HASCAS

DIGNITY THROUGH ACTION
(Vulnerable Adults)

RESOURCE 2

DIGNITY WORKSHOP PACK

This Pack contains all the resources needed for a Dignity through Action Workshop

CONTENTS *(Additional resource materials may be provided by the Workshop Presenter)*
THE MEANINGS OF DIGNITY • Notes on the meanings of dignity and respect. • Thinking about and Understanding Dignity. • **Case Study A** - Types of Dignity.
THE DIGNITY CHALLENGES • 10 Dignity Challenges. • Dignity Challenges Framework. • **Case Study B** - The Dignity Challenges.
ACTION PLANNING • Action Planning Steps. • **Planning Checklists**. • Case Study C – Planning.
Links to Other Resources

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NOTES ON THE MEANINGS OF DIGNITY

WHAT IS DIGNITY?

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

- **Dignity is a quality of the way we treat others**. Dignity is one **quality** of our behavior and actions towards others *(e.g. 'the person was treated with **dignity**')*. You will find that when discussing care of vulnerable adults, dignity seems to be most often considered from this perspective.

- **Dignity is a quality of a person's 'inner-self'**. Everyone has psychological needs and these are related to feelings of self-respect, self-esteem and self-worth. The term 'dignity' can be used in more complex ways for example:

    - **Expectations of being treated with dignity**. People want to be treated with dignity and most people have a very individual finely tuned sense of whether or not they are being treated with the dignity they believe they deserve. Some vulnerable adults may have considerable expectations with feelings of self-worth associated with previous achievements or status.

    - **Appearing and acting dignified.** Dignity can be used to describe how person can appear or behave (*e.g. looking or acting **dignified**'*). Firstly, the outward appearance or behaviour of a person may be a direct indication of how they feel about themselves *(self-esteem).* Secondly, maintaining a dignified appearance may be a major contribution to whether a person is treated with dignity by others. It takes training and experience to see past how a person looks or acts and to treat them with dignity even when they themselves do not look or act in a dignified way.

The Dignity and Older Europeans (DOE) Project Study (2004) (*Note 1)* produced a succinct and perceptive classification of four '**types of dignity**' and this is also applicable for all vulnerable adults:

- **Dignity of the Human Being** *(Note2).* This type of dignity is based on the principle of 'humanity' and the 'universal worth' of human beings and their 'inalienable rights'- which can never be taken away. This is a **moral approach**, which considers that we all have a moral obligation to treat other human beings with dignity because of the belief that all human beings have '**nobility**' and '**worth**' and people need to be treated with dignity as part of fulfilling their human lives. Various international conventions and legal instruments define this in terms of human rights and how all human beings ought to be treated. This brings with it other ideas such as '**equality**', where, for example, it is expected that all people merit treatment as human beings on an equal basis, whoever they are, whatever their age, whatever their background, how they are behaving or whatever they may be suffering from.

- **Dignity of Personal Identity**. This form of dignity is related to personal feelings of self-respect and personal identity, which also provides the basis for relationships with other people. Most people have a self-image and wish to be treated by others in the manner they believe they deserve. Most people, even those who may have learning difficulties or have mental health problems, have a sense of self and whether or not they are being treated in a dignified and respectful manner. They may not be able to put it into words, but respect can be sensed. On the other hand it is relatively easy to damage a

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Notes

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

2.. The same study used the German word 'menschenwürde' to describe the wide concept of 'humanness' and the inalienable value of human beings.

person's perception of their self-esteem and self-worth with a few harsh words or with physical mistreatment.

- **Dignity of Merit.** This form of dignity is related to a vulnerable adult's status. Many vulnerable adults may have held positions in society, been awarded honours and had significant achievements in their lifetime. Uniforms, awards, badges and titles all bring to the owner a level of respect and dignity in society. People have a reasonable expectation of continued recognition for their achievements and can be very disappointed when this does not happen.

- **Dignity of Moral Stature**. This is a variation of dignity of merit, where people have status because they stand out because of the way they lead their lives according to their principles. This form of dignity is very difficult to appreciate because the meaning and value of 'stature' will vary, and unlike awards or honours, 'moral stature' is not something everyone recognises. For example, an unelected 'community leader' may well carry considerable moral stature and be treated with the dignity the role demands by members of the community. Yet to others this unelected individual may seem to have no legitimate right to represent anyone and just be ignored. In this sense 'dignity of moral stature' will be very much in the 'eye of the beholder'. What is seen by one individual as being vitally important and deserving of respect, may quite be unimportant to another person. This has a lot of implications for the care of the vulnerable adults with dignity and the maintenance of vulnerable adults' perceptions of themselves.

WHAT IS RESPECT?

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

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

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

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

THINKING ABOUT AND UNDERSTANDING DIGNITY

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

- Human Rights.

- Human Needs.

Human Rights

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

Human Needs

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

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

The idea is that if personal needs are unfulfilled, then this can lead to unhappiness and frustration and a poor quality of life. People with learning disabilities and mental illness will have more complicated personal needs.

Dignity from a human needs perspective is difficult to define, but the term which is often used in this way to describe the **quality** of the way people:

- Treat other people with 'dignity' which affects a person's feelings of self-esteem and self-worth.
- Behave and look like i.e. '*a person acts or looks dignified')* and so deserves to be treated with dignity. This is a particular issue for vulnerable adults with learning difficulties or mental illness and their carers.

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

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

ACTIVITY 1: IDENTIFYING TYPES OF DIGNITY

CASE STUDY A
TYPES OF DIGNITY

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

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

There are 4 types of dignity:

Dignity of the Human Being.

Dignity of Personal Identity.

Dignity of Merit.

Dignity of Moral Status.

From this real life case study find one or more examples where each type of dignity appears.

Use a highlighter or underline text if it helps.

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

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

Just keep to the 'big picture'.

Hospital 'degraded' hero then sent him home to die

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

By John Bingham

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

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

They said he was in a confused state and incontinent after a stay which left him "degraded and humiliated". During his five-day spell in a mixed-sex observation ward at in XXXXXXXXX District Hospital, his hearing aid was crushed, his false teeth went missing and soiled pyjamas were piled up unwashed in a locker by his bedside.

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

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

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

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

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

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

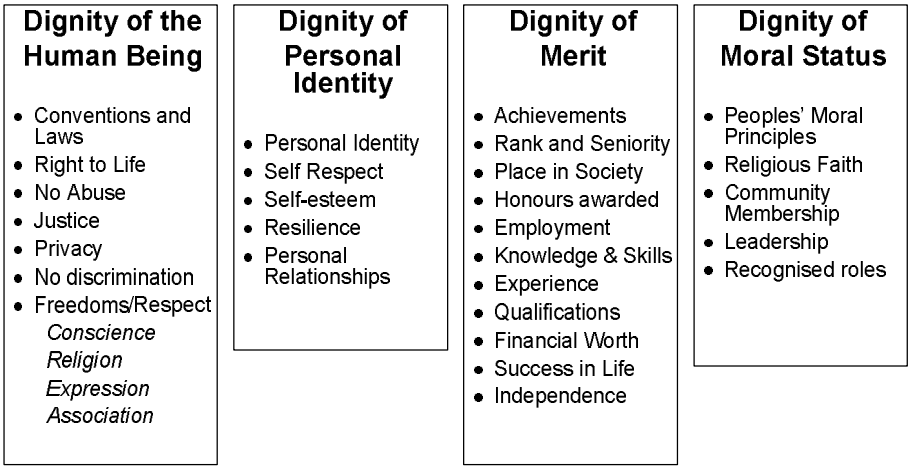
She added: "I just can't believe that any hospital would keep excrement-covered clothing in a locker for five days. I got the impression this lack of attention must be endemic because it was so lightly treated."

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

Daily Telegraph
Wednesday 31st December, 2008

ACTIVITY 1 WORKSHEET: IDENTIFYING TYPES OF DIGNITY

TYPES OF DIGNITY *(Slide from the Presentation)*



In Case Study A identify how each type of the 101 year old war veteran's dignity was affected. Write brief notes on this worksheet,	
Dignity of the Human Being.	
Dignity of Personal Identity	
Dignity of Merit	
Dignity of Moral Status	

THE DIGNITY CHALLENGES

THE 10 DIGNITY CHALLENGES

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

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

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

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

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

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

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

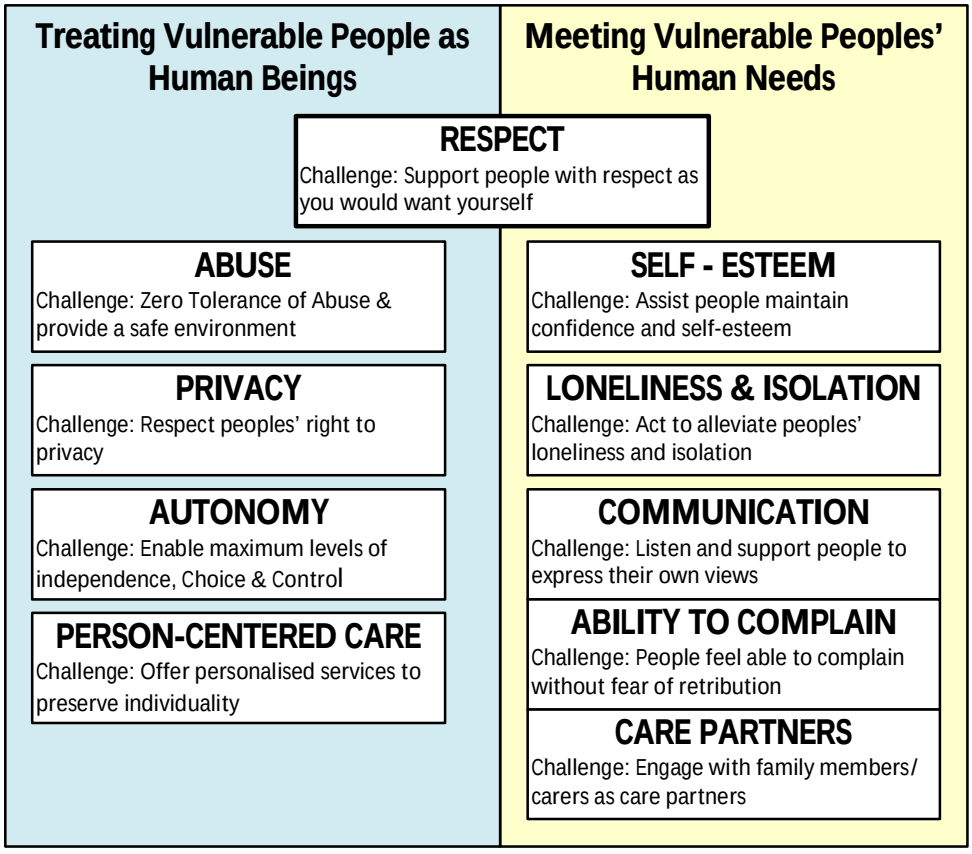
Loneliness and Isolation. Act to alleviate people's **loneliness and isolation**.

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

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

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

DIGNITY CHALLENGES FRAMEWORK



ACTIVITY 2.1: THE DIGNITY CHALLENGES

Note to Facilitators: Replace Pages 9 & 10 with a selected Case Study B.

There are 7 variations of Case Study B as shown in the table below.

See the Facilitators'' Handbook for instructions about how to include Case Study B.

See Resource 2 Supplement for the following Case Studies.

Case Study B Settings	Learning Disabilities	Mental Health	General Vulnerable Adult
Acute Care in a General Hospital	LD1 Mr Luke Dobson (43)		VA1 Mrs Vicky Andrews (50)
Acute Care in a Psychiatric/Mental Health Hospital		MH1 Mrs Maggie Harris (48)	
Residential/Care Home	LD2 Miss Lucy Dever (32)	MH2 Mr Mike Henning (25)	
Community/Primary Care/Day Centre	LD3 Mr Liam Dexter (47)	MH3 Mr Martin Holeman (29)	

ACTIVITY 2.1: WORKSHEET: IDENTIFYING AND DESCRIBING CHALLENGES TO DIGNITY

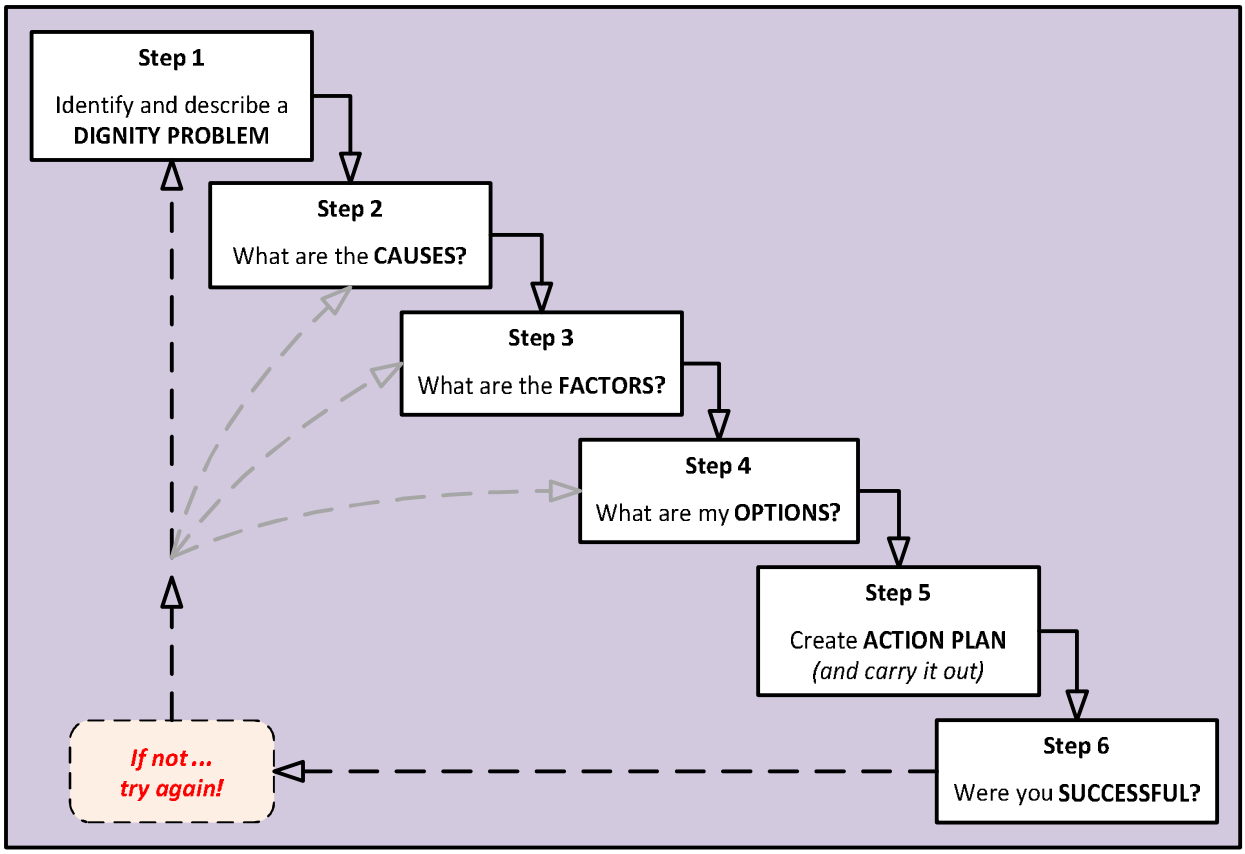
Working as an individual or in a group find examples of where challenges to dignity appear in Case Study B. Write down the examples in note form against the dignity challenges listed on this and the next pages.

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

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

ACTION PLANNING

ACTION PLANNING STEPS



PLANNING CHECKLISTS

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

Action Planning Step 1: Identify and Describe

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

Gather the details:

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

Action Planning Step 2: Causes

What are the causes of the dignity problem?

Is there anything else you need to record?

STEP 3: CHECKLIST - CONSIDERING THE FACTORS *(After RCN, 2009)*

PLACE *(Physical environment, its resources and funding).*

What environmental issues are causing or affecting the dignity issue. You need to consider e.g.:

- Physical environment (privacy, hygiene, housekeeping).
- Resources *(equipment, storage and tidiness).*
- Safety, security and access.

How would you need to change the care environment, so as to solve the dignity issue?

What resources are needed to deliver this change?

PROCESS *(How care activities are conducted).*

Are there existing organizational policies, processes and procedures covering the problem you have identified?

- Are local policies, processes, detailed procedures and other actions good enough?
- Are local policies, processes and procedures up to national standards?
- Do Audits take place that include 'dignity'?

Do organizational targets and resource levels affect the level of dignity in care?

Are there constraints on what you can and cannot do?

Are there proper reporting procedures for staff to state concerns in place?

Is staff training or induction involved? Is there proper staff induction and training?

Can vulnerable adults and their relatives register complaints?

Is there a proper process for dealing with complaints?

PEOPLE *(Behaviours, attitudes, culture & staffing*

If there is a dignity problem – how am I involved?

What are the staff doing that is good, questionable or poor practice?

Do I and the other staff members have the knowledge and skills necessary for delivering care with dignity?

Who does the problem affect *(which vulnerable adults, which relatives, which careworkers, which supervisors and managers)*? Who will be affected by any changes to practice?

What is the relationship between carers/vulnerable adults/advocates & relatives?

What are the attitudes and level of self-esteem amongst the vulnerable adults?

Managerial Support

- Who do you need to influence for change to care practice to occur?
- Who needs to give specific permission for any changes to take place?
- Who and what is going to help you with your plan to solve the problem?
- Who and what is going to hinder or stop you with your plan to solve the problem?

In the organization who needs to know about the dignity problem? Are other teams involved?

Is the problem or issue about staff behaviours, attitudes and culture or is it about procedures and processes?

Is the dignity issue to do with individual vulnerable adults and staff or is it more widespread?

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

Identify the possible options to solve the problem.

Work out the resources required for each option.

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

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

Management Approval

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

STEP 5: CHECKLIST - CREATING THE ACTION PLAN

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

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

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

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

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

'What' is to happen.

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

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

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

Does the Plan need formal management approval?

What do you need to do to obtain approval?

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

Have you included arrangements for evaluation?

MAIN DESIRABLE CHARACTERISTICS OF OBJECTIVES	
Specific	'**Specific**' means: • Writing each objective as a clear statement as to what is to be achieved. Everyone needs to understand what is to happen. • Each objective must be related to the main goal. • The language used must suit the organization. • Not using impressive sounding, vague management jargon.
Measurable	Objectives must be written in measurable terms. Measures include time, money and resources. **Measurable** is the most important consideration. You and others will know whether or not you have met your objective when the measurement conditions have been met.
Achievable	Objectives must be '**achievable**' and this characteristic is linked to characteristic of '**measurable**'. There is little point in starting a job unless you know can finish it or know that it is finished. One way of dealing with an objective that seems too complex to state in terms that is clear as when the task has been completed is to break it down into smaller steps and write objectives for each.
Realistic	Objectives must be realistic about money, equipment, resources and time.
Timed	Objectives must indicate a 'best guess' timescale. A balance must be struck between optimism vs. pessimism for timings and dates. Sometimes there is a fixed end *(must do by)* date to introduce change. Timing objectives is very important for co-ordinating the overall work to meet the goal.
Inspiring	Does the objective want to make people want to change their behaviour?
Enthusiasm	Does the objective excite people and increase their enthusiasm?
Sustainable	Can the objective be maintained in the long term?

CASE STUDY C: MISS SUE COWLEY (52 YRS)
(ILLUSTRATIVE CASE STUDY WORKED EXAMPLE - PLANNING BETTER COMMUNICATION)

Miss Sue Cowley *(52 years)* has moderate learning disability problems and in recent years has developed mental health problems. Sue used to live with her mother until her death 4 years ago, but since then she has lived with her older sister Jackie, who is a recently retired community nurse.

Jackie's idea was that she could place Sue into a large residential care home offering respite care for a few weeks, so she could have a break and get away to visit her own daughter. She had done this last year and it seemed to go well. Always in the back of her mind was the need to get Sue used to the idea of residential care as something for future. Sue was never particularly happy about leaving her home, but she did seem to understand and accept the reasons. Jackie completed the admission procedure into the residential home. She gave the young girl filling in the forms, who she had not met, her contact details. She planned to keep in frequent touch with the residential home and to speak to Sue on the telephone. Things seemed to be going well and Jackie spoke to the home and to Sue a few times by telephone. She was reassured by the staff that things were OK and although Sue had been unsettled at the start of the care period she seemed to have settled down. Although Jackie returned to home after two weeks, but she thought that this year it would be a good idea to leave Sue in care for further week. She went to see Sue at the residential home to see how things were going.

Jackie went up to Sue's first floor room to see her. Jackie was quite surprised because Sue appeared to have lost weight during the last two weeks, her mouth was dry and she kept licking her lips. She had bruises on her head and wrist was in plaster. She also had a confused and vacant expression and she was certainly not her usual 'bouncy' self. There was also an unpleasant fishy odour in her room. Jackie went to see the duty nurse and asked about her sister's physical condition. The duty nurse said that she was quite sure Sue had been treated well during her stay, even though people like Sue could often became a bit confused due to the change of environment and often took a few weeks to settle down. She admitted that she had had been away on annual leave and had not met Sue until today. *'This not knowing what is going on seems to be happening more and more,'* the nurse thought to herself.

Continuing to look in Sue's notes she found that during the night she had fallen down the central staircase about a week ago. She had complained about pain in her wrist and so she had been examined by the doctor the next morning. He sent her for X-ray and she needed to have her wrist set in plaster. Jackie was deeply surprised by this and asked why she had not been contacted. The duty nurse said she did not know because she had not been there and that she really ought to speak to the manager of the residential home who could perhaps see her later on because he was in a meeting. Jackie said to the duty nurse that she recognised the signs of a urinary tract infection and she was concerned that this had not been identified or treated. There was also some apparent weight loss and dehydration which she was worried about as well. She asked what the doctor had said about any of that, but the duty nurse said there was nothing recorded and she was unaware of any infection, but she would now look into it urgently. She asked for Jackie's home telephone number because this seemed to be missing from the front of the working notes. '*That is the wrong dialling code number for my daughter . . . no wonder you could not get me,*' she said.

Jackie sat down to wait of the duty manager and started to think hard about what to do next. Jackie thought, *'Why hadn't they contacted me? I'd have come back from holiday straight away to look after her. What have I done wrong?*'

ACTION PLANNING STEPS SUMMARY

Step 1: Identify and describe the dignity problem.

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

Step 3: Consider the factors.

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

Step 4: What are the options?

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

Step 5: Write the Action Plan.

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

Step 6: Evaluation Arrangements.

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

USEFUL REFERENCES AND LINKS

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Department of Health: Dignity Champions Registration Website:
http://www.dhcarenetworks.org.uk/dignityincare/DignityCareCampaign/

Dignity and the Older Europeans Project. An EU sponsored multi-disciplinary workbook that covers general points from a wide perspective to make people think about dignity. Wide focus and so does not just cover nursing perspective. Contains some very useful questions and exercises. See European Commission (Undated) *Educating for Dignity*, The Dignity and Older Europeans Project (QLG6-CT-2001-00888). [Online]. Available at: http://www.cardiff.ac.uk/medic/subsites/dignity.

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