# Scrutiny of dignity and respect: WORKSHOP EXERCISES

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## Exercise 1

**(This exercise is to get participants thinking about what we mean by dignity, what other qualities or characteristics are associated with it, how dependent it is on how people respond to and treat each other and, finally, what they would be looking for in carrying out a scrutiny review.)**

Ask participants to list words which they associate with dignity (e.g. privacy, respect, autonomy, self-esteem). Write these up.

Ask them in groups to come up with a definition of dignity using some or all of these words.

Show them the following dictionary definition and ask if they agree with it:

- ***The quality or state of being worthy of esteem or respect***

Is anything missing from this? If so, what? (For example, does it capture the idea that dignity may sometimes depend on a relationship between two people and how they treat each other? How much would you need to understand about the concepts of "esteem" and "respect" when assessing issues of dignity: for example, might these words mean different things in different cultures or to people of different ages?)

Show participants the definition by the Social Care Institute for Excellence of dignity in care:

- ***Dignity in care means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect, regardless of difference***

Do they agree with this? Is this the kind of care they would be looking for in a scrutiny review involving issues of dignity? If not, what would they want to add?

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## Exercise 2

**(This exercise is to illustrate how dignity and its loss can be manifested in many different ways and to get participants to start thinking about how they would assess whether an organisation or service was one that promoted dignity.)**

Ask participants first to work on their own – think of an example where you or someone you know has not been treated with dignity or respect. What was it about the incident or experience that took away dignity? What difference would have been needed to change the situation?

Some of these individual examples may be too personal to share, so, following a few minutes for people to think of their private examples, ask them in pairs or small groups to think of an example they would be willing to share – it need not be of their own experience.

Each pair or group member should briefly describe the incident or experience of loss of dignity and say what they think went wrong. Can the group find anything in common between these experiences?

What kind of approach would an organisation or service need to take to ensure that people using services did not have this kind of negative experience? (E.g. a policy, a change in the physical environment, training for staff in communication, cultural awareness etc.)

How could a commissioning organisation ensure that a service provider had the right approach in place to avoid the incidents and experiences described by participants? (E.g. raising dignity and respect in the tender document and service specification, contractual requirements for specific policies, procedures, physical layout, staff training etc.)

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## Exercise 3

**(This exercise is to get participants thinking in more detail about the particular aspects of dignity that they might want to prioritise in scrutinising different care settings and services and for different groups of people.)**

Divide participants into pairs or groups, give each group one of the scenarios below and ask each group to make a list of the particular aspects of dignity they would want to investigate. Gather feedback from each group and discuss with the other participants.

**Scenario 1**
A drop-in centre for adults with mental health problems (this is a day centre to which people can come regularly each week, but can also drop in at any time for a cup of tea, conversation and a variety of arts and crafts activities).

**Scenario 2**
A residential care home for older people, including but not confined to people with dementia.

**Scenario 3**
A prosthetics, artificial limb, appliance and wheelchair service for people with mobility impairments (this is not a residential service – people come in for appointments to have assessments of their needs, have limbs and prostheses fitted, wheelchairs serviced etc).

**Scenario 4**
A hospital ward for people recovering from bowel surgery (this would include removal of tumours, acute and long-term bowel conditions, some necessitating ileostomies or colostomies that patients might be experiencing for the first time).

**Scenario 5**
A meals on wheels service for a community with a large number of older people of Bengali origin.

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**Scenario 6**
A children's cancer treatment centre in a large teaching hospital (to which many children would be returning frequently for short-stay treatments and others would be staying for longer periods).

**Scenario 7**
A young people's sexual health drop-in clinic.

**Scenario 8**
A GP surgery which has been based in the same building for 25 years, now with 4 GPs and 2 practice nurses.