Common Core Principles

Dignity

Findings, successes and recommendations from the common core principles for dignity projects

Stop! Think dignity
www.skillsforcare.org.uk/dignity
1. Overview of the projects

The overall aim of the dignity common core principles projects was to test out the principles for dignity in a variety of adult social care settings, within different organisations and with different groups of people. This was achieved through the work of the projects who, between them all, engaged with:

- directly or indirectly, over 3000 members of staff (including those providing direct care, managers and auxiliary workers, carers support workers, independent living advisors and dignity champions)
- adult service users of all ages and with different care and support needs
- direct payment users/individual employers
- volunteers
- learning providers
- carers and other family members
- european project partners.

The principles were also tested across a range of services including:

- older people’s residential and nursing services
- services for people living with dementia
- services for people with learning disabilities
- independent living services
- statutory services (local authorities), independent and private services and charities.
2. How the common core principles were tested

The principles were thoroughly tested in a number of ways:

- By far the most common way that the principles were tested was through integrating the principles into induction for staff and volunteers.
- This was closely followed by the principles being integrated into in-house continuing professional development training sessions for all staff including specific workshops and group discussions in team meetings.
- They were also used to provide underpinning knowledge to support/inform other activities (i.e. signing up to Social Care Commitment/meeting CQC standards) or in organisational projects (e.g. a larger transformational project).
- Some projects delivered specific sessions on the principles for external organisations.
- They were also used in supervision or discussed in managers meeting.
- Some projects used questionnaires/survey monkeys to ask other organisations about how they used the principles.
- Care homes displayed posters and ‘principle to practice’ booklets in staff rooms, foyers and shared with visitors (family members/GPs).
- Projects also worked with learning providers to encourage them to integrate the principles into their training.

3. How the common core principles were received

The principles were universally well received and valued. People found the toolkit to be valuable and fit for purpose with a variety of different uses.

Key points noted included:

- The principles worked particularly well when integrated into induction.
- The format of the toolkit worked very well. The Principles to practice guides within the toolkit allowed bite sized learning and encouraged good discussions.
- Principles 1, (value the uniqueness of every individual), 3 (value communicating with people in ways that are meaningful to them), and 4 (recognise and respect how an individual’s dignity may be affected when supported with their personal care) were the most popular with care workers who could relate to them in their everyday work.
- Senior managers were interested in principle 7 (recognise the need to challenge care that may reduce the dignity of the individual) and used it to help to remind staff of importance of challenging poor practice.
- For others, principles 6 (value workplace cultures that actively promote the dignity of everybody) was seen as most important and overarching.

Some projects suggested the principles needed to develop to include:

- More on the ‘how’ to measure impact.
- Further real life experiences for staff to really understand how the principles impact day-to-day work.
Projects recorded a large and varied number of successes:
- One of the most frequently mentioned success was the greatly enhanced awareness and understanding of the importance of treating people (staff and those who need care and support) with dignity and respect and that little things matter.
- The toolkit worked particularly well with less experienced staff.
- It contributed to a raised profile of the importance of care with dignity – even into Europe!
- It served to initiate new, or highlight existing, good practice within the workplace.
- The principles provided underpinning knowledge and both enhanced and complemented existing learning and development opportunities, presentations and activities (i.e. completing Gold Standard Framework).
- There was increased involvement of people who need care and support in decision making.
- Staff practices were much improved, with more awareness of dignity issues around communication/intimate care and people’s possessions.
- There was an improved climate of openness in services.
- Staff were energised by sessions on the principles and wanted others to have the same opportunities.
- There was an increase in the numbers of dignity champions.
- The toolkit acted as a catalyst for further work around dignity (events/presentations/workshops)
- Staff began to make a dignity pledge at induction.
- It created an increased demand for dignity training in local areas.

Projects identified a number of challenges that they, or those they were working with, encountered:
- Time restraints were the most frequently mentioned barriers.
- Lack of support from managers was also a challenge encountered in a number of projects.
- Staff thought their practice was good enough already and saw using the principles as an extra task.
- Some organisations were restructuring, so work was postponed.
- There were difficulties with the logistics of arranging training sessions for smaller groups, whilst running the business.
- Some cultures and work environments did not foster learning or reflective practice.
- People running out of toolkits.
- The principles didn’t fit as readily to working with carers.
6. Changes to working practice

All the projects highlighted new ways of working that would be adopted as a consequence of their involvement in this work:

- Most of the services involved in the projects stated that they now had plans to build knowledge of dignity in their organisation from induction onwards.
- Most services also intended to also integrate the principles into all continuous professional learning and development.
- Services plan to use the principles in regular refresher training specifically on dignity for all staff, not just those delivering care and support.
- Providing more regular supervision meant that staff had a chance to discuss and reflect upon their practice more frequently.
- Some services had made a DVD using the principles as a framework.
- The principles have been used to form the basis of future training around personalisation.
- Managers now take more of a lead in promoting care with dignity at all times.
- Some projects commented that they would, in general, be continuing with improvements made during the project.
Some projects were less able to comment on this, as they are continuing with their projects for a few more months. However, there were some clear indications that:

- the projects had resulted in a raised profile of dignity in the sector and within specific organisations
- workers were more aware of the need for care with dignity
- the principles had given weight to doing things properly and increased staff’s confidence to challenge poor practice
- workers were treating people who need care and support with greater respect and had a greater understanding of their experiences of being cared for
- workers recognised that often it was something they already did but there was scope to develop their learning and understanding further
- poor practices became more obvious and more easily identified and challenged.
8. Recommendations to national bodies

The projects recommended that all national bodies should:
- Send a strong message to the workforce of the importance of engaging with the dignity agenda and keep as a high profile item.
- Promote links between dignity and other movements such as personalisation.
- Promote the importance of strong leadership and staff being given time to achieve desired change.
- Encourage statutory organisations to show leadership and to recognise and promote the importance of dignity within their organisations and those services they commission.
- Integrate the principles into other training (including induction, diplomas, awards and certificates and other mandatory training), so staff are continually encouraged to think about dignity in care.
- Present learning to busy staff in short, bite-sized messages.
- Consider how to engage with services which are not delivering care with dignity.
- Conduct further research on dignity in social care and health.
- Encourage staff to sign up to be dignity champions.

9. Messages from the projects

The projects highlighted a number of ways that the good work started in the projects can be sustained, often through small scale, inexpensive means by all services:
- Keep dignity in the front of people’s minds at all times through a range of activities:
  - holding dignity events for residents and staff
  - having a statement around dignity in job descriptions
  - organisations building their own network of dignity champions
  - having a principle-a-month poster, which can be displayed month by month
  - having a dignity champion in every organisation.

- Integrate dignity in all learning and development:
  - include the principles in all training (from induction onwards)
  - provide dignity training on a regular basis.

- Develop open and transparent learning cultures ensuring:
  - staff have opportunities to raise concerns
  - managers do ‘on the ground’ sessions to keep in touch with the realities of direct care.

Do not accept ‘lack of time’ as a valid reason for not delivering care with dignity.