

My Year as National Dignity Ambassador



Sir Michael Parkinson

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*My Mother, Freda
Rose Parkinson
and I*



*'The biggest beneficiary
has been me' enjoying
a day with Dignity
Champions, November
2008*



How it began

I thought I'd settled into a nice retirement, playing golf, watching cricket and indulging my passion for sport, when one day, out of the blue, I received a phone call inviting me to become the National Dignity Ambassador, a kind of figurehead for the Government's [Dignity in Care Campaign](#). I was being asked to help raise awareness of the campaign, to act as a kind of lightning conductor for publicity to bring the campaign to the attention of the public. The aim is to ensure dignified care for all by getting staff and public alike talking about what dignity in care actually means, and inspiring everyone involved to take action.

The call came shortly after my mother had died and I'd just experienced that awful business of watching her wither over a two-year period, which brought me face to face with the NHS. My only previous experience of being in hospital was when I had my tonsils out – a long time ago.

The care my mother received in the hospital and care home, and in her own home, caused me some concern. None of it was deliberately cruel, nor was it deliberately neglectful, but there were areas where it didn't actually work, where it wasn't as it should be, and that bothered me.

My father died in 1974, so my mother, Freda Rose Parkinson, spent a third of her life as a widow. She was very independent and kept on working, eventually delivering meals on wheels. She lived by herself and resisted any form of outside help, such as a daily home help, until she was in her nineties. By the age of ninety-four,

she was suffering from a form of dementia. In previous generations, older people were looked after at home and died at home, but that was not possible and she went into the care system. She died two years later.

It was during my mother's illness that Mary, my wife, and I gained some understanding of what being in care meant, the good and the bad, which included my mother being patted on the head and called 'ducky', 'dear' and 'love'. Normally, she would have broken the arm of anyone who talked to her like that.

At other times, we visited and my mother was dressed in someone else's clothes. One day, her face had been painted garishly, like Bette Davis in 'Whatever Happened to Baby Jane?' She looked like a clown, a figure of fun, and far from the woman who brought me up; a woman who took great pride in her appearance and who had never before been seen in public looking anything other than perfect.

It was the little things that irked her, including being addressed in a loud voice when her hearing was perfect. By the latter stages of her illness, she might not have been aware of what was happening to her, and most of her care was fine, but these incidents showed a lack of respect and denied her the dignity that she, and others, deserve. In other words, she was being treated as if she was decrepit. I think that is the thing we really need to address, the fact that we treat old people as unworthy of our time and consideration. If we treated young people the way we treat older people there would be an outcry, quite rightly so. We don't complain enough about the way our older people are treated.

That's why this Dignity in Care Campaign was started – to change those kind of attitudes towards 'that person in that bed', 'that person in that corner', 'that decrepit soul'. No legislation



'I thought I'd settled into a nice retirement!' a brief time out with Phil Hope MP prior to Question Time, Leeds, July 2009

could do it, but a publicity campaign can encourage the belief that people are worth nurturing and caring for, and can help to change the way we perceive older people within our society.

So when I got the call to be the Government's Dignity Ambassador, it appealed to me. I wanted to join this group with ambitions to change people's perceptions. As I toured around the country, I came to realise that many others share the same experience of care that I had with my mother. I also saw the other side of the coin, meeting people who fully embraced the notion that you really can change things, and some of the work I witnessed was both wonderful and moving.

This report is about my journey. It is not a policy report with recommendations about what the health and social care system needs to do to tackle this issue. There are experts out there far better placed than I am to do that.

It is a personal testimony of what I have seen and heard, both good and bad, in my year as Dignity Ambassador. I want to encourage an open public debate about the way we treat older people. For the great many people who, like me, have a loved one who has been, or still is, being cared for, I hope this report will encourage you to speak out if you feel the way they are being treated isn't up to scratch.

And finally, I hope my accounts of those staff and volunteers who really do make a world of difference to people's lives will help remind others why they became care givers in the first place. I doubt it was for the money! I hope these stories can help renew their enthusiasm for the valuable work they do and inspire them to join the Dignity in Care Campaign.

Walking the walk

'The ear of the leader must ring with the voices of the people'

Woodrow Wilson

My first visit as National Dignity Ambassador took me to Guy's and St Thomas' Hospital in London. I joined the then Care Services Minister Ivan Lewis for the first of his regional [Dignity Tour](#) visits.

'My first visit' meeting patients and staff at Guy's and St Thomas Hospital London with Ivan Lewis MP, May 2008



The idea of the regional Dignity Tour was to get out to different frontline care settings to see how local services are delivering dignified care in practice; to speak with local staff about their ideas for improving care; and to share some of those examples to inspire others around the country.

What struck me on arriving at Guy's and St Thomas' was the obvious commitment to this agenda from the most senior managers at the hospital. On all the visits I've made in the past year as Dignity Ambassador the great and the good have turned up to greet me, but it has soon become clear who is there because they truly believe dignity and respect are values worth protecting and who has turned up simply to meet the minister and the celebrity face.

To me, the senior leadership team at Guy's and St Thomas' are not just talking the talk.

The Chief Nurse, Eileen Sills, a passionate advocate for dignity, explained to me their '[Friday's with a difference](#)' initiative. Every Friday, Eileen and her colleagues on the hospital trust board go back to the floor and work with frontline staff on the wards. They undertake basic nursing, various clinical and managerial tasks and talk to patients and staff on the wards. This gives them first-hand experience of some of the barriers to dignity that their staff face in their day-to-day work, and also enables them to address those issues at board level.

But, possibly even more important than that, they are leading by example and, in doing so, encouraging a culture of integrity and accountability within the hospital – and it seems to be working.

There was no shortage of patients willing to give testimony to the great care they had received at the hospital. Gill Hicks, a

former patient and survivor of the July seventh London bombings, told me of her experiences of care at Guy's and St Thomas'. She described how, on leaving intensive care to go to a ward, she needed a shower. The nurse helping her was unable to manoeuvre the shower to do this safely, so instead she jumped into the shower too, fully clothed, to help wash her. Gill described the moment as both funny and extremely moving.

That story really sticks with me not only because it demonstrates the true meaning of care and compassion but also because I can imagine how, in a less enlightened organisation, that nurse could quite easily have found herself being disciplined for breaching health and safety rules, or desecrating the uniform, or some other such nonsense. It is nice to hear of staff who have the confidence to use their own judgement on how best to meet the needs of their patients, without fear of reprisal.

When I've asked staff and managers what stands between them and delivering more dignified care while doing their job, most said bureaucracy. Almost universally, they said it wasn't the idea of targets they found difficult to accept but the way those targets were implemented; common sense seemed to be missing. The savvy managers and the good leaders are those who involve their staff in deciding how to achieve the targets while making those targets work for them and their patients, and not the other way round.

Undoubtedly, more money, staff and time would help in delivering dignified care, but what strikes me is that most hospitals and care homes run on pretty much the same amount of funding and all face similar issues around staffing and time, so why is it that some provide wonderful care and others quite the opposite? What secrets do we need to unlock from those that do well?

For me, strong leadership is the key – not just from the top of the organisation but also from individuals lower down. I have found it very noticeable on my visits, particularly to the smaller care providers, how much of what is good about the place stems from a good manager or one or two committed individuals. These are the people who take a problem and find a solution rather than moan about it, the ones who set a good example to their staff and colleagues and never lose sight of why they came into the job in the first place.

The organisations that represent the care sector must also show leadership. I went to Harrogate to speak to the [Royal College of Nursing Annual Congress](#). The Royal College of Nursing have

'In the best company' speaking at the Royal College of Nurses Annual Congress, May 2009



their own campaign – ‘[Dignity at the heart of everything we do](#)’. I followed the Prime Minister, the Leader of the Opposition and a debate about legalising brothels. You could say I was in the best company.

It was good to meet the nurses – who do the most important job in our society and who, as a trades union organisation, never hold the nation to ransom by using the ultimate and legitimate tactic of withdrawing their labour. We should look to our nurses as examples of how not to abuse a system, honourable people who define the essence of public service, true leaders.

In talking to nurses, the ‘too posh to wash’ issue – whether there is too much emphasis on university training and too little on the basic aspects of care, such as giving assistance with eating and toileting – has come up time and again. An ex-nurse from ‘[A Dignified Revolution](#)’, who is campaigning for dignity for older people in the NHS, told me, ‘Those five minutes when a staff nurse or ward sister takes a patient to the loo aren’t just about affording that person a little dignity and respect. It’s an opportunity to speak to them privately, away from the ward, a chance really to gauge how that person is feeling, what is making them anxious etc. It’s about the most fundamental aspect of nursing care – caring!’

As with any job, making sure staff are adequately trained to carry out their work is essential, but providing care with dignity, respect and compassion is more about values and culture. Can you train people to have those? I am not sure you can. However, there are ways to remind people of the effect their actions may have on others. A senior nurse from the Royal College of Nursing told me of one training session she went to that has stayed with her ever since. The nurse leading the session had placed a commode in the

centre of the room. She then pulled a curtain screen around it and invited the trainees to use the commode. It goes without saying that she didn't have any takers. Would you want to go to the loo with just a flimsy curtain separating you from a bunch of strangers? I know I wouldn't, yet this is what some patients are subjected to day after day for no other reason than staff not having the time to take them to the loo.

Do we need training to ask ourselves every now and again, 'How would I feel if that person in care were me, or one of my parents, or grandparents?' Surely, if all care workers asked themselves that question every day it would be a good start.

Opening a non-existent ward

'The drops of rain make a hole in the stone, not by violence,
but by oft falling' *Lucretius*

What really inspires me about this campaign is that [at some point we can all contribute to make it a success](#). At some point, most of us will be in contact with the NHS or social care – be that through work, or as a service user or a [carer](#), or a relative or friend of either. Even if we don't work in care services, we can all help drive up standards, whether that be by reporting bad care if we see it or by making sure we take time to show our appreciation when we witness someone going that extra mile.

People have challenged me on whether or not having a Dignity Ambassador for older people will make any difference – suggesting that it is just another PR stunt. The fact is that since we started promoting the idea of changing attitudes towards the care of older people, well over 12,000 volunteers, including nurses and care staff, have signed up to the idea by becoming [Dignity Champions](#). These are people determined to try to change things in their particular sector of the National Health Service or social care.

It might well be that the difference they make individually is a mere ripple on the surface of our care system, but each of those ripples added together creates a wave, a social movement, and if

this makes life better for some – then it has to be worthwhile. No one is going to change overnight the developing and increasingly complex problems of how we care for our older people, but so long as we keep trying to make people aware of the problem, we help sustain the notion that things must change radically.

This role of Dignity Champion isn't restricted to nurses and care workers. Anyone can be a Dignity Champion. The prerequisite is that you are committed to doing whatever is in your power to help make a difference. There are without a doubt thousands of people out there, who in their everyday lives embody the ethos and live the values of being a Dignity Champion, without ever having heard of the Dignity in Care Campaign, let alone having signed up as one of its champions.

I had the honour of meeting one such person well before I joined this campaign, while my mother was still alive and living alone at home. Her illness started with what might be termed as ordinary forgetfulness, not uncommon in a person in her nineties, and then she began telling us of imagined visitors, a child, a cat, a family who spent all their time down the local pub. Then she started wandering. A young bobby called me at two in the morning. He had found my mother in her dressing gown walking the streets looking for my father. He had taken her home and made her a cup of tea. They were getting along fine. He sat with her until we arrived.

He was kind and considerate and treated my mother with a great deal of respect, something that was not always forthcoming from some of the professions when my mother entered the care system. He handled it not as his official duty as a policeman but as his responsibility as a citizen. I always remembered the compassion of that policeman, and the memory of what he did was

the major reason why, after my mother died, I was happy to become the National Dignity Ambassador.

In November last year I was invited to a national conference for Dignity Champions being held in London. They were there to hear more about how they could make a difference. I arrived during the lunch break, having been given the dreaded graveyard slot at the start of the afternoon session. When I got there, the whole place was buzzing with excitement, people in every corner of the room engrossed in deep conversation, swapping ideas and sharing their experiences. I managed to slip in barely noticed and was able to join some of those conversations and see first hand the passion these people have for the jobs they do and the people they look after. These are some of our nation's unsung heroes – ordinary people doing everyday things but, in their own way, having tremendous impact on those around them.

My guests that afternoon for a live sofa chat on '[Why Dignity Matters](#)' were three women, all of whom had personal reasons for being part of this cause. The first was Amanda Waring, actress and daughter of the sublime Dame Dorothy Tutin. Amanda, a passionate advocate of dignity in care, produced the short film '[What do you see?](#)', starring Virginia McKenna, to help raise awareness of how we treat older people. I'd encourage anyone who hasn't seen this ten-minute film to watch it.

My next guest was Barbara Pointon, an ambassador for the Alzheimer's Society, who cared for her husband through fifteen years of dementia. She and her husband agreed that their struggle should be filmed for a very powerful and moving ITV documentary, which won an award and greatly affected anybody who saw it. Finally, Barbara Dearnley, a fellow Yorkshire person and retiree, who has taken on a voluntary role at Kings College Hospital,



'Why dignity matters?' My sofa chat guests (left to right) Barbara Dearnley, Barbara Pointon, Amanda Waring, November 2008

London, to help improve care for older people, was a real pleasure to interview.

All my guests strongly agreed that true care had to go beyond the basics of the tasks that needed to be done and really focus on the individual. In Barbara Pointon's words, 'It's not so much quality of care – it's about quality of life. It's looking at a person with any illness and saying, "What is your quality of life and is there anything we can do as individuals or professionals to improve that quality of life?"' I could see people in the audience were visibly moved by these sentiments. It is a moment I will not forget.

That day I also met Jayne Biddescombe, a nurse who had signed up to the campaign in September 2009, becoming the 3,000th Dignity Champion.

I had been steered over to meet Jayne to sign a copy of my book for one of her patients and have my photograph taken with her. I expected it to be merely a quick PR exercise, a good photo opportunity to help promote the campaign. Not so.

Jayne told me she was inspired to sign up as a Dignity Champion after reading a heart-wrenching article in a magazine about a mother whose daughter did not receive the respect she deserved when she was in care. She wanted to make a difference and ensure that other people are treated with dignity and respect when they are at their most vulnerable.

*'Like a family' Dignity Champions at Weston Super Mare Hospital,
April 2009*



Since joining the campaign she'd become increasingly aware of how patients are treated in care and had been working within her hospital in the South West to highlight the importance of dignity. All I can say is, watch out anyone working with Jayne who doesn't believe dignity and compassion are vital to good care! She is a crusader with a cause, a woman with a mission.

Before I knew it, she had me agreeing to come to her hospital to see their work in practice and open a new ward. She held me to my word and in April of 2009, I visited the Weston Area NHS Trust.

As usual with these visits, I met the chief executive, the chairperson and various other leading managers and clinicians. I visited some of the wards and was shown some of the good work at the hospital. I also spent a very enjoyable [half hour with the volunteers at Sunshine Radio](#), who devote their spare time to trying to brighten the day for the patients in the hospital.

All the while, I kept expecting to come across a big red ribbon and be handed the scissors for the grand opening of the new ward. When I reached the ward Jayne worked on, I asked her at what point in the visit we were to open the new ward. She said, 'Oh about that, the ward won't actually open for about another three years – but we are so excited about it we wanted to get you here now to let you know what we plan to do.'

So there I was, on a typically British cold and windy spring day, in Weston Super Mare, opening a non-existent ward. But, the day was far from a disappointment for me. Jayne and her colleagues gave me a fascinating insight into the problems they face in their struggle to deliver high-quality care, not because of a government target but because they are driven by their desire to look after people, which is what brought them to the job in the first place.

I was taken to look around the Cheddar ward and was



'Interviewer turned interviewee' An impromptu broadcast on Sunshine Radio, April 2009

impressed with the difference that simple changes could make. It is a single-sex ward and has a lovely sense of space and lighting. In fact, I was nearly tempted to book myself in to one of the side-rooms for a bit of R and R – it's been a long year!

The place wasn't perfect and they would be the first to admit that, but they were trying to make it the best they could. Many of the changes they were making were small, and similar to many other hospitals around the country, such as changing curtains to ensure they close properly, having privacy signs to prevent curtains being opened on inappropriate occasions, and protecting meal times so that patients are assured of being able to eat without

interruption. I came away with the sense that they were like a family – all the staff seemed to know each other and work together – perhaps that is something other places can learn from.

To me, the staff and volunteers at that hospital embodied the ethos of this campaign, each person making their own contribution, however small, to make things better. That could be a Chief Nurse convincing the hospital board to make dignity a priority, a care-home worker taking a little extra time to find out more about the people he or she cares for, or the visitor taking personal responsibility for highlighting lapses of dignity in care to the ward staff. Jayne's is just one story, and I know there are now thousands of Dignity Champions out there doing their own thing, often quietly and with no fuss, making a difference locally.

Anyone interested in becoming a Dignity Champion can sign up online at www.dignityincare.org.uk or by ringing the Dignity Champions helpline 0207 9724007.

The good, the bad and the ugly

'When we do the best that we can, we never know what miracle is wrought in our life, or in the life of another'

Lucretius

Touring the country this last year, I have been to good places and not so good places. A few have been little more than waiting rooms for death, hopeless and depressing. Others take a much more vigorous approach, casting sunlight into the darkest of corners.

One of my early visits was to Lavender Court in my home town of Barnsley. Now, this to me is what care for older people should mean.

As opposed to having just bedrooms, the people living there had their own self-contained apartments and bungalows. Each home had been designed to help the occupants remain as independent as possible for as long as possible. Little things had been taken into account – doors wide enough to accommodate a wheelchair if necessary, low-level light switches and work surfaces, and walk-in showers.

It had an on-site restaurant where residents, visitors and local people could buy freshly cooked meals and drinks at reasonable prices. The people whose home it was decided how the place should be run and what activities would be available. So, unlike some places I've seen, bingo was not the only option for entertainment.

Care staff were on site 24/7, if required, but even though many people living there had quite significant care needs, the overall impression was of a group of people living independently, helping each other along the way, as opposed to feeling like a burden, as older people can be inclined to do.

Another thing I really liked was the way families and friends were welcomed. There was no problem with inviting them to stay overnight when they were visiting. The home even had a visitors' room that could be booked for overnight stays. It wasn't a care home in the traditional sense, it was more like a community.

Lavender Court is what is termed an [Extra Care Housing Scheme](#). Apparently, there are now many such schemes around the country. It seemed to me like a twenty-first century version of sheltered housing and a real step forward.

Maintaining independence is such a fundamental aspect of one's sense of dignity and self worth. It was because my mother was so

'More like a community' Lavender Court Extra Care Housing Scheme, Barnsley, July 2008





My Mother, Freda Rose Parkinson and I

independent and mettlesome that her swift decline into senility became so hard to witness. As her mind deteriorated she became increasingly angered at what she recognised as her growing inability to run her own life.

We took her home but we couldn't cope. She became even more confused and disorientated and her occasional bouts of incontinence made her feel ashamed and deeply unhappy. She eventually went to live in a nursing home nearby.

Over time, my mother lost a sense of who I was and began to believe I was her brother Tom. Normal conversation became nigh-on impossible, but in the midst of all this despair there were some extraordinary moments. One day, I took her for a drive in the car and put on a Frank Sinatra CD – she sang every song, word perfect. The lyrics she heard as a young girl had stayed with her – Gershwin, Porter, Rodgers and Hart she remembered word for word, yet she didn't know who I was. It was extraordinary.

Last autumn, I visited [Red Oaks Care Home in Henfield](#), near Brighton. It was a lovely place, a very nice house, beautiful grounds and an overall atmosphere of light, space and tranquility. But what impressed me most about that place was the creative ways in which the staff were connecting with the residents, the majority of whom had some form of dementia. They recognised the stress their residents felt at being forced to live and communicate in the present, so they devised a range of imaginative and highly effective ways of making those connections at a more familiar point in the residents' past.

They had rummage boxes and memorabilia areas, corners of the room with specific themes to capture the imagination and take them back to better times. One area had office memorabilia, an old typewriter, paperweights, ink and notebooks. Another had a

'A more vigorous approach' playing cards with residents and staff at Red Oaks Care Home, Henfield, November 2008



British seaside theme with deckchairs, bathing suits, swimming hats, postcards, holiday camp pamphlets.

The staff carried items in their pockets, which they pulled out to stimulate conversation or to help diffuse difficult situations.

Each person had their own memory box filled with odds and ends associated with their own past, family and friends.

In several places, I've been shown "[Life Story](#)" work, which involves finding out about the past life of the people in the home, their likes and dislikes, and this isn't just of benefit in the care of those with dementia. Care homes are using it for all their residents and it is even being used in hospitals. Again, it is so simple. It does not cost anything but can make a huge difference to the relationship between staff and the people they care for.

In July, I was invited to the annual Health and Social Care Awards to present [the People's Award for Dignity in Care](#). Recognising people who go that extra mile is an incredibly important aspect of this campaign. All too often blame is laid at the feet of staff, many of whom are doing a superb job in often difficult circumstances, and sometimes for relatively little pay. In an ideal world, these people would receive comparable sums to bankers and other highly paid bureaucrats, but this isn't an ideal world. So, I think we all have a responsibility to make sure we take the time to say 'thank you' to the people who go out of their way to make our loved ones feel valued.

The public were asked to nominate any carer they felt had gone beyond day-to-day duties to provide truly dignified and compassionate care, and over 400 nominations were received. The award was won by Chris Took, the catering manager at The Hospice of St Francis in Berkhamsted, Hertfordshire, who has transformed meal times for his terminally ill patients. Again, nothing he did was

rocket science; in many ways it was simply common sense and caring. Chris understood how anxious families become when patients refuse to eat, and wanted to do as much as possible to allay their fears. He felt it was impossible to prepare a plate of food without knowing the patient or the family who would be eating it. So, he left the kitchen and chatted to patients and families, noting their dietary requirements and preferences. This way he was able to tailor his menus for each individual patient. His was a very personal service.

At the awards ceremony, I met the mother of one the patients, who has now sadly died. Evidently, Chris had made a huge difference to her son's last few weeks. It was with great pleasure that I

'Going the extra mile' Chris Took (5th from left) and his team, winners of the People's Award for Dignity in Care, July 2009



presented him with the award. His enthusiasm, commitment and passion to preserving the dignity of the people he served is a lesson to us all. Every one of the finalists I met that day – not just the winner – was so committed that it reminded me of the saying ‘tall oaks from little acorns grow’. That should be the motto of this campaign!

Well, that is some of the good. I’ve also seen the bad, the majority of which, I have to say, did appear to be thoughtlessness rather than anything else. I’ve already mentioned some of the examples that I witnessed throughout my mother’s care – the tendency to use inappropriate and unwelcome pet names, failing to maintain her appearance and to ensure she had her own clothes. Unfortunately, these kinds of lapses in care are not uncommon; I know that from the mountains of letters I have received from people who have had similar experiences.

I saw, on a visit to Yorkshire, another example of care being just not quite right. It was at a care home that had apparently almost been closed down a couple of years ago due to failing an inspection. It had obviously improved dramatically under the leadership of a new manager and I could not fault the attitude of the staff, who showed real compassion and care for the residents.

A big iron fence, with a number lock on the main entrance, surrounded the place; those locks appeared on doors throughout the home. While I understand the need to ensure the safety of residents – the majority at this particular home had dementia – I left with the overwhelming impression that it was simply not right, that surely there are ethical issues here about freedom of movement and human rights. Coming across locked doors and gates in what is meant to be your own home must be confusing at the very least, if not distressing to the people who live there. But,

I so clearly understand how hard it can be to look after someone with dementia. It is a condition that brings with it huge challenges – not only for the person with dementia and their family but also for those who are providing the care. I do not pretend to have all the answers but I feel passionately that, difficult as it is, dementia cannot be a reason to dehumanise, to depersonalise, those who are unfortunate enough to have the condition.

And now for the ugly – the inexcusable and the downright unacceptable. Thankfully, I haven't experienced or witnessed any of this myself. This comes from letters sent to me as Dignity Ambassador. Where possible, I have brought the specific cases to the attention of ministers and the system to deal with.

I've received some letters that, quite frankly, appalled me. One lady told me of going to visit her mother after she was admitted to hospital and finding her in a side room, with the door open, in full view of anyone passing, with no clothes on, covered in her own urine, having obviously been there for ages. Meanwhile, the staff were 'too busy' to help. I have also heard of people ringing the alarm bell repeatedly, needing to be taken to the loo, only to end up soiling themselves before help comes.

I've been sent letters about older people being left without enough to eat and drink, food being taken away before they have had a chance to eat it, food being left at the end of the bed on a tray where they cannot reach it, food they cannot swallow or the reverse, a sloppy, unappetising blob on a plate. Now this is where the time and money argument really falls down for me. It defies all logic to spend vast sums of money to keep people in hospital or a care home, to give them expensive drugs and then to forget to ensure they get the most basic of human needs – enough to eat and drink. Absolutely barmy and cruel beyond belief.

It really doesn't bear thinking about, the helplessness and degradation these people must feel, and the distress it must cause to their relatives. Again, to me this issue goes well beyond dignity and respect, it infringes on people's human rights.

Another thing I have noted is the sometimes casual, vague and unfeeling responses the organisations concerned give to people who have made a complaint. 'We will give a report in the near future...' and 'Once we conclude our investigations...' How long need it take? And why can they not give a specific date? A hospital sent a letter like this to a woman who had recently lost her mother in response to a complaint she had made about her mother's care during those final days. Surely her bereavement and loss were enough to cope with at that time, without facing having to wait an indeterminate length of time for a proper answer. It's the language of delay, the sense of a complaint sinking without trace in a bureaucratic quagmire, the suspicion of a cover-up that really upsets people.

In my limited experience, these instances are in the minority, thank goodness, and happen to a few people only, but they do still happen. My most recent letter reporting such horrors was received just a few days ago. There can be no excuse and I hope that anyone reading this report will never walk on by if they witness such things happening. There is no substitute for vigilance. And no substitute for taking action when it is required.

What's wrong with a wrinkle?

'Age is opportunity no less
Than youth itself, though in another dress,
And as the evening twilight fades away,
The sky is filled with stars, invisible by day.'

Henry Wadsworth Longfellow

I think that maybe when I was growing up, society demanded that you had a greater respect for older people than occurs today. So while we are talking about changing culture within the care service, I think we also need to change the culture within our society. Can we really expect staff to don a different set of values when they put the uniform on? If the rest of society doesn't appear to value older people, why should they? When we consider how we can improve the way older people are treated in general, we should look not only at nurses and care workers, but at ourselves.

We should ask ourselves why are we so terrified of growing old? Why do we regard it as some inevitable decline into dementia and incontinence? Why do we neglect old people, shove them in a corner and expect them to die without making too much fuss?

Why does the media, at worst, ignore old people and, at best, patronise them? Why is the media skewed towards the notion that the only market worth attracting, worth bothering with, is aged between eighteen and thirty-four?

Why do fashion tips for women – ‘Look Fab at Thirty’, ‘Be Sexy at Forty’, ‘The Flirtatious Fifties’, ‘the Sensational Sixties’ – stop there? What happened? Are women over sixty hopeless causes, too old and haggard to be concerned about? I doubt Joanna Lumley would agree with that! What, in any event, is wrong with a wrinkle? Are we so afraid of growing old?

We sometimes close our eyes to the older generation, consigning them to a foot locker of priority where they can curl up quietly and die. What we overlook is the relationship between young and old – seen at its most valuable in the way the older generation can often act as an inspiration and mentor to the young.

Many times in my life I have sought mentors – older people, men and women, to give me the benefit of their experience. In my job interviewing people, and throughout my career in journalism, I chose the company of those people who had already achieved what I aspired to do, and much more besides.

What is wrong with being a grandparent – a mentor to a child? Mary and I have eight grandchildren and we have found it not only a fulfilling experience but, if anything, a justification for growing old.

These days, families tend to be spread the length and breadth of the country, sometimes across continents. Many young people rarely see their own grandparents and miss out on that unique bond. In this role, I’ve been introduced to the concept of inter-generational practice – local initiatives that bring the young and old to work together and learn from each other. In some ways, I think it is a real shame that, as a society, we no longer seem able to bridge the gap between young and old, and to such an extent that we need to create schemes that enable us to do it. In my native Cudworth last year, I met some schoolchildren involved in a local

intergenerational scheme. It was nothing complex, simply classmates going into a local care home and talking to the residents about the kind of things they might talk about with their grandparents, and listening to them speaking about local history and past times – simple, costing nothing, yet obviously having a really positive effect on those young people.

I have been lucky also because in my job I have met many inspirational old people, who have made me feel okay about growing old. People always ask me who was my favourite interviewee. I am unable to give an answer, but what I can say is that the most extraordinary group of people I have enjoyed interviewing have been, without a single shadow of a doubt, old people, because they had really lived a life and were unafraid of speaking the truth.

Two elderly ladies were particular favourites of mine. One was Dame Edith Evans, the great English actress, who put to shame many younger actresses with her unflagging optimism, energy and total nonchalance about growing old.

The other was Catherine Bramwell-Booth, who was quite the most remarkable woman I have ever met, and I've met a few. She was the granddaughter of William Booth, the founder of the Salvation Army, and was ninety-six when she won the Speaker of the Year Award. She came on the show just once, and was well capable of putting ‘yoof’, in that instance, me, firmly in its place.

We tend to make assumptions about old people, stereotype them and forget that they too had a youth, sometimes a wild one. In one place I visited in Twickenham, I was taken around and there was a lady sitting in a wheelchair. She was eighty-six. They said if I was very good she would sing me a song at the end of our tour. So at the end, I went back, sat with her and asked, ‘Will you sing me a song?’ ‘Oh yes,’ she said. ‘I used to be a professional you

know.' 'A singer?' I asked. 'No, no,' she said. 'What were you then?' I asked. 'A stripper,' she replied!

What I believe, and what I have come to understand through my work as Dignity Ambassador, is that a slogan is not enough. Our ambition cannot be seen in isolation from the greater overall problem of how, as a society, we treat old people. Our indifference to a valuable, wonderful asset is as wasteful as it is insulting.

We need to celebrate the business of growing old instead of fearing it. The wisdom, the experience of maturing, should be seen as a valuable asset and not a sad decline.

We are all going to get there, so let's do everything we can to enjoy the journey. Travel in style and not fear.

The end of an innings

'We must not, in trying to think about how we can make a big difference, ignore the small daily differences we can make which, over time, add up to big differences that we often cannot foresee.'

Marian Wright Edelman

Looking back at my past year as Dignity Ambassador, I must conclude that the biggest beneficiary has been me. That may seem an odd thing to say about someone who has mixed with dignitaries and celebrities for forty years, but I have gained so much in seeing our NHS and care system at work. I have had the privilege of observing people dedicated to the notion that the NHS, warts and all, remains the greatest example of everything that a civilised and compassionate society is capable of.

I'd like to thank all those people who have looked after me on my travels with such patience and kindness. I've learned much from their dedication and their devotion to the job they do.

When I joined this campaign, the focus was primarily on dignity for older people, dignity being a value that resonates most strongly with the older generation. Unfortunately, they also seem to be the group of people most likely to suffer indignity when using care services, as the many news stories in recent years show.

The campaign has now been extended to cover everyone, and quite rightly so – in a civilised society, no-one should suffer indignity, especially at a time when they are most vulnerable.

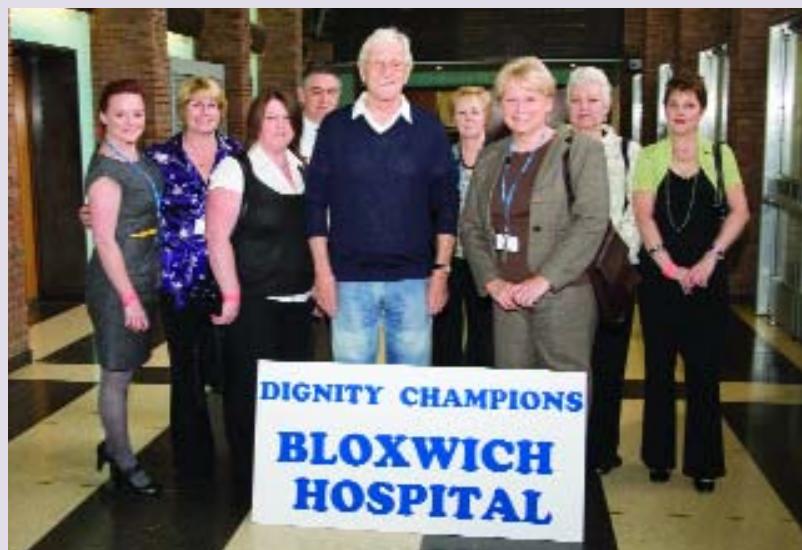
I came on board as the celebrity face of the campaign, to

help gain publicity for this cause and speak to audiences that Government may not be able to reach. However, no single individual can make this work. It is a shared problem, and quite possibly one that can never be completely resolved, but nevertheless we all have a part to play in trying to find the solution.

The media have a huge role in helping to promote a positive image of older people, and in celebrating the extraordinary care many individuals and organisations provide. They also need to keep running stories about the ugly side of care and encouraging people to complain and speak out against it.

Many Dignity Champions are already doing fantastic work, and touching people's lives in the process. When I joined, there were 1,500 Dignity Champions. There are now over 12,000 with more joining every day. This is really becoming a social movement, and I hope the Champions will continue to use their

'A personal testimony' an unofficial visit to Bloxwich Hospital, Sept 2009



individual and collective power to make change happen. And how potentially powerful that is! Over 12,000 people collaborating to solve a problem that has defeated large organisations and Government – pause for a moment to reflect on the combined intelligence, energy and creativity that brings.

The hundreds of organisations that represent the public, patients, staff and care providers each have the power and influence to help get across the message ‘Dignity for all’ – all they need is the resolve to do it. I’ve received hundreds of kind invitations in the past year to attend conferences and events. Unfortunately, I have been able to accept just a few, but each time I’ve been incredibly impressed by the enthusiasm and commitment shown by those I have met, and hope that will continue.

I implore Government not to give up on this agenda, not to tick it off as ‘job done’ – it clearly isn’t. There is still a long way to go. There are times when Government needs to stop pandering to the outpourings of the latest focus group and deal with the real issues. My year as Dignity Ambassador has confirmed that ensuring dignity in care is a real issue, one that really matters to people.

We must not underestimate the power of the older generation. Year-by-year their numbers are growing. Woe betide any government or local council that continues to ignore their collective voice. I’d personally love to see the ladies of the Women’s Institute take up this cause. Now, they are an incredible force to be reckoned with.

I hope the Pensioners’ Parliament, whose members I spoke to in June this year, will continue to lobby on these issues and for the rights of older people in general. I hope they will also continue to look at their own organisation and ensure it does not reinforce a negative stereotype of older people, but instead remains vigorous

and dynamic with an ever-growing membership as the baby-boomer generation moves into old age.

Finally, the public – I hope that when those who have occasional contact with care, as a patient or visitor, see someone doing a wonderful job, they remember to tell that person, and the managers. Send him or her a thank-you card, fill in an award nomination, let the person know he or she is appreciated. And if as a member of the public you see bad care, please don't stand for it. Tell someone, complain if necessary – put a note in the feedback box, speak to the staff, write a review on the internet, whatever you feel most comfortable with. Don't just walk away – make sure it doesn't happen to anyone else. Share your experiences – good and bad – so others can learn from them.

Over the past year, I have travelled hundreds of miles and met many incredible people. It has been a real honour to take on this role as National Dignity Ambassador and I hope I have been able to do the job justice.

Dignity and respect for older people is an issue that will remain close to my heart and I will continue to take personal responsibility for championing this cause whenever I can. But there are only so many times I can share my story to inspire others without starting to bore everyone to tears. I need to step back now and take a little time to enjoy my retirement and see something of my family and my own precious grandchildren.

Dignity in care must be everybody's business. It's not just about me, the Government, the nurse or care-home manager. Success will come only through the combined efforts of all of us. I hope people will step up to this challenge, keep this agenda going and do whatever is in their power to make a difference.

Tall oaks from little acorns grow!

Key resources

Dignity in Care Campaign

www.dignityincare.org.uk

Sir Michael Parkinson's Official Website

<http://www.michaelparkinson.tv/>

Online Dignity in Care Practice Guide

<http://www.scie.org.uk/publications/guides/guide15/index.asp>

Dignity Champions Toolkit for Action

www.dignityincare.org.uk/takingaction

Carers Direct

www.nhs.uk/carersdirect

Further information

A Dignified Revolution

www.dignifiedrevolution.org.uk/

Royal College of Nursing Campaign ‘Dignity at the heart of everything we do’

www.rcn.org.uk/newsevents/campaigns/dignity

National Dementia Strategy

www.dementia.dh.gov.uk

Life Story Network

www.lifestorynetwork.org.uk

‘What do you see?’ film

www.amandawaring.com/what-do-you-see

Videos and audio clips

Dignity In Care on DH YouTube <http://www.youtube.com/user/departmentofhealth#g/c/EE6B3A0AB59B54D0>

Video podcasts including – ‘Why Dignity Matters’ Sofa Chat and Parkinson show clips of from interviews with Dame Edith Evans and Catherine Bramwell Booth

www.dhcarenetworks.org.uk/dignityincare/Topics/championresources/Podcasts

Sir Michael Parkinson hosts Question Time, Leeds, 1 July 2009

www.youtube.com/watch?v=nMJMrW3BnP

Sir Michael Parkinson speaking at the Royal College of Nurses Congress, 13 May 2009

www.rcn.org.uk/newsevents/congress/2009/congress_2009_highlights/sir_michael_parkinson_to_speak_at_rcn_congress_2009

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