



With Respect Dignity in Homecare in Wales

Trainer's Guide

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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 affect 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 to 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 received the respect and dignity they deserved.

Ivan Lewis MP launched a 'Dignity Challenge', to ensure people who used services knew 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, actually treated 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)*¹. This Guide explained to all those involved in delivering care, how to improve dignity. This included those who use the services and their carers, care workers in all care settings, other staff, managers and service commissioners.

In support of the Dignity in Care campaign, the Welsh Assembly Government launched their Dignity in Care programme in October 2007, with a view to raise awareness of the need to respect older people's dignity. To support the programme, £2,000 funding and a selection of training materials and resources were awarded to each Trust.

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

¹ SCIE (2006) Dignity in Care: Adult Services Practice Guide (9). Social Care Institute for Excellence

dignity. 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 in Wales with funding from the Welsh Assembly Government, via the Dignity in Care National Co-ordinating Group. It is designed to enable managers and care staff to provide services in a dignified and respectful manner and to assist organisations meet the Welsh Assembly Government's Dignity and Respect in Care Programme. The training programme also complements SCIE's *Dignity in Care Practice Guide (9)*.

The Dignity Training Programme

This dignity training programme contains a trainer's guide 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, for example:

- You can carry out training module by module, each module being used independently allowing 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.
- The training can take place as an entire session using all the modules (3½ hours).
- You can carry out training using several modules together, allowing you to choose which sessions to run in the time you have available. Each module plan in the tutor's guide gives an indication of the time required for each module.

The training programme is made up of four sections:

1. Trainer'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 Dignity in Care training sessions.

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. Ceri's family is used for the basis of the exercises, which we are able to reproduce with the kind permission of Denbighshire Health, Social Care and Well-Being Partnership.

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.

Preparation

Preparation for training

The dignity training programme consists of seven 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. 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, 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.

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.

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

Tutor's Course Notes

Module 1

Welcome and introduction

Links with acetate 1

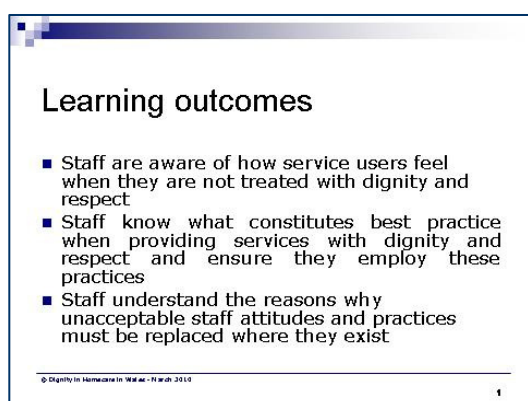
In this module, delegates are to be welcomed to the workshop and introduced to the Dignity training.

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, either an individual module or a series of modules.

Display acetate 1 Learning outcomes



The image shows a slide titled "Learning outcomes" with three bullet points. The slide is framed by a blue border. At the bottom left, there is a small copyright notice: "© Dignity in Homecare in Wales - 11 March 2010". At the bottom right, there is a small number "1".

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 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

Module 1

Welcome and introduction

Links with acetate 1

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. If you are running a session with more than one module, 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, 3 and 4
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>Definitions of dignity</p> <p>Exercise 1 What is dignity?</p> <p>Acetate 2 Definitions of dignity (1)</p> <p>Acetate 3 Definitions of dignity (2)</p> <p>Acetate 4 Illustrative slide</p>	<p>Exercise 1</p> <p>Pens and paper</p> <p>Flipchart and pens</p> <p>Acetates 2, 3 and 4</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, 3 and 4

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 (1)



Explain that acetate 2 contains some responses about what dignity means to people being cared for, which have been 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 receiving care, they need all the relevant information available.

Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1
and acetates 2, 3 and 4

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.

Display acetate 3

Definitions of dignity (2)



Definitions of dignity (2)

- 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 3 continues the responses about what dignity means to people.

Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1
and acetates 2, 3 and 4

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.

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 their values and views rather than ridiculing them and working with the service user to provide care that meets their values and views.

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.

Tutor's Course Notes

Module 2

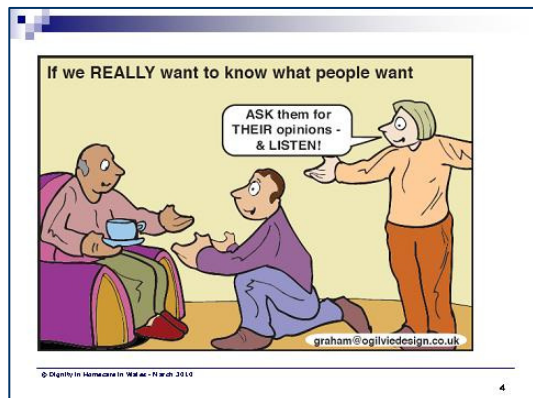
Definitions of dignity

Links with exercise 1
and acetates 2, 3 and 4

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 4 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 the definitions of dignity and what these mean to others. If you are running a session with more than one module, explain that you are now going to move on to the next module.

Module 3 - Previous practice

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

Duration 50 minutes

Materials Required Acetates 5, 6 and 7
Exercises 2, 3 and 4
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
15 minutes	<p>Barriers to providing dignified care</p> <p>Acetate 5 Barriers to providing dignified care</p> <p>Exercise 2 Barriers to providing dignified care</p>	<p>Acetate 5</p> <p>Exercise 2</p> <p>Tutor's Course Notes: Module 3</p>
20 minutes	<p>Previous practice</p> <p>Exercise 3 Previous practice</p>	<p>Exercise 3</p> <p>Tutor's Course Notes Module 3</p>
15 minutes	<p>Why do we need to change?</p> <p>Acetate 6 Why change?</p> <p>Exercise 4 Why do we need to change?</p> <p>Acetate 7 Illustrative slide</p>	<p>Acetates 6 and 7</p> <p>Exercise 4</p> <p>Tutor's Course Notes: Module 3</p>

Tutor's Course Notes

Module 3

Poor practice

Links with acetates 5, 6 and 7
and exercises 2, 3 and 4

Barriers to providing dignified care

Explain to delegates that this module is about previous practice that may not have always provided dignified and respectful services.

Explain that there are many examples of good practice where organisations provide high quality dignified services. The *Dignity in Care Practice Guide (9)*² 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 led some service users to believe they have not been treated with dignity?

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.

² SCIE (2006) *Dignity in Care: Adult Services Practice Guide (9)*. Social Care Institute for Excellence

Tutor's Course Notes

Module 3

Poor practice

Links with acetates 5, 6 and 7
and exercises 2, 3 and 4

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 2 – 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 or shut properly
- Shabby décor
- Untidiness or unkempt surroundings
- 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
- 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
- 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

Tutor's Course Notes

Module 3

Poor practice

Links with acetates 5, 6 and 7
and exercises 2, 3 and 4

Specific care activities

- A lack of staff training on what is meant by dignity and respect
- Not 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 given 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. Between June and September 2006, the Department of Health elicited the views of members of the public, and health and social care staff in an online survey. The responses showed that care has not always been given in a dignified manner.

Now ask delegates to get into small groups and hand out Exercise 3 – Past practice. Ask each group to read the scenario and make a note of all the times Dennis Senior did not receive dignified care. Dennis Senior is from Ceri's Family, a hypothetical family group devised to assist learning and training in social care, devised by © Denbighshire Health, Social Care and Well-Being Partnership (2008) Denbighshire County Council, 64 Brighton Road, Rhyl, LL18 3HP.

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 Dennis aren't you? That's a nice name Dennis."

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

Megan proceeds to help Dennis Senior out of bed and takes him to the bathroom

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

Because of this, Megan 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. Megan has not put Dennis Senior at the centre of his care as should be expected and has not asked or checked out his wants or needs.

Tutor's Course Notes

Module 3

Poor practice

Links with acetates 5, 6 and 7
and exercises 2, 3 and 4

She fills the sink with water, drops the facecloth into the water and says, "You wash yourself Dennis and I'll get your breakfast ready."

Because of her lack of communication, she doesn't know that Dennis cannot see the face cloth and that because it's day centre day, Glenys normally helps him to wash as it is a bit quicker. She is also not aware that Dennis Senior 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 puts a t-shirt that is hanging on the back of the door over his head, leaving him in his pyjama trousers

Whilst it could be argued that Megan is promoting independence, she does not know what his capabilities are to start with. She is also being abrupt and has not allowed Dennis Senior time 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.

As Dennis Senior sits down, Megan sprinkles two large spoonfuls of sugar into the bowl of honey loops she found in the cupboard.

Because of the lack of communication and not checking Dennis Senior's wants or needs, she does not know that he is a diabetic and therefore needs to give him a diabetic breakfast as outlined in the care plan. The breakfast she has provided is inappropriate.

"I've only just started, I don't know where the old man keeps his money. I can ask him, but he's completely loopy 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.

Megan is now treating Dennis Senior 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.

Dennis Senior is sitting beside his untouched bowl, 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 Dennis? Don't you like cereal?" Megan asks sharply.

Dennis Senior needs to relieve himself, but this thought has not even passed Megan's mind and she hasn't taken the time to communicate with him about his needs. She has been abrupt again with Dennis Senior, not patient as would be expected. She has presumed that he has cereal as it is in the cupboard and has paid little attention to his dietary needs.

Tutor's Course Notes

Module 3

Poor practice

Links with acetates 5, 6 and 7
and exercises 2, 3 and 4

"For God's sake Dennis, 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."

Megan is now trying to make Dennis Senior 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 Dennis Senior with dread.

What Megan doesn't know, is that when Dennis Senior 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 4 – What do we need to change. This is a letter of complaint written by the day centre on behalf of Dennis Senior. Now ask the delegates to put themselves (or their spouse, a parent, their children or anyone else dear to them), in the position of Dennis Senior.

Ask whether they would be happy with the level of care 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.

When the delegates have finished the exercise, ask them what care they would change and jot these down onto the flipchart.

Point out to them that the letter has been copied to the local authority so there may be repercussions to this.

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 whether they currently give this level of care and if not, how they will change.

Tutor's Course Notes

Module 3

Poor practice

Links with acetates 5, 6 and 7
and exercises 2, 3 and 4

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 anti-discriminatory legislation

There are many pieces of legislation that makes it compulsory to treat people with dignity and respect.

The national minimum standards and regulation

National minimum standards and regulations 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 starting to ask 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 3

Poor practice

Links with acetates 5, 6 and 7
and exercises 2, 3 and 4

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. If you are running a session with more than one module, explain that you are now going to move on to the next module.

Module 4 - Discrimination

Content Discrimination

Duration 20 minutes

Materials Required Exercise 5
Flipchart and pens
Pens and paper

Tutors Course Notes: Module 4

Timing	Content	Materials
10 minutes	What is discrimination?	Tutor's Course Notes: Module 4
10 minutes	Discriminatory behaviour Exercise 5 Discrimination Group discussion	Exercise 5 Tutor's Course Notes: Module 4

Tutor's Course Notes

Module 4

Discrimination

Links with exercise 5

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, which provides an outline of the different types of legislation that protect individuals from discrimination.

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 5 – 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

Module 4

Discrimination

Links with exercise 5

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. If you are running a session with more than one module, explain that you are now going to move on to the next module.

Module 5 - Achieving best practice outcomes

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
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Duration 90 minutes

Materials Required Acetates 8 and 9
Exercise 6
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 5

Timing	Content	Materials
15 minutes	Empathy Acetate 8 Empathy	Flipchart and pens Acetate 8 Tutor's Course Notes: Module 5
75 minutes	Best practice Acetate 9 Best practice Exercise 6 Dignity – best practice Handout 2 Dignity – best practice – areas Handout 3 Dignity – best practice - criteria	Flipchart and pens Acetate 9 Exercise 6 Handouts 2 and 3 Tutor's Course Notes: Module 5

Tutor's Course Notes

Module 5

Dignity – best practice

Links with acetates 8 and 9,
exercise 6 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

Empathy

If you were receiving domiciliary care, what would the care worker do or say to make you feel you were receiving a dignified service.

Use words, phrases or sentences to describe the service.

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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 good 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 5

Dignity – best practice

Links with acetates 8 and 9,
exercise 6 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

Module 5

Dignity – best practice

Links with acetates 8 and 9,
exercise 6 and handouts 2 and 3

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

Module 5

Dignity – best practice

Links with acetates 8 and 9,
exercise 6 and handouts 2 and 3

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.

Ask delegates to break into small groups and give out Handout 2 – Dignity – best practice - areas and Exercise 6 – 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 groups 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. If you are running a session with more than one module, explain that you are now going to move on to the next module.

Module 6 – Caring for people from specific user groups

Content Caring for people from specific user groups

Duration 20 minutes

Materials Required Acetate 10
Exercise 7
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
20 minutes	<p>Caring for people from specific user groups</p> <p>Acetate 10 Specific care needs</p> <p>Exercise 7 Caring for people with specific needs</p>	<p>Flipchart and pens</p> <p>Acetate 10</p> <p>Exercise 7</p> <p>Tutor's Course Notes: Module 6</p>

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



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 7 – Caring for people from specific user groups. 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. A person from a minority ethnic group may want their traditional food, or may not wish to eat their traditional foods all the time.

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

Is a disabled person or a person with a learning difficulty able to do their own shopping? Is an 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? Can a disabled person move around the kitchen freely?

Tutor's Course Notes

Module 7

Specific care needs

Links with acetate 10 and exercise 8

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?

If the person has dementia, or is 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. People from a minority ethnic group may have specific cultural requirements with feeding.

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. If you are running a session with more than one module, explain that you are now going to move on to the next module.

Module 7 - Conclusion

Content Conclusion
Learning outcomes

Duration 5 minutes

Materials Required Acetates 11 and 12

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
5 minutes	<p>Conclusion</p> <p>Acetate 11 Learning outcomes</p> <p>Acetate 12 To illustrate the dignity training programme</p>	<p>Acetates 11 and 12</p> <p>Tutor's Course Notes: Module 7</p>

Tutor's Course Notes

Module 7

Conclusion

Links with acetates 11 and 12

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.

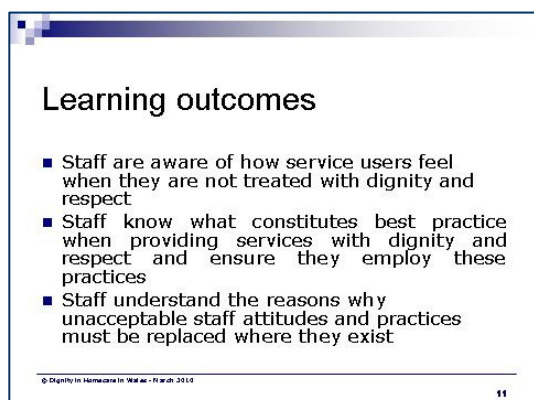
This Training Programme has tried to ensure delegates are aware of what a service user might define as a dignified service. It has looked at how discrimination can affect dignity and respectful services and has identified some of the legislation that underpins dignity.

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 11 Learning outcomes



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.

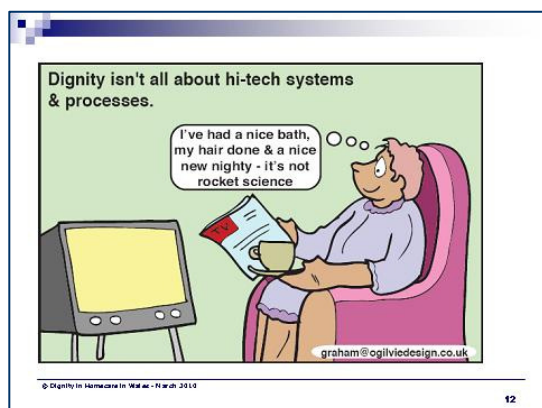
Staff know what constitutes best practice when providing services with dignity and respect and ensure they employ these practices

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 12 To illustrate the dignity training



Tutor's Course Notes

Module 7

Conclusion

Links with acetates 11 and 12

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.

Acknowledgements

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Additional resources

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