model.pdf](http://www.cardiff.ac.uk/medic/subsites/dignity/resources/Human_Dignity_An_Operational_Model.pdf).

2.. *The Dignity and Older Europeans Study used the German word 'menschenwürde' to describe the wide concept of 'humanness' and the inalienable value of human beings.*

with physical mistreatment. On the other hand, many people are quite robust and manage to keep their personal self-esteem, whatever bad happens to them.

- **Dignity of Merit.** This form of dignity is related to an older person's status. Many older people are proud to have held positions in society, been awarded honours and had significant achievements in their lifetime. Uniforms, awards, badges and titles all bring to the owner a level of respect and dignity in society. Older people have a reasonable expectation of continued recognition for their achievements as they become older and can be very disappointed when this does not happen.
- **Dignity of Moral Status.** This is a variation of dignity of merit, where some people have a *personal status* because of the way they are perceived and respected by others. This type of dignity is difficult to appreciate because the meaning and value of a person's moral status will vary from situation to situation and time to time. Unlike permanent awards or honours based on merit, an individual's *moral status* is not something everyone recognises. For example, an unelected *community leader* may well have a moral status and be treated with considerable dignity by members of that community. Yet to others, this unelected individual may be seen as having no legitimate right to represent anyone and just be ignored. In this sense *dignity of moral status* will be very much in the *eye of the beholder*. This is a complex aspect of delivering care with dignity. Older people will have an expectation of continued recognition of their previous moral status no matter how volatile that was.

## WHAT IS RESPECT?

'Respect' is a term which is intimately related to 'dignity'. 'Respect' is a **verb** (*action or doing word*) and is probably the most important action word used to describe how dignity works in practice. The Concise Oxford Dictionary describes the action meanings of the word 'respect' as:

'paying attention to'	'not interfering with or interrupting'
'honouring'	'treating with consideration'
'avoid damaging - insulting - injuring'	'not offending'

Therefore, dignity is brought to life by the level of respect given to peoples':

Rights and Freedoms	Freedoms
Capabilities and Limits	Individual beliefs of self-worth
Privacy, Personal Space & Modesty	Personal merits
Culture	Reputation
Habits and Values	Personal Beliefs

## THINKING ABOUT AND UNDERSTANDING DIGNITY

You will see increasing coverage of the subject of Dignity in your professional reading, and in the media and on the Internet. It can be an emotional subject. To give you a clear framework and to help you think about and understand the subject of dignity in care of the older person it is recommended that you consider the ideas of dignity from linked two points of view:

- Human Rights.
- Human Needs.

## Human Rights

SUMMARY OF THE UK HUMAN RIGHTS ACT (1998)	
Article 1	Introduction
Article 2	Right to life
Article 3	Prohibition of torture, and inhuman, degrading or humiliating treatment (Abuse)
Article 4	Prohibition of slavery and forced labour
Article 5	Right to liberty and security
Article 6	Right to a fair trial
Article 7	No punishment without law
Article 8	Right to respect for private and family life
Article 9	Freedom of thought, conscience and religion
Article 10	Freedom of expression
Article 11	Freedom of assembly and association
Article 12	Right to marry
Article 14	Prohibition of discrimination
Article 16	Restrictions on political activity of aliens
Article 17	Prohibition of abuse of rights ( <i>unless objective reasons</i> )
Article 18	Limitation on use of restrictions on rights
Protocol	Protection of property
Additional Protocols	Right to education
	Right to free elections
	Abolition of the death penalty
<p>It is important to understand that while the Human Rights Act protects rights and freedoms, the Act also aims to ensure that not just the individual, but everyone's, rights and freedoms are properly respected. This means that one person's individual's rights will sometimes have to be balanced against another's, often in a court of law. The wider interests of the whole community will also sometimes need to be taken into account and may take precedence over an individual's rights and freedoms. Some Rights may be limited under explicit circumstances as described in the Act for example where a person is lawfully imprisoned. In other cases rights may be qualified with restrictions associated with respecting the rights of others (<i>such as you cannot say anything you like about another person</i>) or where there may be issues of national security or public safety, crime prevention or the protection of health or morals. In general terms the Human Rights Act is about respecting the rights of everyone. If an older person's human rights and freedoms are breached, then they should have an effective solution in law, even if the breach was by someone in authority.</p>	

## Human Needs

All people have complex overlapping personal psychological needs. Typical human psychological needs which are relevant to thinking about dignity are, for example:

- The need to have personal identity, self-respect, self-esteem, self worth and resilience.
- The need to feel respected by others.
- The need to be treated as an individual.
- The need to have independence, choice and control in our personal life.
- The need to develop and maintain inter-personal relationships.

The idea is that if personal needs are unfulfilled, then this can lead to unhappiness and frustration and a poor quality of life. Dignity from a human needs perspective is more difficult to define, but the term which is often used in this way to describe the **quality** of the way people:

- Treat other people with 'dignity' which affects a person's feelings of self-esteem and self-worth.
- Behave and look like i.e. '*a person acts or looks dignified*'.

The 'human rights' and 'human needs' points of view provide you with a framework to:

- Understand the current problems, wide challenges, initiatives and campaigns about dignity.
- Consider the dignity challenges that face you in your day to day work.
- Deliver your care practices with a deeper awareness of the subject of dignity.
- Identify local dignity problems and make action plans to resolve them.

## ACTIVITY 1: IDENTIFYING TYPES OF DIGNITY

### CASE STUDY A TYPES OF DIGNITY

See the real newspaper article opposite taken from the *Daily Telegraph*. You see stories like this in the media and they can be upsetting.

This exercise requires you to take a step back from the emotions and think about how this man was treated.

There are 4 types of dignity:

**Dignity of the Human Being.**

**Dignity of Personal Identity.**

**Dignity of Merit.**

**Dignity of Moral Status.**

**From this real life case study find one or more examples where each type of dignity has been affected.**

Use a highlighter or underline text if it helps.

You should put your notes onto the Activity 1 Worksheet overleaf.

Do not become distracted by speculating about possible details which have not been reported.

Just keep to the 'big picture'.

## Hospital 'degraded' hero then sent him home to die

101-YEAR-OLD WAR VETERAN PUT IN A TAXI WITH A BAG FULL OF SOILED CLOTHING

By John Bingham

A war hero aged 101 was sent home to die by a hospital while wearing only a nappy and a set of ill fitting pyjamas.

The family of Brigadier XXXXX, who won the Distinguished Service Order, for his leadership in one of the fiercest battles of the Italian Campaign in the Second World War, said he was discharged when unable to feed himself and clutching a bag of soiled clothing.

They said he was in a confused state and incontinent after a stay which left him "degraded and humiliated".

During his five-day spell in a mixed-sex observation ward at in XXXXXXXXXX District Hospital, his hearing aid was crushed, his false teeth went missing and soiled pyjamas were piled up unwashed in a locker by his bedside.

Knowing he was dying after losing his ability to swallow food, he asked to go home. But no ambulance was available so he was sent in a taxi on an hour-long journey to a care home where he died a few days later.

When his family complained about the hygiene issues involving the pyjamas, the hospital wrote back to say that it was unfortunate that he had been unable to avail himself of its laundry service. It has since apologised to Brigadier John's family for the "unacceptable" nature of his discharge in late 2006.

His case came to light as Nial Dickson, chief executive of the King's Fund, warned of a deterioration of compassion among staff in NHS hospitals.

The Brigadier's daughter-in law, Amanda, said his case highlighted a "disgraceful" lack of care. "All that he had at the end of his 101 years was his dignity and they took that away from him," she said.

In May 1944, Brigadier XXXXX, then a Lieutenant Colonel, led men of the 2<sup>nd</sup> Battalion, the Somerset Light Infantry, in the assault across the Garigliano River. He was wounded twice during the operation and later received the Distinguished Service Order for bravery.

"They packed him off in the back of a taxi, with somebody else's pyjamas on and a nappy so tight that he could hardly breathe and two cotton blankets on his shoulders," said his daughter-in-law. "They had lost his false teeth ... and somebody had stood on his deaf aid, which was crushed."

She added: "I just can't believe that any hospital would keep excrement-covered clothing in a locker for five days. I got the impression this lack of attention must be endemic because it was so lightly treated."

In a statement, the hospital said: "Some aspects of Brigadier XXXXX's discharge from hospital in 2006 were unacceptable and the trust apologise for any distress that this has caused.

*Daily Telegraph*  
Wednesday 31st December, 2008

## ACTIVITY 1 WORKSHEET: IDENTIFYING TYPES OF DIGNITY

### TYPES OF DIGNITY *(Slide from the Presentation)*

<p><b>Dignity of the Human Being</b></p> <ul style="list-style-type: none"> <li>• Conventions and Laws</li> <li>• Right to Life</li> <li>• No Abuse</li> <li>• Justice</li> <li>• Privacy</li> <li>• No discrimination</li> <li>• Freedoms/Respect</li> </ul> <p><i>Conscience</i> <i>Religion</i> <i>Expression</i> <i>Association</i></p>	<p><b>Dignity of Personal Identity</b></p> <ul style="list-style-type: none"> <li>• Personal Identity</li> <li>• Self Respect</li> <li>• Self-esteem</li> <li>• Resilience</li> <li>• Personal Relationships</li> </ul>	<p><b>Dignity of Merit</b></p> <ul style="list-style-type: none"> <li>• Achievements</li> <li>• Rank and Seniority</li> <li>• Place in Society</li> <li>• Honours awarded</li> <li>• Employment</li> <li>• Knowledge &amp; Skills</li> <li>• Experience</li> <li>• Qualifications</li> <li>• Financial Worth</li> <li>• Success in Life</li> <li>• Independence</li> </ul>	<p><b>Dignity of Moral Status</b></p> <ul style="list-style-type: none"> <li>• Peoples' Moral Principles</li> <li>• Religious Faith</li> <li>• Community Membership</li> <li>• Leadership</li> <li>• Recognised roles</li> </ul>
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***In Case Study A identify how each type of the 101 year old war veteran's dignity was affected. Write brief notes on this worksheet,***

<b>Dignity of the Human Being.</b>	
<b>Dignity of Personal Identity</b>	
<b>Dignity of Merit</b>	
<b>Dignity of Moral Status</b>	

## PART 3: THE DIGNITY CHALLENGES

### THE 10 DIGNITY CHALLENGES

#### THE 10 DIGNITY CHALLENGES (After SCIE, 2009)

**Respect.** Support people with the same **respect** you would want for yourself or a member of your family.

**Abuse.** Have a zero tolerance of all forms of **abuse**.

**Privacy.** Respect people's right to **privacy**.

**Autonomy.** Enable people to maintain the maximum possible level of **independence**, choice and control.

**Person-centered Care.** Treat each person as an individual by offering a **personalised service**.

**Self Esteem.** Assist people to **maintain confidence and a positive self-esteem**.

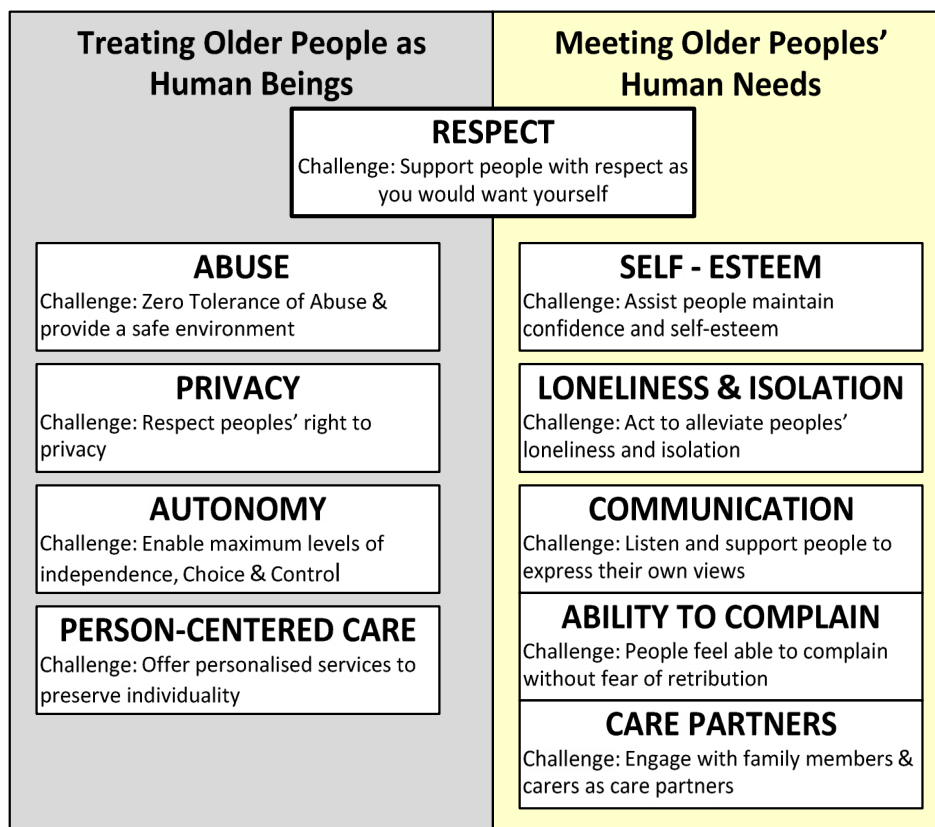
**Loneliness and Isolation.** Act to alleviate people's **loneliness and isolation**.

**Communication.** Listen and support people to express their **needs and wants**.

**Complaints.** Ensure people feel able to **complain without fear of retribution**.

**Care Partners.** **Engage with family members** and carers as care partners.

### DIGNITY CHALLENGES FRAMEWORK





**Note to Facilitators: Insert selected Case Study B to fit on these two pages**

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### ACTIVITY 3.1: WORKSHEET: IDENTIFYING AND DESCRIBING CHALLENGES TO DIGNITY

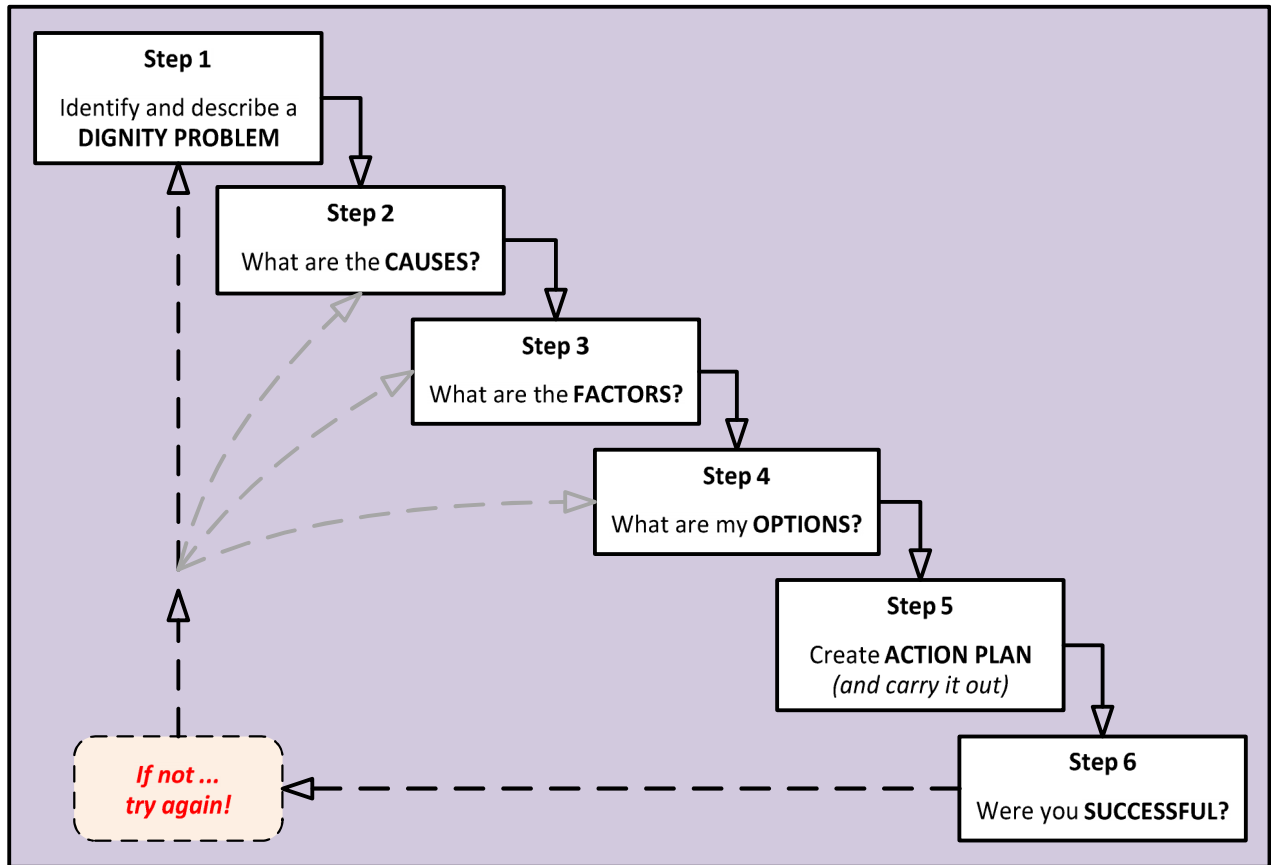
**Working as an individual or in a group find examples of where challenges to dignity appear in Case Study B. Write down the examples in note form against the dignity challenges listed on this and the next pages.**

<b>Treating People as Human Beings</b>	<b>Give examples from the Case Study</b>
<p><b>RESPECT</b></p> <p>Support people with the same respect you would want for yourself or a member of your family.</p>	
<p><b>ZERO TOLERANCE OF ABUSE</b></p> <p>Care and support is provided in a safe environment, free from any form of abuse.</p>	
<p><b>PRIVACY</b></p> <p>Respect peoples' right to privacy.</p>	
<p><b>AUTONOMY</b></p> <p>Enable people to maintain the maximum possible level of independence, choice and control.</p>	
<p><b>PERSON-CENTERED CARE</b></p> <p>Treat each person as an individual by offering a personalised service.</p>	

<b>Meeting Peoples' Human Needs</b>	<b>Give examples from the Case Study</b>
<p><b>CONFIDENCE AND POSITIVE SELF-ESTEEM.</b></p> <p>Assist people to maintain confidence and a positive self-esteem.</p>	
<p><b>LONELINESS AND ISOLATION</b></p> <p>Act to alleviate people's loneliness and isolation.</p>	
<p><b>COMMUNICATION</b></p> <p>Expression of Needs and Wants. Listen and support people to express their needs and wants.</p>	
<p><b>COMPLAINTS</b></p> <p>Fear of Retribution. Ensure people feel able to complain without fear of retribution.</p>	
<p><b>ENGAGE WITH FAMILY AND CARERS</b></p> <p>Engage with family members and carers as care partners.</p>	

## ACTION PLANNING

### ACTION PLANNING STEPS



### PLANNING CHECKLISTS

#### STEPS 1 & 2: CHECKLIST - DESCRIBING DIGNITY PROBLEMS AND IDENTIFYING CAUSES

##### STEP 1: Action Planning Step 1: Identify and Describe

**What happened?** *(Relate to the Dignity Challenges)*

**Gather the details:**

- **When, where** and **how** often did it happen?
- **Who** was involved?
- What were the consequences for the older person, staff & relatives?
- Had the problem been identified before?
- What was done about the problem last time?

##### STEP 2: Action Planning Step 2: Causes

**What are the causes of the dignity problem?**

*Is there anything else you need to record?*

<p><b>STEP 3: CHECKLIST - CONSIDERING THE FACTORS – Some questions to consider (After RCN, 2009)</b></p>
<p><b>PLACE</b> (<i>Physical environment, its resources and funding</i>).</p> <p>What environmental issues are causing or affecting the dignity issue. You need to consider e.g.:</p> <ul style="list-style-type: none"> <li>Physical environment (privacy, hygiene, housekeeping etc).</li> <li>Resources (<i>equipment, storage and tidiness</i>).</li> <li>Safety, security and access.</li> </ul> <p>How would you need to change the care environment, so as to solve the dignity issue?</p> <p>What resources are needed to deliver this change?</p>
<p><b>PROCESS</b> (<i>How care activities are conducted</i>).</p> <p>Are there existing organizational policies, processes and procedures covering the problem?</p> <ul style="list-style-type: none"> <li>Are local policies, processes, detailed procedures and other actions good enough?</li> <li>Are local policies, processes and procedures up to national standards?</li> <li>Do Audits take place that include 'dignity'?</li> </ul> <p>Do organizational targets and resource levels affect the level of dignity in care?</p> <p>Are there constraints on what you can and cannot do?</p> <p>Are there proper reporting procedures for staff to state concerns in place?</p> <p>Is staff training or induction involved? Is there proper staff induction and training?</p> <p>Can older people and their relatives register complaints?</p> <p>Is there a proper process for dealing with complaints?</p>
<p><b>PEOPLE</b> (<i>Behaviours, attitudes, culture &amp; staffing</i>)</p> <p>If there is a dignity problem – how am I involved?</p> <p>What are the staff doing that is good, questionable or poor practice?</p> <p>Do I and the other staff members have the knowledge/skills necessary for delivering care with dignity?</p> <p>Who does the problem affect (<i>which older people, which relatives, which careworkers, which supervisors and managers</i>)? Who will be affected by any changes to practice?</p> <p>What is the relationship between carers/older people/advocates &amp; relatives?</p> <p>What are the attitudes and level of self-esteem amongst the older people?</p> <p>Managerial Support</p> <ul style="list-style-type: none"> <li>Who do you need to influence for change to care practice to occur?</li> <li>Who needs to give specific permission for any changes to take place?</li> <li>Who and what is going to help you with your plan to solve the problem?</li> <li>Who and what is going to hinder or stop you with your plan to solve the problem?</li> </ul> <p>In the organization who needs to know about the dignity problem? Are other teams involved?</p> <p>Is the problem or issue about staff behaviours, attitudes and culture or is it about procedures and processes?</p> <p>Is the dignity issue to do with individual older people and staff or is it more widespread?</p>

**STEP 4 CHECKLIST - IF THERE IS MORE THAN ONE OPTION FOR SOLVING THE PROBLEM**

Identify the possible options to solve the problem.

Work out the resources required for each option.

Which option has the best advantages (*also consider the disadvantages*)?

Which option has the best chance of success (*do not be unrealistic*).

Management Approval:

- Is this required?
- Who needs to give approval?
- Do they need to choose the best option or can you do it?
- What information do they want and in what format?

**STEP 5: CHECKLIST - CREATING THE ACTION PLAN**

Have you a clear goal? (*Can you say in a single sentence what you propose to do?*)

- *If you have a single objective then this is the same as your 'goal'.*
- *Otherwise you may have several objectives that make up what you are trying to achieve to meet your overall goal.*

Are your objectives SMART? (*Specific, Measurable, Achievable, Realistic and Timed*),

*(Do not forget you may need to inspire other people, generate enthusiasm in others and make changes sustainable and this may need to be reflected in your objectives.)*

Have you identified the logical steps for your plan? For each step you need to be clear about:

**What** is to happen.

**Who** is involved and **what tasks** each person must carry out.

**When** and **Where** tasks are to happen.

The **order** of the tasks to be carried out. Do you need a **Timetable**?

Does the Plan need formal management approval?

What do you need to do to obtain approval?

How are you going to communicate with others involved in the action plan?

**STEP 6: CHECKLIST - EVALUATION**

Have you included arrangements for review and evaluation?

How are you going you communicate the results?

<b>MAIN DESIRABLE CHARACTERISTICS OF OBJECTIVES</b>	
<b>Specific</b>	<p><b>Specific</b> means:</p> <ul style="list-style-type: none"> <li>• Writing each objective as a clear statement as to what is to be achieved. Everyone needs to understand what is to happen.</li> <li>• Each objective must be related to the main goal.</li> <li>• The language used must suit the organization.</li> <li>• Not using impressive sounding, vague management jargon.</li> </ul>
<b>Measurable</b>	Objectives must be written in measurable terms. Measures include time, money and resources. <b>Measurable</b> is the most important consideration. You and others will know whether or not you have met your objective when the measurement conditions have been met.
<b>Achievable</b>	<p>Objectives must be <b>achievable</b> and this characteristic is linked to characteristic of <b>measurable</b>.</p> <p>There is little point in starting a job unless you know can finish it or know that it is finished.</p> <p>One way of dealing with an objective that seems too complex to state in terms that is clear as when the task has been completed is to break it down into smaller steps and write objectives for each.</p>
<b>Realistic</b>	Objectives must be realistic about money, equipment, resources and time.
<b>Timed</b>	Objectives must indicate a <b>best guess</b> timescale. A balance must be struck between optimism vs. pessimism for timings and dates. Sometimes there is a fixed end ( <i>must do by</i> ) date to introduce change. Timing objectives is very important for co-ordinating the overall work to meet the goal.
<b>Inspiring</b>	Does the objective want to make people want to change their behaviour?
<b>Enthusiasm</b>	Does the objective excite people and increase their enthusiasm?
<b>Sustainable</b>	Can the objective be maintained in the long term?



## **ACTION PLANNING – AIDE MEMOIRE**

**Step 1: Identify and describe the dignity problem.**

**Step 2: What are the causes of the dignity problem(s)?**

**Step 3: Consider the factors.**

- *Place: Physical environment and its resources, funding.*
- *Processes: How care activities are conducted.*
- *People: Behaviours, attitudes, culture.*

**Step 4: What are the options?**

- *What are the advantages/disadvantages of each option?*
- *Select the best option – be prepared to justify.*
- *What approval do you need to proceed?*

**Step 5: Write the Action Plan.**

- **GOAL** (keep this short and simple).
- **OBJECTIVES**: Objectives should be specific, measurable, achievable, realistic, timed, inspiring, enthusiastic & sustainable.
- **WHAT** is to be done and **ORDER** of tasks.
- **RESOURCES**: What is needed?
- **WHO** is involved and reporting arrangements?
- **COMMUNICATION**: Who needs to know what and when?
- **TIMETABLE**: Detail the order of tasks, allocate responsibilities and list timings (dates, times, periods etc).

**Step 6: Evaluation Arrangements.**

- How are you going to evaluate the success of your Action Plan?
- How are you going to communicate the results?

## USEFUL REFERENCES AND LINKS

<p><b>Royal College of Nursing.</b> 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. See Royal College of Nursing (2008) <i>Defending Dignity</i>, London: RCN.</p>
<p><b>Healthcare Commission.</b> A national report on dignity in care for older people while in hospital. Focus is on care considered from wide perspectives (trusts, board, ward levels and voluntary organizations). See Healthcare Commission (2007) <i>Caring for Dignity</i>, London: Commission for Healthcare Audit and Inspection.</p>
<p><b>Dignity and the Older Europeans Project.</b> 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. Some very useful questions and exercises. See European Commission (Undated) <i>Educating for Dignity</i>, The Dignity and Older Europeans Project (QLG6-CT-2001-00888). [Online]. Available at: <a href="http://www.cardiff.ac.uk/medic/subsites/dignity">http://www.cardiff.ac.uk/medic/subsites/dignity</a>.</p>
<p><b>Social Care Institute for Excellence (SCIE).</b> Detailed guidebook with wide coverage of the subject of dignity in care. Full of useful examples and thinking exercises. See Social Care Institute for Excellence (2008) <i>SCIE Practice Guide 09: Dignity in Care</i>, [Online]. (Updated: Feb 2008), Available at: <a href="http://www.scie.org.uk/publications/practiceguides/practiceguide09/overview/means.asp">http://www.scie.org.uk/publications/practiceguides/practiceguide09/overview/means.asp</a>.</p>
<p><b>Department of Health Links</b>  Department of Health (2006), <i>A New Ambition for Old Age</i>, [Online]. Available at <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133941">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133941</a>.  Department of Health (2007), <i>About the National Service Framework (NSF) for Older People</i>, (Updated: 8 Nov 2007). Available at: <a href="http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/DH_4073597">http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/DH_4073597</a>.  Department of Health (2007), <i>Essence of Care: benchmarks for the care environment</i>, [Online]. (Updated 1 Nov 2007), Available at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080058">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080058</a>.  <b>Dignity Champions Registration Website:</b>  <a href="http://www.dhcarenetworks.org.uk/dignityincare/DignityCareCampaign/">http://www.dhcarenetworks.org.uk/dignityincare/DignityCareCampaign/</a>.</p>
<p><b>British Geriatrics Society.</b> A campaign 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. See British Geriatrics Society (2006), <i>Behind Closed Doors: Using the toilet in private</i>, [Online]. Available at: <a href="http://www.bgs.org.uk/campaigns">http://www.bgs.org.uk/campaigns</a>.</p>
<p><b>Age Concern.</b> Internet site for older people providing useful advice, services and contacts. See:  Age Concern (2008), <i>Campaigns and Issues</i>, [Online]. Available at: <a href="http://www.ageconcern.org.uk/AgeConcern/campaigns.asp">http://www.ageconcern.org.uk/AgeConcern/campaigns.asp</a>.  Age Concern (2006), <i>Hungry to be Heard</i>, [Online]. Available at: <a href="http://www.ageconcern.org.uk/AgeConcern/Documents/Hungry_to_be_Heard_August_2006.pdf">http://www.ageconcern.org.uk/AgeConcern/Documents/Hungry_to_be_Heard_August_2006.pdf</a>.</p>
<p><b>Help the Aged.</b> Internet site for older people providing useful advice, services and contacts. See:  Help the Aged (2008), <i>Campaigns and Issues</i>, [Online]. Available at: <a href="http://www.helptheaged.org.uk/en-gb/Campaigns/">http://www.helptheaged.org.uk/en-gb/Campaigns/</a>.  Help the Aged (2007), <i>Elder Abuse: What it is and How to Stop It</i>, [Online]. Available at: <a href="http://www.helptheaged.org.uk/NR/rdonlyres/2B789046-6FEF-488C-A5DD-17A90F3FE11D/0/elder_abuse_adv.pdf">http://www.helptheaged.org.uk/NR/rdonlyres/2B789046-6FEF-488C-A5DD-17A90F3FE11D/0/elder_abuse_adv.pdf</a>.  Help the Aged (2008), <i>A Vision for Social Care – Principles for Change</i>, [Online]. Available at: <a href="http://www.helptheaged.org.uk/NR/rdonlyres/AEAF67D-6B5A-4D03-8667-53D6D2FBCD8C/0/Hta_executive_summary.pdf">http://www.helptheaged.org.uk/NR/rdonlyres/AEAF67D-6B5A-4D03-8667-53D6D2FBCD8C/0/Hta_executive_summary.pdf</a>.  Help the Aged (2007), <i>Staying Steady: Improving your strength and balance</i>, [Online]. Available at: <a href="http://www.helptheaged.org.uk/NR/rdonlyres/F6D4F2BB-5DAD-42B4-8141-9354FE24AF6F/0/staying_steady_adv.pdf">http://www.helptheaged.org.uk/NR/rdonlyres/F6D4F2BB-5DAD-42B4-8141-9354FE24AF6F/0/staying_steady_adv.pdf</a>.</p>
<p><b>Department of Constitutional Affairs.</b> Making Sense of Human Rights. A general reader on human rights. See:  Department of Constitutional Affairs (2006), <i>Making Sense of Human Rights</i>. [Online]. Available at: <a href="http://www.justice.gov.uk/guidance/docs/hr-handbook-introduction.pdf">http://www.justice.gov.uk/guidance/docs/hr-handbook-introduction.pdf</a>.</p>
<p><b>Care Service Improvement Partnership (CISP).</b> See:  Care Service Improvement Partnership (CISP), (2008), <i>The Dignity Care Campaign</i>, [Online]. Available at: <a href="http://networks.csip.org.uk/dignityincare/DignityCareCampaign/">http://networks.csip.org.uk/dignityincare/DignityCareCampaign/</a>.</p>