



# **Dignity in Homecare Training Programme**

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## Contents

<b>Introduction .....</b>	<b>3</b>
<b>Preparation .....</b>	<b>4</b>
<b>The dignity training programme .....</b>	<b>6</b>
Module 1 - Welcome and introduction .....	8
Module 2 - Definitions of dignity .....	11
Module 3 - Legislation .....	16
Module 4 - Poor practice .....	23
Module 5 - Discrimination .....	31
Module 6 - Dignity - best practice .....	34
Module 7 - Specific care needs .....	39
Module 8 - Commissioning .....	42
Module 9 - Implementing change .....	45
Module 10 - Policies required by the organisation .....	52
Module 11 - Conclusion .....	55

# Introduction

Dignity starts at the very top of an organisation with the manager and owner taking responsibility for ensuring their staff provide a dignified service. Care workers are involved directly with service users and represent the organisation externally. The care they provide and the way they provide it, are the standard by which service users will measure whether they have been treated with dignity and respect.

However, they are not the only staff within an organisation who need to be clear about what a dignified service means and ensure they also deliver this level of care. Office staff, supervisors, trainers, managers and finance personnel may have contact with service users or their roles may impact on service users so all have their part to play in ensuring a dignified service can be provided.

In November 2006, Ivan Lewis MP, then Parliamentary Under Secretary of State for Care Services, gave a speech to launch a 'Dignity Campaign' to "put dignity and respect at the heart of the care services we offer to older people". This campaign followed many discussions with older people receiving care services who wanted to be treated as individuals, who wanted to be listened to, who wanted to be treated with respect and who wanted the choice to be able to participate or not.

The aim of the campaign was to raise the awareness of health and social care staff of the importance of providing dignity in care. The challenge was to provide them with examples of best practice, as a means of inspiring them to change their procedures to ensure service users receive the respect and dignity they deserve.

Ivan Lewis MP launched a 'Dignity Challenge', to ensure people who use services know what to expect from a service that respects dignity. He also expected evaluations by providers, commissioners and service users to ensure that the services provided, do actually treat people with dignity and respect.

In November 2006, to support the Department of Health's Dignity Challenge, the Social Care Institute for Excellence (SCIE) published the *Dignity in Care Practice Guide* (9)<sup>i</sup>. The Guide explains how to improve standards of dignity and is aimed at anyone involved in delivering care, including those who use the services and their carers, care workers in all care settings, other staff, managers and service commissioners.

Some organisations are doing a very good job and see dignity in care as an integral part of their service. Similarly, some organisations aspire to provide a dignified service but are unable to do so because of commissioning practices, ie. a lack of funding or short episodes of care, meaning that care workers have to rush the process of helping people with washing, dressing and meals, which can compromise dignity. Whilst the Personalisation agenda may assist with this, home care managers must be proactive in negotiating contracts that enable them to provide a dignified service.

This Dignity Training Programme has been developed specifically for the domiciliary care sector, to enable managers and staff to provide services in a dignified and respectful manner and to assist organisations meet the Department of Health's Dignity Challenge. The training programme also complements SCIE's *Dignity in Care Practice Guide* (9).

# **Preparation**

## **Preparation for training**

The dignity training programme consists of eleven modules. The training can be run on a session basis or as individual modules. However, if modules are run separately, you will need to recap the last session at the start of the next.

Prior to running this course in-house, it is important that the organisation has a number of policies in place to support dignity in care such as an equality and diversity policy, a whistle-blowing policy, a confidentiality policy and a communication policy.

Trainers and managers should read the training programme first to understand the modules contained within it, and to appreciate how these relate to one another and to the policies of the organisation. The accompanying Dignity Resource Guide gives additional background information, as to the referenced documents and additional resources. If you read around the subject, you will become more able to answer difficult questions.

It is important to know which module of training is to take place so that the correct resources and materials needed for that session can be made available.

If the training is run as individual modules sessions, ensure the correct staff attend the correct part of the training programme.

Give staff plenty of notice of where and when they must attend.

Book the venue and arrange refreshments if required. Ensure an overhead projector, data projector or A3 ring binder easel is available.

Photocopy the relevant exercises and handouts before the session starts. It might be an idea to provide pens and paper for those who do not bring these.

## **Before the training session starts**

Ensure you arrive before the session starts so that you can prepare the room to your liking. Check the equipment is working and make sure all the resources and materials are available.

Lay out the programme, exercises, handouts and acetates in order of need.

Welcome delegates on arrival and give out any materials you might want them to have before the session starts.

You may want the delegates to sign in. If so, get them to do this as they arrive.

## **During the training session**

Try to keep to the timings within the programme, otherwise your module may over-run resulting in an incomplete session.

Encourage questions but ensure you keep the timings in mind.

Try not to read the text, you will look more professional if you can talk around the subject.

When doing group work or exercises in pairs, encourage delegates to work with different groups or pairs during the session.

Encourage quieter members of the audience to participate.

### **After the training session**

Ensure delegates know who they should contact if they have further questions that need answering after the session has finished.

Refer delegates to the Dignity Resource Guide (which accompanies this training programme) so they can refer to it later.

Ask delegates to complete an evaluation form so that you can update the course if needed.

A nice idea is to give each delegate a certificate of attendance at the end of the session, or send it on after the event.

# The dignity training programme

This dignity training programme covers much of the content of the Dignity Resource Guide with the difference that the training programme contains a training pack with tutor's course notes, acetates, exercises and handouts to accompany the training.

The training programme is modular in design allowing for complete flexibility in the way it is used. This design will allow for its use in different ways:

1. The training can be provided module by module. Each module can be used independently to allow you to build up the dignity training in small chunks allowing for short, sharp sessions that will leave the participant anticipating the next module. These can range from 15 minutes in length up to 90 minutes.
2. The training pack can be used as a two-hour training session.
3. The training pack can be used as a half-day training session (3½ hours).
4. The training pack can be used as a full-day training session (6 hours).

For the longer training sessions, the matrix on page 7 will assist you to determine which modules you will need to complete depending on whether the training is a two-hour session, a half-day session or a full day's course. However, you can mix and match these to suit your organisation and change the timings of the course accordingly.

The training programme is made up of four sections:

## **1. Tutor's guide**

This is a comprehensive guide containing lesson plans with timings and material requirements and a corresponding set of tutor's course notes, to enable the trainer to run a complete Dignity in Care training session.

## **2. A set of acetates for use with an overhead projector**

A set of acetates is included for use within the training programme.

## **3. Exercise sheets**

Some of the training modules contain exercises. Exercises break up the training and check the understanding of delegates. Exercise sheets are numbered and these correspond to those referred to in the tutor's course notes.

## **4. Handouts**

A set of handouts accompany the training programme. Copy these beforehand and give out to delegates when instructed in the tutor's course notes. They are used to assist the exercises and as a future reference.

## Training matrix

This matrix gives information about the modules to select for a 2-hour session, a half-day session of 3½ hours and a full-day session of 6 hours.

Look for the tick (✓) under each training session to determine which modules to run.

If you think different modules would better suit the needs of your organisation, select the modules you prefer and add up the time for each of your chosen modules to give you the full length of the session.

<b>Dignity Training</b>			2-hour session	Half-day session	Full-day session
Module 1	Welcome and introduction	10 minutes	✓	✓	✓
Module 2	Definitions of dignity	15 minutes	✓	✓	✓
Module 3	Legislation	30 minutes			✓
Module 4	Poor practice	50 minutes		✓	✓
Module 5	Discrimination	20 minutes		✓	✓
Module 6	Best practice	90 minutes	✓	✓	✓
Module 7	Caring for people from specific user groups	20 minutes		✓	✓
Module 8	Commissioning	20 minutes			✓
Module 9	Implementing change	75 minutes			✓
Module 10	Policies required by organisations	15 minutes			✓
Module 11	Conclusion	5 minutes	✓	✓	✓
	Total		2 hours	3½ hours	6 hours

# Module 1 - Welcome and introduction

**Content** Welcome and introduction  
Domestic arrangements  
Learning outcomes

**Duration** 10 minutes

**Materials Required** Acetate 1  
Flipchart and pens  
Blue tack

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 1

Timing	Content	Materials
5 Minutes	<b>Welcome</b> Tutor to welcome delegates formally to the workshop and give a brief overview of what the workshop will cover.  <b>Domestic arrangements</b> Tutor to give information regarding the domestic arrangements for the workshop, including: <ul style="list-style-type: none"><li>• Fire exits and tests</li><li>• Evacuation meeting points</li><li>• Designated smoking areas</li><li>• Breaks</li><li>• Refreshments</li></ul>	
5 Minutes	<b>Learning outcomes</b>  Acetate 1 Learning outcomes  Tutor to introduce the workshop by going through the learning outcomes  Tutor to invite delegates to comment	Display Acetate 1  Tutor's Course Notes: Module 1



## Tutor's Course Notes

Module 1

Welcome and introduction

Links with acetate 1

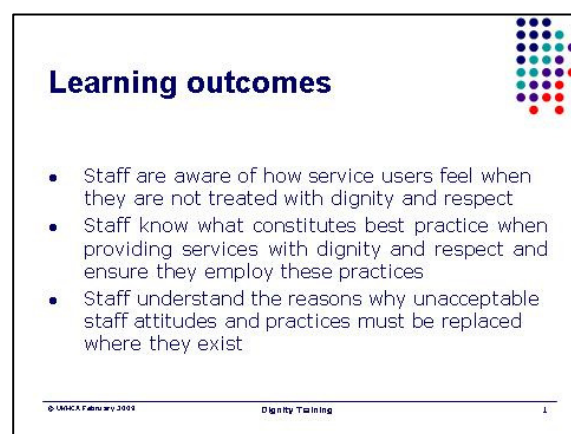
In this module, delegates will be welcomed to the workshop and will be introduced to the Dignity training.

Give the delegates information regarding the domestic arrangements for the workshop, including:

- Fire exits and fire alarm tests
- Evacuation meeting points
- Where smoking can take place
- Times of breaks
- Refreshments

Before continuing with the learning outcomes, give delegates an outline of what the dignity training will cover. This will depend on the type of session you are to run, check with your matrix, as this will indicate which modules to cover.

### Display acetate 1      Learning outcomes



Go through the acetate and elaborate on each of the learning outcome points as follows:

#### **Staff are aware of how service users feel when they are not treated with dignity and respect**

Many people who have participated in research about dignity have said that they know when they have not received dignity and respect from staff. Some of the feelings expressed include feeling undervalued, patronised, not listened to, discriminated against and unsafe.

#### **Staff know what constitutes best practice when providing services with dignity and respect and ensure they employ these practices**

Many simple measures can be adopted to demonstrate good practice. Something as simple as a smile or taking the time to sit and listen to someone can make them feel valued and respected.

## Tutor's Course Notes

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Module 1

Welcome and introduction

Links with acetate 1

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### **Staff understand the reasons why unacceptable staff attitudes and practices must be replaced, where they exist**

There are many reasons why unacceptable staff attitudes must change. These include requirements in standards, regulations and local authority contracts. Poor staff attitudes may damage the reputation of a business, resulting in contracts being withdrawn and staff possibly losing their employment.

Ask the delegates whether they have any additional learning outcomes they wish to achieve for the day. If they do, write these on a flipchart and pin the paper to the wall with blue tack to remind you to include these points throughout the training.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have outlined the issues that need addressing when providing care with dignity and respect and have gone through the learning outcomes. Explain that you are now going to move on to the next module.

## Module 2 - Definitions of dignity

**Content** Definitions of dignity

**Duration** 15 minutes

**Materials Required** Exercise 1  
Pens and paper  
Acetates 2 and 3  
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of acetates

Tutors Course Notes: Module 2

Timing	Content	Materials
15 minutes	<p><b>Definitions of dignity</b></p> <p>Exercise 1 What is dignity?</p> <p>Acetate 2 Definitions of dignity</p> <p>Acetate 3 Illustrative slide</p>	<p>Exercise 1</p> <p>Pens and paper</p> <p>Flipchart and pens</p> <p>Acetates 2 and 3</p> <p>Tutor's Course Notes: Module 2</p>

## Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1  
and acetates 2 and 3

In this section, delegates will start to explore the term 'dignity' and what this means.

Ask each delegate to work individually, and give them Exercise 1 – What is dignity, to complete. Allow them 5 minutes for this exercise.

Once the 5 minutes is up, ask delegates to come up with their observations, words and phrases that make them think that care staff treat patients on the intensive care unit with dignity.

Write their replies on a flipchart.

### Display acetate 2      Definitions of dignity



**Definitions of dignity**

- Putting the person receiving care at the centre of things
- Asking what their specific wants and needs are
- Giving information
- Being addressed in an appropriate manner
- Being patient
- Not patronising the person receiving care
- Helping people feel they are in a safe environment
- Making sure people are not left in pain
- Ensuring people do not feel isolated or alone
- Giving people privacy
- Encouraging people to help themselves as much as possible
- Taking into account people's cultural and religious needs, not discriminating against them
- Treating people with respect
- Listening to people
- Responding to the person as soon as requested
- Maintaining confidentiality at all times

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Explain that acetate 2 contains responses about what dignity means to people being cared for, gathered from many different sources during research.

Go through each of the bullets, marrying up the bullet point to the comments made by delegates in the group and explain the following:

#### **Putting the person receiving care at the centre of things**

This means that at all times the service user receiving the care decides what care they receive, how they receive it and when they receive it.

#### **Asking what their specific wants and needs are**

Service users may not always be forthcoming in expressing their needs. If this is the case, it is for the care worker to find out what these needs are. Care workers should not presume to know what the service user might want.

#### **Giving information**

To enable service users to make an informed decision about the best way of doing things, they need all the relevant information available.

## Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1  
and acetates 2 and 3

### **Being addressed in an appropriate manner**

Staff should ask service users about the way they would like to be addressed and should not assume they want to be called by their first name.

### **Being patient**

For whatever reason, people who are in receipt of care may not always be able to act quickly or say things succinctly and these actions may unwittingly slow the care worker down. The care worker must have an understanding that people may not work as quickly as they would like and to show any annoyance by these actions would not be working in a dignified manner.

### **Not patronising the person receiving care**

Using patronising tones of voice, patronising expressions such as 'love' or 'dear' or talking to someone like they were a child shows disrespect to the service user. Speak to people as an equal.

### **Helping people feel they are in a safe environment**

Service users like to feel they are in safe hands. This means that the care worker should be mindful of the safety of the service user at all times and be trained in any area where safety becomes an issue, such as preparing food, administering medication, bathing and any issues around adult protection.

### **Making sure people are not left in pain**

Do not leave service users in pain because of the schedule of the care worker. Pain control is important as it enables people to carry on their lives. Therefore, if a service user complains of pain, deal with this immediately. Take steps to prevent pain occurring eg, with the consent of the service user, contact medical professionals to discuss better pain control.

### **Ensuring people do not feel isolated or alone**

The care worker's visit may be the only contact a service user has with anyone on a day-to-day basis. Therefore, the care worker should ensure that the visit is enjoyable for the service user. This can be achieved by chatting to the service user whilst carrying out any tasks, encourage service users to seek outside interests if possible or discuss other activities that might reduce the isolation.

### **Giving people privacy**

Privacy is important to people. At all times the staff should maintain the service user's privacy. For example, this means ensuring toilet doors are shut, providing coverage when dealing with personal hygiene and keeping information about the service user confidential.

## Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1  
and acetates 2 and 3

### Encouraging people to help themselves as much as possible

Care workers can unwittingly take independence away from people. Doing some of the tasks that service users could do for themselves, may result in the service user stopping doing these tasks altogether. For example, if a service user was always able to dress themselves and the care worker comes along and helps to dress the service user, the service user may stop doing this task, which results in some of their independence being reduced. It might be more time consuming, but service users should be encouraged to maintain (or even improve) their independence.

### Taking into account people's cultural and religious needs, not discriminating against them

All service users have their own beliefs and staff should respect and enable these beliefs. For example, if someone has a specific religious requirement such as fasting or praying, this should be allowed to happen or helped to happen if the service user is unable to do this for themselves.

### Treating people with respect

Respect is about understanding the service user's values and views, appreciating these views rather than ridiculing them and working with the service user to enable them to exercise their values.

### Listening to people

This is about establishing a relationship with the service user. Listening to what is being said not only verbally but reading between the lines is important as this may be the only way service users can demonstrate the type of care they want to receive and the way they want to receive it.

### Responding to the person as soon as requested

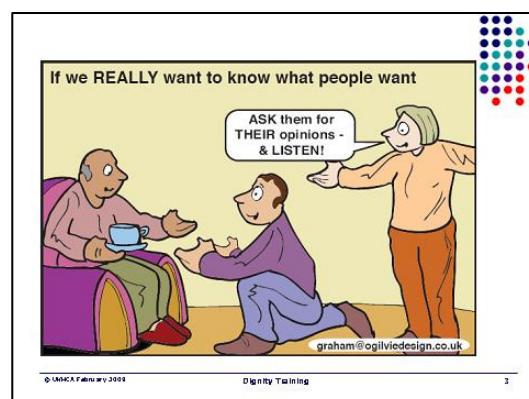
Responding to the requests of the service user immediately shows that the care worker is listening and treating the person with respect and dignity.

### Maintaining confidentiality at all times

The personal information, care and treatment of service users should remain confidential at all times unless there is a specific reason for not doing so. If there is a reason why confidentiality may be broken this must be discussed with the service user first.

### Display acetate 3

### To illustrate the above points



## **Tutor's Course Notes**

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Module 2

Definitions of dignity

Links with exercise 1  
and acetates 2 and 3

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Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have outlined the definitions of dignity and what these mean to others. Explain that you are now going to move on to the next module.

## Module 3 - Legislation

### Content

Human Rights Act 1998  
Anti-discrimination legislation  
Mental Capacity Act 2005  
Mental Health Act 2007

### Duration

30 minutes

### Materials Required

Acetate 4  
Handout 1  
Exercise 2  
Flipchart and pens  
Pens and paper

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 3

Timing	Content	Materials
10 minutes	<b>Legislation</b>  Acetate 4 Legislation  Handout 1 Legislation	Acetate 4  Handout 1  Tutor's Course Notes: Module 3
20 minutes	<b>Legislation</b>  Exercise 2 How can legislation protect dignity?	Exercise 2  Tutor's Course Notes: Module 3



## Tutor's Course Notes

Module 3

Legislation

Links with acetate 4, handout 1 and exercise 2

Explain to the delegates that this module reviews some of the legislation that governs how people are treated. Explain that some of the legislation expects that people be treated with dignity and respect.

### Display acetate 4      Legislation



Explain each piece of legislation as follows and tell delegates that there will be a handout and exercise on this topic following the presentation.

### Human Rights Act 1998

The Human Rights Act is based on the European Convention on Human Rights of 1950, which was drafted after the end of World War II. The Act came into effect in October 2000 and outlines 16 rights and freedoms individuals are allowed.

Some of these rights and freedoms carry more weight than others and some might be restricted in times of national security or in the interests of public safety.

The Act makes it unlawful for any public body to perform in a way that contravenes the rights and freedoms of individuals on a day-to-day basis.

The Rights that have an impact on providing dignified care services include:

#### *Article 8 - Right to respect for private and family life*

This means that everyone is entitled to live their life the way they want to without intrusion into their home. They are entitled to their privacy and the Article includes personal information so that everyone has the right for confidential information to remain private.

This Article is relevant to social care because the provision of care should remain confidential at all times. The person providing the care should have respect for the service user's home, the way they live their life and their privacy. This includes any written information. In many surveys, privacy was an area that people stated was important to them.

## Tutor's Course Notes

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Module 3	Legislation	Links with acetate 4, handout 1 and exercise 2
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### *Article 9 – Freedom of thought, conscience and religion*

This means that anyone is entitled to hold a belief, and that this should not be restricted.

This Article is relevant to social care because someone who belongs to a particular religion is entitled to have this respected. This may have an impact on visiting times, if visiting during a religious event for example. It may affect the purchase and provision of food and the delivery of personal care.

### *Article 10 – Freedom of expression*

This means that a person is entitled to an opinion and to be able to express those opinions freely.

This Article is relevant to social care. Staff must listen to and act upon the opinions expressed by service users. In addition, people should receive all of the information known or required with which to make an informed choice about their care and treatment.

### *Article 14 – Prohibition of discrimination*

This means that a person is entitled not to be treated differently from anyone else on the grounds of their sex, race, colour, language, religion, political opinion, origin, birth, sexual orientation, disability, marital status and age.

This Article is relevant in social care as everyone should receive the same level of care and should not be disadvantaged because of any of the above.

## **Anti-discrimination legislation**

### **Sex Discrimination Act 1975**

This Act prohibits discrimination on the grounds of gender or marital status.

### **Race Relations Act 1976**

This Act prohibits discrimination on the grounds of race, nationality, colour or ethnic origin.

### **Race Relations (Amendment) Act 2000**

This Act places the onus on public bodies to eliminate discrimination and promote equality.

### **Disability Discrimination Act 1995 and 2005**

This Act prohibits discrimination on the grounds of disability.

### **Employment Equality (Sexual Orientation) Regulations 2003**

This Act prohibits discrimination on the grounds of sexual orientation.

### **Employment Equality (Religion or belief) Regulations 2003**

This Act prohibits discrimination on the grounds of religion or belief.

## **Tutor's Course Notes**

Module 3

Legislation

Links with acetate 4, handout 1  
and exercise 2

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### **The Employment Equality (Age) Regulations 2006**

This Act prohibits discrimination on the grounds of age.

### **Mental Capacity Act 2005**

This Act provides a framework to protect people who are unable to make decisions about their lives.

It assumes, in the first instance, that everyone has the capacity to make their own decisions, even if these decisions are unwise. Where this becomes difficult, people are given support to make their own decisions.

Where decisions are made on behalf of a person who lacks the capacity to make their own decisions, these decisions will have the best interests of the person in mind and the decision made should be the least restrictive option available.

### **Mental Health Act 2007**

This Act protects those who do not have the capacity to consent from the deprivation of their liberty wherever possible.

Withdrawal of someone's liberty can only be authorised if an assessment has deemed this necessary to protect the person from harm. The Mental Capacity Act 2005's principles of supporting the person to make a decision apply and the previous wishes and feelings of the person are considered.

### **Other relevant legislation**

#### **Sexual Offences Act 2003**

This Act prohibits any sexual activity between a care worker and someone with a mental disorder, even if the person is able to and does consent.

#### **Safeguarding Vulnerable Groups Act 2006**

This Act introduces a new scheme to help avoid harm or risk to children or vulnerable adults by preventing unsuitable people from working with them.

#### **Data Protection Act 1998**

This Act provides a set of principles with which people holding information about an individual must comply. These principles include only keeping records for a specific purpose; that records kept are relevant; that they are accurate and only kept for as long as is necessary.

#### **Freedom of Information Act 2000**

This Act provides members of the public with the right to request information held by public bodies. This includes records held by hospitals and local authorities.

## Tutor's Course Notes

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Module 3	Legislation	Links with acetate 4, handout 1 and exercise 2
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Give out Handout 1 – Legislation to everybody and explain that this reiterates what you have just said and is to act as an aide memoir.

Get the delegates into pairs and give each pair Exercise 2 – How can legislation protect dignity?

Explain that, using the handout provided, for each act, give an example of how the act might support the rights of people to receive dignity and respect. Allow 10 minutes for the exercise. The first one is an example.

When the time is up, ask the delegates to feed back to the group their examples.

If they are unable to come up with an example, use the examples below for them to understand how the various acts could protect people.

### **Human Rights Act 1998 - Article 8 - Right to respect for private and family life**

This Act would protect the service user if a member of staff had divulged confidential information to someone without the consent of the service user.

### **Human Rights Act 1998 - Article 9 – Freedom of thought, conscience and religion**

This Act would protect the service user if, for example, a care worker had made derogatory remarks about the service user's religion or had knowingly purchased non-kosher food and told the service user it was kosher.

### **Human Rights Act 1998 - Article 10 – Freedom of expression**

This Act could protect the service user, if they had made a decision about their future care based on receiving information that was either wrong or incomplete when, if they had received the correct information, they would have made a different choice.

### **Human Rights Act 1998 - Article 14 – Prohibition of discrimination**

This Act could protect the service user if discrimination had taken place. For example, someone along the road with the same condition and circumstances had received support that was more favourable.

### **Sex Discrimination Act 1975**

This Act could protect the service user if it could be shown that discrimination had taken place in respect of gender or marital status, for example, a man along the road with the same conditions and circumstances as a woman, had received support that was more favourable.

## Tutor's Course Notes

Module 3

Legislation

Links with acetate 4, handout 1 and exercise 2

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### **Race Relations Act 1976**

This act could protect the service user if discrimination had taken place in respect of nationality, race, colour or ethnic origin for example, a white English man along the road with the same condition and circumstance as a Bangladeshi woman, had received support that was more favourable.

### **Race Relations (Amendment) Act 2000**

This act could protect the service user if discrimination had taken place in respect of nationality, race, colour or ethnic origin by a public organisation such as a GP surgery or local authority.

### **Disability Discrimination Act 1995 and 2005**

This act could protect the service user if discrimination had taken place on the grounds of disability for example, a woman along the road with the same condition and circumstance (apart from the disability) as a wheelchair using, blind woman had received support that was more favourable.

### **Employment Equality (Sexual Orientation) Regulations 2003**

This act could protect a person in the workplace if discrimination had taken place on the grounds of sexual orientation for example, a heterosexual man had received an offer of a better promotion than an equally qualified homosexual man had.

### **Employment Equality (Religion or belief) Regulations 2003**

This act could protect a person in the workplace if discrimination had taken place on the grounds of religion or belief for example, a Catholic woman had received better working conditions than a Muslim woman.

### **The Employment Equality (Age) Regulations 2006**

This act could protect a person in the workplace if that discrimination had taken place on the grounds of age for example, a recruitment advert asking for a person who had been qualified to drive for 10 years, would discriminate against all those who were between the ages of 16 and 27.

### **Mental Capacity Act 2005**

This act could protect the service user who makes a decision that no-one likes or feels is valid, so they over-rule the service user on the grounds of their diminished mental capacity. On the other hand, a service user who is unsafe at home and does not have the mental capacity to make a decision about their environment can have a decision made in their best interests so that they are in a safer environment.

### **Mental Health Act 2007**

This act could protect a service user who is unable to consent to their care and treatment so that decisions made are in their best interests. However, their past wishes and requests will be taken into account when deciding on the best course of action, thereby maintaining their dignity.

## Tutor's Course Notes

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Module 3	Legislation	Links with acetate 4, handout 1 and exercise 2
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### **Sexual Offences Act 2003**

This act may protect a service user with a mental disorder from taking part in a sexual relationship with a care worker whose advances may or may not be legitimate.

### **Safeguarding Vulnerable Groups Act 2006**

This act ensures a service user is safe by preventing unsuitable people from working with vulnerable children or adults.

### **Data Protection Act 1998**

This act protects service users from breaches in confidentiality by ensuring they keep only necessary information and that this information is secure.

### **Freedom of Information Act 2000**

Service users are able to ask for information about the care and treatment provided in their area by public bodies. Privacy and dignity service audits and reports could be among those requests.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have given them information on the different types of legislation that can protect dignity. Explain that you are now going to move on to the next module.

## Module 4 - Poor practice

**Content** Barriers to providing dignified care  
Poor practice  
Why do we need to change?

**Duration** 50 minutes

**Materials Required** Acetates 5, 6 and 7  
Exercises 3, 4 and 5  
Flipchart and pens  
Pens and paper

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 4

Timing	Content	Materials
15 minutes	<b>Barriers to providing dignified care</b>  Acetate 5 Barriers to providing dignified care  Exercise 3 Barriers to providing dignified care	Acetate 5  Exercise 3  Tutor's Course Notes: Module 4
20 minutes	<b>Poor practice</b>  Exercise 4 Poor practice	Exercise 4  Tutor's Course Notes Module 4
15 minutes	<b>Why do we need to change?</b>  Acetate 6 Why change?  Exercise 5 Why do we need to change?  Acetate 7 Illustrative slide	Acetates 6 and 7  Exercise 5  Tutor's Course Notes: Module 4

## Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7  
and exercises 3, 4 and 5

Explain to delegates that this module is about poor practice.

Explain that there are many examples of good practice in organisations around the country providing high quality dignified services. The *Dignity in Care Practice Guide* (9)<sup>ii</sup> provides a number of these good practice examples. However, some people receiving social care services have not always been treated with dignity and respect.

So what has lead some service users to believe they have not been treated with dignity?

### Barriers to providing dignified care

Display acetate 5

Barriers to providing dignified care



Explain to delegates that there are four main barriers to providing dignified care and give a brief outline of what each of these mean as follows:

#### Environment

This is in relation to the physical environment, décor and cleanliness.

#### Staff attitudes and behaviour

This is about the way staff treat service users. A lack of privacy, being patronising, using inappropriate endearments, being intolerant, being impatient and poor communication are all examples of inappropriate attitudes and behaviours.

#### Culture of care

The organisation has put its values, beliefs and goals before service users' needs in the way it has organised its staff and provision of services. Budgetary constraints, targets, not adapting to change and lack of understanding and training in the principles of dignity can cause this.



## Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7  
and exercises 3, 4 and 5

### Specific care activities

This is about the care worker carrying out inappropriate care procedures with specific regard to personal hygiene and toileting, providing meals and drinks and controlling pain without due regard for the dignity of the service user.

Get the group into pairs and give Exercise 3 – Barriers to providing dignified care to each pair. For each of the four barriers, ask delegates to give three reasons why they could not achieve dignity. Allow 5 minutes for this exercise.

When the time is up, ask the group to feed back their barriers. Write their barriers up on a flipchart and use the examples below to add to the list.

### Environment

- Toilet doors that don't lock
- Shabby décor
- Untidiness
- Garden being untidy

### Staff attitudes and behaviours

- Not understanding what dignity and respect means
- A general lack of respect
- A culture of not respecting dignity
- Not being able to empathise about what it's like to be treated without dignity and respect
- Not understanding why disabilities should not be being mocked
- Thinking it is acceptable to talk about service users as if they are not there
- Having to rush people
- Using inappropriate or patronising terms such as 'love' or 'darling'.
- The use of inappropriate or patronising terms such as 'love' or 'darling'
- Not perceiving the service user as an individual
- Service users being treated in an infantile manner
- Service users being patronised by staff

### Culture of care

- Poor commissioning practices ie. commissioning short episodes of care, lack of funding
- Uncaring staff
- The organisation carries out assessments based on budgets rather than needs
- Staff not being treated with dignity by their employer and in return staff are not treating service users with dignity

## Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7  
and exercises 3, 4 and 5

- Being cared for in a way that suits the organisation not the person
- Poor leadership
- Low staff numbers
- Busy staff
- Lack of staff time
- Not using complaints to learn from and improve
- Being cared for by a constant stream of different staff
- Staff with poor English being unable to communicate with service users

### Specific care activities

- A lack of staff training on what is meant by dignity and respect
- No understanding that it is poor food hygiene practice and unacceptable behaviour to give a service user their food whilst they were sitting on a commode or on the toilet
- Not enough time to enable service users to be fed or give proper support at mealtimes
- Not being able to empathise with a service user who has been left in soiled clothing
- Thinking it is acceptable to walk into a room without knocking

### Past or current practice

Explain that, following the last exercise, there appears to be many barriers to providing dignified care. Also, there is a lot of evidence from the past (as seen in the Department of health survey) that care has not always been given in a dignified manner.

Now ask delegates to get into small groups and hand out Exercise 4 – Poor practice. Ask each group to read the scenario and make a note of all the times Mr Goldmann did not receive dignified care. Allow 10 minutes for this exercise.

When the 10 minutes is up, go through each part of the scenario asking what is wrong with it. The delegates should have picked up the following, if not let them know what the issues are:

### "You're called Johan aren't you? That's a nice name Johan."

Whilst it is good that she has introduced herself, she has not elicited from Mr Goldmann how to address him. A major complaint of people surveyed, is not asking how they would like to be addressed.

### Sonia proceeds to help Mr Goldmann out of bed and takes him to the bathroom

Sonia does not seem to have read the care plan about Mr Goldmann prior to giving him his care. Lack of communication is one of the complaints people have in terms of being treated with respect.

## Tutor's Course Notes

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Module 4

Poor practice

Links with acetates 5, 6 and 7  
and exercises 3, 4 and 5

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Because of this, Sonia does not know that he should have his glasses on before he walks anywhere and she doesn't know that he normally uses the toilet before going to the bathroom. She has not spoken to him about what he would like her to do for him this morning. Sonia has not put Mr Goldmann at the centre of his care as should be expected and has not asked or checked out his wants or needs.

**She sits him on the chair by the sink and fills it with water. She drops the facecloth into the water and says, "You wash yourself Johan and I'll get your breakfast ready."**

Because of her lack of communication, she doesn't know that Mr Goldmann cannot see the face cloth and that because it's day centre day, Faye normally helps him to wash as it is a bit quicker. She is also not aware that Mr Goldmann has become distracted, as he now needs to use the toilet quite quickly. Again, there is lack of communication.

**"Why haven't you washed yourself? Well, it's too late now your breakfast is ready. Come on." She pulls him up from the chair and pulls a t-shirt that is hanging on the back of the door over his head, leaving him in his pyjama trousers**

Whilst Sonia could be promoting independence, she does not know what his capabilities are to start with. She is also being abrupt and has not allowed Mr Goldmann to speak, she doesn't know that he is always well presented when he goes to the day centre, and she has just put on an old pyjama t-shirt onto him and left him in his pyjama trousers, whereas he normally wears a shirt and smart trousers.

### **A bacon and cheese omelette**

Because of the lack of communication and not checking Mr Goldmann's wants or needs, she does not know that Mr Goldmann is a practising Jew and therefore needs to eat a kosher diet. This means that cheese and meat products are not served at the same meal, and in this case, the probability of mixing the cooking and serving utensils is high.

**"I've only just started, I don't know where the old man keeps his money. I can ask him, but he's had a stroke and I can't make head nor tail of what he's on about. I don't know why they don't just put these dotty old folk into a home."**

Sonia is now treating Mr Goldmann with a clear lack of respect, by talking derogatorily about him, which he can hear. She has also breached his confidentiality by talking to a stranger about his condition without his consent.

**He is rocking backwards and forwards, holding himself and is crying. He has heard everything she has said to the milkman and cannot eat his breakfast. "What's wrong with you Johan? Don't you like omelette? I thought everyone did." Sonia says sharply.**

## Tutor's Course Notes

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Module 4

Poor practice

Links with acetates 5, 6 and 7  
and exercises 3, 4 and 5

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Mr Goldmann needs to relieve himself, but this thought has not even passed Sonia's mind and she hasn't taken the time to communicate with him about his needs. She has been abrupt again with Mr Goldmann, not patient as would be expected. She has presumed that he likes omelette and has paid little attention to Mr Goldmann's religious dietary needs.

**"For God's sake Johan, why didn't you tell me you went to the day centre this morning? Really, am I supposed to be psychic or something? I hope you're not going to be this much trouble tomorrow."**

Sonia is now trying to make Mr Goldmann feel responsible for her own inability to communicate with him, even though all of these details are in the care plan. The fact that she is coming again tomorrow is, I'm sure, filling Mr Goldmann with dread.

What Sonia doesn't know, is that when Mr Goldmann attends the Day Centre in an unkempt state, they will talk to him about his morning's experience. Being a Centre that has received accolades about their exemplary work on caring with dignity, they will not hesitate to take these matters up in a complaint to Social Services about the organisation, about the care worker's attitude and her obvious lack of training.

Explain to delegates that treating people with a lack of dignity and respect is not acceptable. Many organisations are now training their staff on how to treat people with dignity. Organisations now have whistle-blowing policies and staff are encouraged to report instances where they observe undignified care.

### What do we need to change?

Explain to delegates that we are going to explore whether there should be changes and if so, what would need to change.

Ask the group to work individually and hand out Exercise 5 – What do we need to change. This is a letter of complaint written by the day centre on behalf of Mr Goldmann. Now ask the delegates to put themselves (or their spouse, a parent, their children or anyone else dear to them), in the position of Mr Goldmann.

Ask them whether they would they be happy with the care they received? If they are not happy, ask them to complete the letter outlining the aspects of the care they would ask to be changed if it were them. Allow 10 minutes for this exercise.

Once the time is up, point out to them that the letter has been copied to the local authority so there may be repercussions to this.

Ask the delegates what care they would change and jot these down onto the flipchart.

Make it clear to them that they should always give the same level of care they would expect their families or themselves to receive. Therefore, everyone should consider if they currently give this level of care and if not, how they will change.

## Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7  
and exercises 3, 4 and 5

### Display acetate 6

### Why change?



**Why change?**

- Human rights and other discriminatory legislation
- National minimum standards and regulations
- Regulatory inspections
- Contract terms
- Others waiting to whistle blow on you
- It could cost you your job

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Explain to delegates that these are the reasons that providing care with dignity and respect is important:

#### **Human rights and other discriminatory legislation**

This legislation makes it compulsory to treat people with dignity and respect without prejudice.

#### **The national minimum standards and regulation**

National minimum standards require care workers to treat service users with dignity.

#### **Regulatory inspections**

Inspectors ask for specific evidence to show that service users receive dignity and respect during their care and treatment.

#### **Contract terms**

Contracts are asking for evidence that all service users receive dignity and respect during their care and treatment and organisations take dignity and respect into account when planning and delivering services.

#### **Others waiting to whistle blow on you**

Whilst you might think that others will not whistle blow on you, you can't be sure they won't. The easiest option is to treat people how you would expect yourself or a family member to be treated.

#### **It could cost you your job**

A poor inspection report or a breach of contract terms could cause a loss of business for your employer and therefore may jeopardise your job. You risk disciplinary action or dismissal if someone was to whistle blow about your poor care.

## Tutor's Course Notes

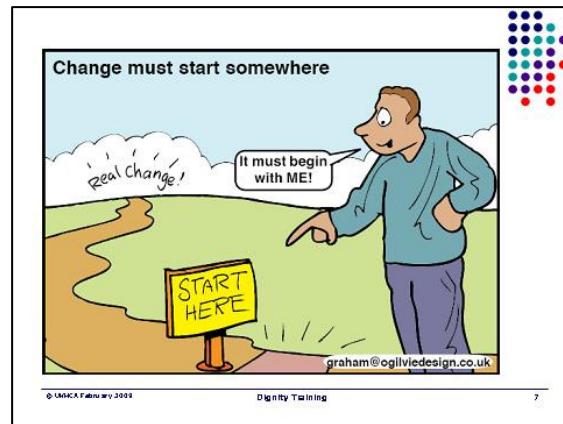
Module 4

Poor practice

Links with acetates 5, 6 and 7  
and exercises 3, 4 and 5

**Display acetate 7**

**To illustrate the above points**



Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have outlined past practice and illustrated what current practice should look like. Explain that you are now going to move on to the next module.

## Module 5 - Discrimination

**Content** Discrimination

**Duration** 20 minutes

**Materials Required** Exercise 6  
Flipchart and pens  
Pens and paper

Tutors Course Notes: Module 5

Timing	Content	Materials
10 minutes	<b>What is discrimination?</b>	Tutor's Course Notes: Module 5
10 minutes	<b>Discriminatory behaviour</b>  Exercise 6 Discrimination  Group discussion	Exercise 6    Tutor's Course Notes: Module 5

## Tutor's Course Notes

Module 5

Discrimination

Links with exercise 6

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Explain to the delegates that you are going to look at discrimination in this module.

### What is discrimination?

In pairs, ask the delegates to brainstorm on a piece of paper, what they understand by the term 'discrimination'. After 5 minutes has elapsed, ask the delegates to feed back their answers and write these up on the flipchart.

Delegates should identify that discrimination it is the prejudicial behaviour towards or against a certain group of people. They should include the following grounds for discrimination:

- Race
- Origin
- Colour
- Language
- Sexual preference
- Gender realignment
- Religion
- Belief
- Political opinion
- Birth
- Disability
- Marital status
- Age
- Health status

Explain that there is legislation that prevents people from derogatory treatment such as the Human Rights Act of 1998, anti-discrimination legislation such as the Sex Discrimination Act of 1975 and the Race Relations Act of 1976. There are also acts to protect those with mental health problems such as the Mental Health Act 2007 and to protect a person's information such as the Data Protection Act 1998.

Give out Handout 1 (if they haven't already received this) and remind them of the different legislation that protects individuals from discrimination. (If they have received this handout previously or in a previous module, refer delegates back to it and reiterate the different types of legislation that is present to prevent discrimination – see pages 17 - 19).

### Discriminatory behaviour

Split the delegates into three equal groups and ask each group to elect a spokesperson.

Group 1 – Are all Jane

Group 2 – Are all John

Group 3 – Are the employer

Give out Exercise 6 – Discrimination, to each person and ask them to read it from their group's perspective (above) and discuss the questions on the sheet. Allow 5 minutes for the exercise.

When the time is up, ask the spokesperson to feed back the answers to their questions and have a general discussion about the pitfalls of discrimination.



## **Tutor's Course Notes**

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Module 5

Discrimination

Links with exercise 6

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Remind delegates that organisations who fail to prevent their staff from providing discriminatory care could find themselves the subject of legal action.

Organisations that train their staff to provide services in a dignified and respectful manner and can show that the dignified services are part of normal practice will be much less likely to receive threats of legal action.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have given them information about discrimination. Explain that you are now going to move on to the next module.

## Module 6 - Dignity - best practice

### Content

Communication  
Privacy  
Social inclusion  
Pain control  
Personal hygiene  
Abuse  
End of life care

Respect  
Autonomy  
Diversity and equality  
Eating and nutrition  
Personal care  
Whistle-blowing

### Duration

90 minutes

### Materials Required

Acetates 8 and 9  
Exercise 7  
Handouts 2 and 3  
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 6

Timing	Content	Materials
15 minutes	<b>Empathy</b>  Acetate 8 Empathy	Flipchart and pens  Acetate 8  Tutor's Course Notes: Module 6
75 minutes	<b>Best practice</b>  Acetate 9 Best practice  Exercise 7 Dignity – best practice  Handout 2 Dignity – best practice – areas  Handout 3 Dignity – best practice - criteria	Flipchart and pens  Acetate 9  Exercise 7  Handouts 2 and 3  Tutor's Course Notes: Module 6

## Tutor's Course Notes

Module 6

Dignity – best practice

Links with acetates 8 and 9,  
exercise 7 and handouts 2 and 3

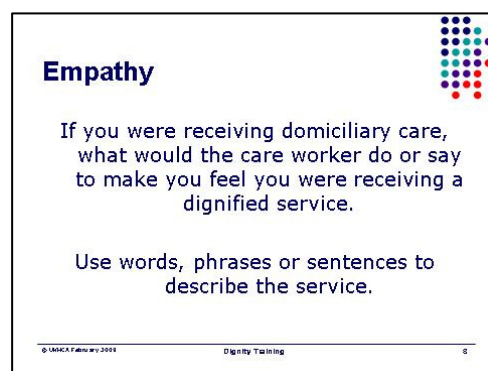
Explain to delegates that this module is an important module looking at best practice criteria for providing dignified care.

### Empathy

Explain that to be able to give someone a dignified and respectful service, you must be able to understand why this is important. The best way of doing this is by trying to put yourself in the service user's shoes, to try to sense and understand the service user's feelings as if these were your own. This is called 'empathy'.

#### Display acetate 8

#### Empathy



Ask delegates to work alone and come up with words, phrases or sentences that would make them believe they are receiving a dignified service from a care worker. Allow 10 minutes for this exercise.

After the time is up, ask the delegates to feed back their thoughts, and write these up on a flipchart.

### Best practice

Explain to delegates that there are many examples of good practice in organisations around the country providing high quality dignified services. However, these can be hampered by poor commissioning practices, such as short episodes of care. Negotiation with commissioners to provide longer episodes of care will assist organisations to adopt many of these practices.

Explain that thirteen specific areas or 'domains' have been identified that form a framework for a dignified care service.

Explain that we will now identify the criteria within each of these domains so that when they are all put into practice they form a template for a dignified service. Those organisations who already provide good quality dignified services may use these criteria to improve their services further.

# Tutor's Course Notes

Module 6

Dignity – best practice

Links with acetates 8 and 9,  
exercise 7 and handouts 2 and 3

## Display acetate 9

## Best practice



Explain that the acetate identifies the key areas that form the framework of a dignified care service and explain each of the following in turn:

### Communication

Service users and their chosen advocates, engage in a two-way dialogue with staff about their physical, psychological and emotional needs and preferences. The assembled facts and information form an agreed care plan that gives the service user a choice about the care they receive.

### Respect

Service users should receive respect for their rights as individuals, their values, beliefs, personal relationships and their property. Staff treat these with courtesy and thoughtfulness at all times.

### Privacy

Service users should be able to maintain their privacy at all times, this includes privacy of their personal care, confidentiality of any information owned by or kept about the service user and privacy of their personal space.

### Autonomy

This means service users are able to take control over their own lives, making independent choices about their care, treatment and day-to-day living activities without reproach by care workers.

### Social inclusion

Service users should not be discriminated against because of their age, ethnic origin, sexual orientation or health status. They should be included in a range of social activities to enable them to feel integrated into their communities and in society in general. This means where possible, having contact with family and friends, being able to go shopping, to go out socially, to be in control of their own financial arrangements and to do all this safely.

## **Tutor's Course Notes**

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Module 6

Dignity – best practice

Links with acetates 8 and 9,  
exercise 7 and handouts 2 and 3

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### **Diversity and equality**

There is a large amount of legislation designed to prevent unfair, unequal practice and discrimination. When people are in receipt of care services, there may be a tendency because of their age, gender, ethnic origin, religion or other reason, to treat a person differently. This would be discriminatory.

### **Pain control**

Keeping people pain free is a key aspect of providing dignified services, particularly toward the end of life. However, many older people do not receive adequate pain control and often have excruciating pain, which prevents them from being independent. Care workers ensure service users receive sufficient pain control at all times.

### **Eating and nutrition**

To some service users, mealtimes can be the highlight of the day, particularly if they do not receive any company other than during these times. It is therefore important to make mealtimes significant and to ensure that the food received is highly nutritious. It is also essential that food is of the quality, quantity and variety expected by the service user, delivered at the times set by them.

### **Personal hygiene**

A person's appearance is central to their feeling of self-worth. Care workers ensure the standard service users set for themselves with their personal hygiene continues, particularly when they are unable to take care of this for themselves.

### **Personal care**

Personal care includes those aspects of a service user's daily life, other than personal hygiene, about which they may be concerned. This will include the care they receive due to any illnesses, such as pain relief or wound care and general health promotion, such as food and nutrition but also other issues such as cleanliness of the house, laundry, general décor, care of any pets and tidiness of the garden. Part of a care worker's role will be to ensure they assist service users to meet these additional needs where it forms part of a care plan.

### **Abuse**

Abuse is a wide-ranging subject, of which there are many different types such as physical, psychological, financial, sexual, discrimination and neglect. Care workers must be alert to the presence of abuse.

### **Whistle-blowing**

Care workers and other staff should feel supported by the organisation when raising concerns about any poor practice or abuse they witness or hear about on behalf of service users.

## Tutor's Course Notes

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Module 6

Dignity – best practice

Links with acetates 8 and 9,  
exercise 7 and handouts 2 and 3

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### End of life care

Many service users are concerned with the potential loss of dignity when it comes to the end of their life. It is the task of the care worker to maintain the level of dignity of the service user when the time comes, by ensuring they achieve all the actions required in all the domains above.

Get the group into pairs and give out Handout 2 – Dignity – best practice - areas and Exercise 7 – Dignity – best practice to each pair. Explain that for each specific topic, they should come up with five points that describe the care that service users should receive.

Also, ask delegates to outline the changes required to 1) to their own care and 2) for the organisation to achieve this level of care. The first two points on the exercise form are an example of what is required.

Allow 45 minutes for this time-consuming exercise. Go around and assist delegates with this exercise if you wish.

When the 45 minutes is up, ask the group to come back together. Ask them for a couple of examples for each one and put these on the flipchart.

Now give out Handout 3 – Best practice - criteria. Go through this with them checking how many of those on the list they managed to get.

Ask them what would need to change personally and organisationally for each section. Write some of these changes on the flipchart.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have given them information on best practice and that this is what staff should aspire to, if they do not already practice at this level. Explain that you are now going to move on to the next module.

## Module 7 - Specific care needs

**Content** Caring for people from specific user groups

**Duration** 20 minutes

**Materials Required** Acetate 10  
Exercise 8  
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 7

Timing	Content	Materials
20 minutes	<b>Caring for people from specific user groups</b>  Acetate 10 Specific care needs  Exercise 8 Caring for people with specific needs	Flipchart and pens  Acetate 10  Exercise 8  Tutor's Course Notes: Module 7

## Tutor's Course Notes

Module 7

Specific care needs

Links with acetate 10 and exercise 8

Explain to the delegates that this module is about caring for people with specific care needs.

### Display acetate 10

### Specific care needs



**Specific care needs**

- Older people
- Physically disabled people
- People with specific health needs eg, cancer
- People with mental health problems eg, dementia
- People with learning difficulties
- Young, physically disabled people
- People from minority ethnic groups

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Explain that whilst these groups of people all have their own specific care needs, equal treatment is of paramount importance. It could be very easy to discriminate against one of these groups, quite unintentionally, because a care need is difficult to achieve.

Explain that services can respond to the needs of these groups of people in innovative ways. For example, people who have visual impairment can have service information provided in different formats or people from ethnic minority groups can have a care worker from the same ethnic group providing the care for them.

Ask the delegates to work in pairs and give out Exercise 8 – Caring for people with specific needs. The pairs need to explain how the specific care needs would differ for each group when thinking about providing food and drink for them. Allow 10 minutes for this exercise.

After 10 minutes, ask delegates for their feedback. Below are some examples, many of which will be pertinent to all groups:

#### Asking about food preferences

A young disabled person may prefer a younger person's diet as opposed to an older person who might like food that is more traditional.

#### Can the service user do their own shopping or do they need help with this?

Is the young disabled person able to do their own shopping, or is the older person too frail to shop?

#### Can the service user assist with preparation and cooking of the food?

Is the person with learning disabilities able to help safely in the kitchen?

#### Whether the service user is on a specific diet

Does the service user need a soft or pureed diet or are they able to eat a 'normal' meal?



## **Tutor's Course Notes**

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Module 7

Specific care needs

Links with acetate 10 and exercise 8

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### **If the person has dementia, or are forgetful, how will they remember to eat?**

This could be pertinent to all user groups. Different types of reminder might need to be given.

### **Does the service user need help with feeding?**

Each of the user groups may have varying degrees of disability and their ability to eat may all differ. Assessment of individual need is important and assistance given as planned.

### **Does the service user need help with cleaning up afterwards?**

As above, each of the user groups may have varying degrees of disability and an assessment of their need is important and assistance given as planned..

### **Are any religious or other ethnic food requirements?**

It is important to respect any religious and ethnic food requirements.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling them that you have given information on the different types of needs for specific care groups. Explain that you are now going to move on to the next module.

## Module 8 - Commissioning

**Content** Commissioning practices

**Duration** 20 minutes

**Materials Required** Exercise 9  
Flipchart and pens

Tutors Course Notes: Module 8

Timing	Content	Materials
20 minutes	<b>Commissioning</b>  Exercise 9 Commissioning	Flipchart and pens  Exercise 9  Tutor's Course Notes: Module 8

## Tutor's Course Notes

Explain to the delegates that this module is about commissioning practices and what this means for their service.

Ask delegates what they understand by the term 'commissioner' as some may not know. For those who do not know, explain that commissioners are the people who buy a service from a provider and in return, expect the provider to sign a contract that contains the commissioner's expectations in terms of service quality.

Commissioners are asking more questions about the services provided in relation to dignity and are changing their contracts to reflect this.

The *Commissioning framework for health and well-being* published by the Department of Health in 2007 (see resource guide for reference), puts the service user at the centre of the commissioning process, and says that Commissioners should move towards services that 'are personal, sensitive to individual need, and that maintain independence and dignity'.

Ask the delegates to work in small groups of four and give out Exercise 9 – Commissioning. Ask the groups to identify six pieces of evidence that could prove to a commissioner that the organisation was providing a personal service, sensitive to the needs, independence and dignity of the service user. Allow 10 minutes for this exercise.

After 10 minutes, ask delegates for their feedback. Any of the following are acceptable:

- Care staff receive documented training and updates on how to treat people with dignity
- Staff recruitment procedures include questions to test potential staff's approach to dignity, respect, independence and choice
- Care staff ask service users what their individual preferences and needs are and these are documented on the assessment and care plan
- Care staff allow service users a choice in their daily activities which can be shown on the care plan/daily diary
- Care staff allow service users the time to be able to maintain their independence and this is documented on the care plan/daily diary
- There are no complaints that suggest care staff do not treat service user's with dignity and respect
- Letters of thanks praising care staff who treat service users as an individual
- There are a number of policies relating to dignity in place within the organisation
- Care plans are written in a person centred way rather than by tasks alone
- Care plans are free from jargon
- Interviews report that care workers treat service users with dignity and respect

Ask the delegates whether they have any further questions or points that need clarification about commissioning practices.

## **Tutor's Course Notes**

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Module 8

Commissioning

Links with exercise 9

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Conclude this module by telling delegates that you have outlined how commissioning is changing and what this might mean for staff. Explain that you are now going to move on to the next module.

## Module 9 - Implementing change

**Content** Identifying changes required  
Implementing change

**Duration** 75 minutes

**Materials Required** Exercises 10 and 11  
Acetates 11, 12, 13 and 14  
Biros and pencils (same number of each as in the group)  
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 9

Timing	Content	Materials
10 minutes	<b>Change</b>  Exercise 10 Writing exercise	Exercise 10  Biros Pencils  Tutor's Course Notes: Module 9
10 minutes	<b>Why do we need to change</b>  Acetate 11 Why change?	Flipchart and pens  Acetate 11  Tutor's Course Notes: Module 9
10 minutes	<b>What changes are required</b>  Acetate 12 Changes required	Acetate 12  Tutor's Course Notes: Module 9
45 minutes	<b>Implementing change</b>  Acetate 13 Implementing change  Exercise 11 Implementing change  Acetate 14 To illustrate the above points	Acetate 13  Exercise 11  Tutor's Course Notes: Module 9

## Tutor's Course Notes

Module 9

Implementing change

Links with exercises 10 and 11  
and acetates 11, 12, 13 and 14

Explain to delegates that that this module is about identifying the changes we need to make to ensure people are always treated with dignity and respect.

### Change

Give out exercise 10 – Writing exercise to each delegate and give out a biro to half the delegates and a pencil to the other half of the delegates and explain that they should use the implements you have just given them for consistency purposes (this part of the exercise is critical).

Now ask the delegates to write their signature on the paper with the hand they **do not** normally use.

Ask the delegates to describe what it was like writing in a different way.

Before continuing the exercise, explain that the delegates are now going to try to write their signatures upside down and that they can swap a pencil for a biro. Change any that want to swap. N.B. Keep a note of how many swap.

Now ask them to try to write their signatures upside down and again ask them about their experience of this. Was it even more difficult?

Now explain that the real purpose of the exercise was to see how many people wanted to change their implements. You should find that very few people will have changed and that this shows how resistant to change many people are.

Praise people who did change and explain that they are more open to change and can therefore provide additional assistance to the organisation with managing change.

### Reasons that change is required

Now, ask the delegates to brainstorm the reasons why change might be required to their service as regards dignity. Write these up on a flipchart.

#### Display acetate 11

#### Why change?



**Why change?**

- Poor monitoring results
- Lack of awareness during training
- Dignity Challenge
- Changes to the contract
- Raised service user expectation
- Service user complaints
- Raised profile in media
- Bad publicity

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Explain each point one at a time as follows:

## **Tutor's Course Notes**

Module 9

Implementing change

Links with exercises 10 and 11  
and acetates 11, 12, 13 and 14

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### **Poor monitoring results**

The service has not achieved good results from the monitoring tool attached to the Dignity Challenge or from care inspectors or commissioning audits.

### **Lack of awareness during training**

Training exercises show there is a lack of dignity shown to service users and other staff and that the values of the organisation and its staff need reviewing.

### **Dignity Challenge**

The Government and Department of Health focus on ensuring service users receive dignified services and this raises the profile of dignity in care.

### **Changes to the contract**

Commissioners now ask the organisation about dignity when monitoring the contract. Many contracts have changed to ensure dignity is a specific part of service provision.

### **Raised service user expectation**

Service users and user groups are now more vocal about the type of service they expect.

### **Service user complaints**

There is a need to address a rise in complaints from service users about the lack of respect and dignity expressed by care staff.

### **Raised profile in media**

A raised profile in the media means that everyone is looking at the type of services provided.

### **Bad publicity**

Bad publicity about the care received by a vulnerable service user.

### **Implications of not changing**

Ask delegates to brainstorm what the implications of not changing practice might be. Write these up on a flipchart.

Explain that the cost of not implementing change can be vast. This could include a loss of reputation or a loss of key contracts, which ultimately can lead to the business failing.

### **What changes might be required?**

Explain to delegates that you are now going to examine what changes might be required.

## Tutor's Course Notes

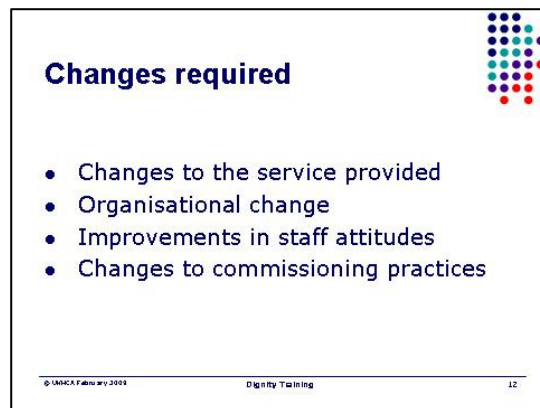
Module 9

Implementing change

Links with exercises 10 and 11  
and acetates 11, 12, 13 and 14

### Display acetate 12

### Changes required



Explain that the changes required very much depend upon the need for change. Go through some of the possible changes required as follows:

#### **Changes to the service provided**

The type of service may not be what the service users require. If this is the case, define the type of service required by talking to service users about their expectations and review how the current service must change to reflect this.

#### **Organisational change**

There may be an issue with the values of the organisation, which may need reviewing and staff retrained to meet the changed values.

#### **Improvements in staff attitudes**

Complaints from service users may have identified problems relating to staff attitudes and their actions. If this is the case, staff training programmes must be developed and run to address these issues.

#### **Changes to commissioning practices**

Some organisations aspire to provide a dignified service but are unable to do so because of commissioning practices, ie. a lack of funding or short episodes of care, meaning that care workers have to rush the process of helping people with washing, dressing and meals, which can compromise dignity. Whilst the Personalisation agenda may assist with this, home care managers must be proactive in negotiating contracts that enable them to provide a dignified service.



## Tutor's Course Notes

Module 9

Implementing change

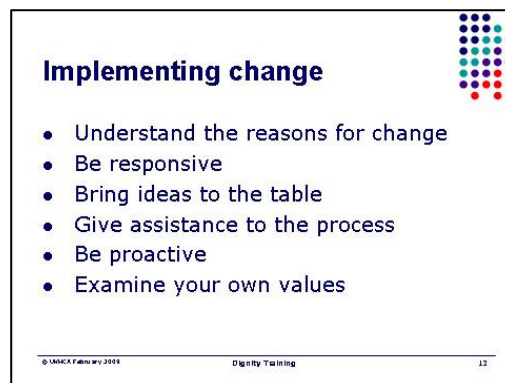
Links with exercises 10 and 11  
and acetates 11, 12, 13 and 14

### Implementing change

Explain that all staff members within an organisation can help to change the organisation for the better.

#### Display acetate 13

#### Implementing change



Explain to the delegates that staff have a role to play in implementing change, particularly if it means their job might be at risk. Explain these roles more fully as follows:

#### Understand the reasons for change

If the reason for the change required is fully explained and understood, staff will be more willing to take part in changing their practice to meet the required need.

#### Be responsive

Once staff understand why change is required and what change is required, they move towards to the change more willingly.

#### Bring ideas to the table

Staff can often identify changes that will benefit the service. Request staff ideas regularly and develop the service accordingly.

#### Give assistance to the process

Staff are in a good position to help with the change process and can provide assistance in a number of ways including promoting the change required, taking part in training sessions and acting as an advocate.

#### Be proactive

Instead of waiting for instruction on how to do something, staff can become involved in implementing the change required. Keep staff informed of what is going on and they will feel more confident about assisting the organisation.

#### Examine your own values

Staff can examine their own values by identifying what dignity means to them. This can assist the organisation to implement the change needed to provide a dignified service.

## Tutor's Course Notes

Module 9

Implementing change

Links with exercises 10 and 11  
and acetates 11, 12, 13 and 14

Ask delegates to get into pairs and give out Exercise 11 – Implementing change. Go through the requirements of the exercise with them and allow 20 minutes for them to complete it.

This exercise is to try to get delegates to understand the importance of change and that the care they provide is central to the change required.

After 20 minutes, go through each groups' answers one at a time. Discuss each point with all delegates. The idea is for them to come up with different ways they might want to change. Make sure they cover the following points in each question:

### **If you were a service user, what type of service would you expect to receive?**

- A friendly service
- Responsive staff
- Kind staff
- Staff that never show anger
- Flexible staff
- Competent staff
- Polite staff
- Being treated with dignity and respect
- Staff that take their time
- Staff are talkative
- Staff listen to me

### **If you were a service user, how would you know that the organisation and its staff took dignity seriously?**

- Staff ask me what I want to do each day
- Staff are always patient
- Staff always treat me with respect
- Staff take notice of my feelings
- Staff do not rush me
- If I don't want to do something the staff are happy with this

### **How can the service change in only three weeks?**

- Staff are made aware of the changes required and the reason they are required
- Staff are made aware of the implications of not changing
- A change action plan would need to be developed
- All staff know what part they play in the plan
- Staff are kept fully informed of the progress being made
- Staff are willing to undertake training
- The lessons learnt by staff in the training sessions are put into practice

### **What is the role of staff in the implementation of these changes?**

- Each staff member carries out their part of the change plan
- Staff are responsive to the needs of the organisation
- Staff take part in the change
- Staff are proactive

## Tutor's Course Notes

Module 9

Implementing change

Links with exercises 10 and 11  
and acetates 11, 12, 13 and 14

### Display acetate 14

To illustrate the above points



Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have provided some ideas of what changes might be required to update practice and have explained how to implement these changes. Explain that you are now going to move on to the next module.

## Module 10 - Policies required by the organisation

**Content** Policies

**Duration** 15 minutes

**Materials Required** Acetate 15  
Exercise 12  
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 10

Timing	Content	Materials
15 minutes	<b>Policies</b>  Acetate 15 Policies  Exercise 12 Policy content	Acetate 15  Exercise 12  Tutor's Course Notes: Module 10

## Tutor's Course Notes

Module 10

Policies

Links with acetate 15 and exercise 12

Explain to delegates that this module will review the policies required by the organisation regarding dignity.

Ask delegates to brainstorm the different types of policy that might be required for an organisation that provides dignified services. Write their answers on a flipchart. Explain there are four key policies that promote dignified services.

### Display acetate 15

### Policies



Ask the delegates to work in pairs and give out Exercise 12 – Policy content to each pair. Ask them to identify three points that each policy should cover. Allow 5 minutes for this exercise.

When the 5 minutes are up, ask the delegates what points they identified for each policy. Write their answers on the flipchart. They should have covered the following points, if not give them these points to consider too:

#### Confidentiality policy

- Respect the privacy of service users
- Privileged information is kept confidential including any private and personal papers
- Not divulging information without permission
- Breaches of confidentiality are acted on quickly

#### Whistle-blowing

- Whistle-blowing is about raising concern about malpractice or dangerous or illegal acts
- Whistle-blowing covered by the Public Interest Act 1998
- The line manager is the first point of contact
- Procedures should be in place to assist staff with the process
- Managers should support staff who whistle blow
- All matters are treated confidentially
- Staff should act in good faith when whistle-blowing
- Malicious accusers will be penalised
- The whistle blower should be kept up-to-date with progress

## **Tutor's Course Notes**

Module 10

Policies

Links with acetate 15 and exercise 12

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### **Communication**

- Body language, appearance, demeanour and mannerisms all assist in creating a good impression
- Service users are put at ease
- Staff are on time
- Staff introduce themselves to a new service user
- Staff ask the service user how they would like to be addressed
- Staff communicate with service users open and honestly
- Staff are confident in their communications with service users
- Staff are courteous
- Staff have a positive attitude with service users
- Staff listen to what the service user is saying
- Staff should maintain a positive posture
- Conversations are not interrupted
- Staff don't assume service users cannot hear because they are old
- Staff show respect and understanding
- Staff are patient when communicating with someone who has communication difficulties
- Staff do not use patronising terms, such as 'dear', 'love' or 'duck'.

### **Equality and diversity**

- Equal opportunities should exist within the organisation
- The organisation aims to attract suitable employees
- Staff are trained to respect equality and diversity
- Staff treat service users as equals
- Staff respect service users' diverse backgrounds
- Staff take notice of any instructions given by service users
- Staff treat each service user as an individual

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have outlined the policies required by the organisation to assist them in managing an effective and dignified service. Explain that you are now going to move on to the next module.

## Module 11 - Conclusion

**Content** Conclusion  
Learning outcomes

**Duration** 5 minutes

**Materials Required** Acetates 16 and 17

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 11

Timing	Content	Materials
5 minutes	<b>Conclusion</b>  Acetate 16 Learning outcomes  Acetate 17 To illustrate the dignity training programme	Acetates 16 and 17  Tutor's Course Notes: Module 11

## Tutor's Course Notes

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Module 11

Conclusion

Links with acetates 16 and 17

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Explain to delegates that this is the final module of the training session. Go through each of the points below to sum up the training.

Explain that dignity means different things to different people. Many surveys have identified what people think dignity means to them. The following list describes some of these:

- Independence
- Choice
- Respect
- Privacy
- Freedom from discrimination
- Being listened to
- Being kept safe
- Being responsive
- Confidentiality
- Meeting the needs of the individual
- Recognising differences
- Contributing to society

It is important that care staff ensure that the service they provide meets the requirements of the service user. The consequences of not providing dignified services can include loss of contracts, loss of the organisation's reputation and loss of jobs. It is therefore important that staff are committed to providing dignified services at all times.

This Training Programme has tried to ensure delegates are aware of what a service user might define as a dignified service. It has looked at how discrimination can affect dignity and respectful services and has outlined some of the legislation that underpins dignity.

The training has summarised previously unacceptable practice of staff, has shown the practice that staff are or should be adopting now and has included some special points to consider when caring for people from specific user groups.

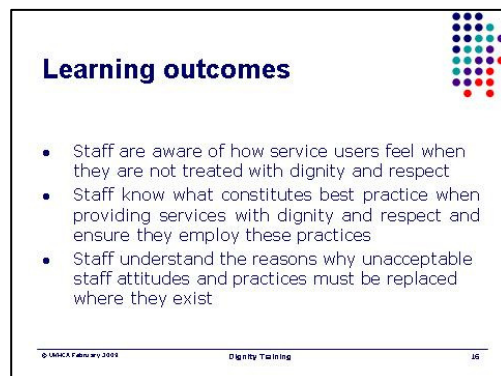
Finally, the training has looked at how the commissioning process might have an impact on the provision of a service that does not consider dignity. It has also shown how these organisations can implement the changes required to ensure that staff provide dignified services in the future.

Ask the delegates whether they have any further questions or points that need clarification on this topic or any other topics throughout the training.



## Display acetate 16

## Learning outcomes



**Learning outcomes**

- Staff are aware of how service users feel when they are not treated with dignity and respect
- Staff know what constitutes best practice when providing services with dignity and respect and ensure they employ these practices
- Staff understand the reasons why unacceptable staff attitudes and practices must be replaced where they exist

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Go through the acetate with the delegates point by point and explain what has been covered in the training:

### **Staff are aware of how service users feel when they are not treated with dignity and respect**

You now have an appreciation of how service users feel when they have not received dignity and respect from staff. Some of the feelings expressed include feeling undervalued, patronised, not listened to, discriminated against and unsafe.

### **Staff know what constitutes best practice when providing services with dignity and respect and ensure they employ these practices**

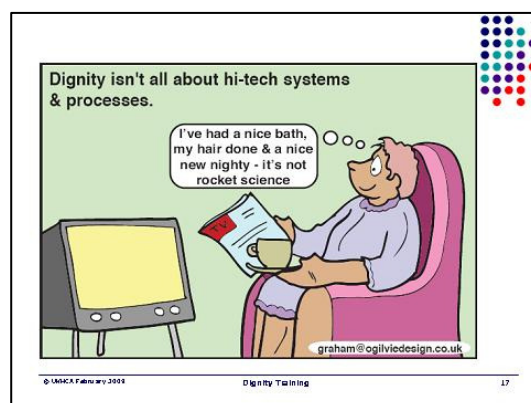
You now know what constitutes best practice and are willing to adopt the best practice criteria. Something as simple as a smile or taking the time to sit and listen to someone can make service users feel valued and respected.

### **Staff understand the reasons why unacceptable staff attitudes and practices must be replaced where they exist**

You now understand why unacceptable staff attitudes must change. If you don't there could be serious consequences such as loss of business due to bad reputation, withdrawal of contracts and subsequent loss of employment for staff.

## Display acetate 17

## To illustrate the dignity training



**Dignity isn't all about hi-tech systems & processes.**

I've had a nice bath, my hair done & a nice new nighty - it's not rocket science

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## **Tutor's Course Notes**

Module 11

Conclusion

Links with acetates 16 and 17

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Ask the delegates whether they feel they have met the learning outcomes. If not, reiterate these points with them.

Once you have finished the training, thank the delegates for attending. Wish them a safe journey home.

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<sup>i</sup> SCIE (2006) Dignity in Care: Adult Services Practice Guide (9). Social Care Institute for Excellence

<sup>ii</sup> Ibid