

## Bradford Dignity Champions Network - Findings

Bradford LINK organised a Dignity Champions Network meeting in April 2010. 100 people attended this meeting to talk about dignity. The two main issues that people wanted to talk about were:

- Making sure health and social care staff know about dignity
- Looking after people with dignity when they leave hospital



### Staff awareness and training

- People talked about getting the people who use health and social care services, and their carers, to help train staff. This is important because people need to help staff to understand what it feels like to be looked after by them. One of the most important ways to help staff understand this is for users and carers to tell their personal stories.
- People said that people using health and social care services needed to talk to students who were learning to be health and social care staff, so that training in dignity started early. Staff also get training after they are working to keep them up-to-date, and service users and carers needed to get involved in this kind of training as well.
- People who use health and social care service and their carers, said that the most important thing for them was to know that what they were saying to staff was being listened to and understood. Therefore, they wanted staff to tell them that they had listened to and understood what they said to them, during any training they helped with.
- To make sure staff remembered dignity when they were working, people said that a poster about treating people with dignity should be made, to be put on the walls of workplaces.

### Action

People at the Dignity Champions Network meeting said that they wanted to work on making sure that health and social care users and carers helped with training staff

who work in Bradford and Airedale. They said that they would like to help staff both at work and when they were learning at University, and wanted Bradford LINK to start a work group to help with this.

## Leaving hospital

People said that being looked after in a hospital with dignity was very important to them. However, they said it was just as important that they were treated with dignity when their stay at the hospital ended.



People said that they often felt very upset when they left hospital. There were a lot of reasons for this, including:

- Not knowing if there was anyone at home to look after them
- If they lived with someone, not knowing if that person could cope
- If they lived alone, not knowing how to look after themselves if they were still too poorly - Not being able to go out and get food or medicines
- Not being able to trust the people who are brought in by health or social services to look after them at home
- Not knowing how to get more help if they couldn't cope

People said that things could be made better if the people working in hospitals saw leaving hospital as an important part of being looked after with dignity. They said that things could be made better if they:

- Had someone check how they were going to be looked after or look after themselves at home, before letting them out of hospital
- Talked to the person before they left hospital to make them feel more comfortable about leaving.
- Talked to ambulance and other transport services to make sure people got home as soon as they left hospital instead of having to wait around
- Made sure that the person leaving hospital and any carer they might have were checked, so that hospital staff knew if both the person and the carer were able to cope
- They also said that care homes and agencies would be able to help someone leaving hospital to get better if information on how to care for that person was written down and went to the home or agency at the same time as that person.

## Action

People at the Dignity Champions Network meeting said that they wanted to work on making sure people left hospital with dignity. They wanted Bradford LINK to start a work group to help with this.

## Carers

People said that carers were not seen as important people by some health and social care staff. They said that they were not listened to and if they asked for information about the person they cared for, they were often told no because that information was “private”. Carers are not treated with dignity.

People also said it was sometimes difficult for them to see themselves as carers if they were part of the family of the person they were caring for. This made it harder for them to ask for help or to know what help they could get.

Carers need help because looking after someone can be hard work. They need looking after as well as the person they are caring for. Health and social care staff need to understand this.

People said that things could be made better if:

- Carers were checked to make sure they were able to cope (called a Carer’s Assessment) At the moment some carers are scared of being checked and do not ask for it, which means no-one helps them
- Carers were trained on how to look after the person they were caring for. Health and social care staff need to be trained too, so that they know how to look after carers better
- Carers were given help in the way that they could best get at it:
  - Charities do a good job helping carers, but not every carer will go to a charity for help.
  - Family doctors (GPs) should give more help to carers.
  - Many carers stay at home to look after someone, so help through the telephone or computer would be best.
  - Some carers do not speak English, so translators are needed.



## Action

People at the Dignity Champions Network meeting said that dignity training for health and social care staff should include looking after carers with dignity. This could include making carers feel less scared about being checked and doing checks more often to see that carers need help with coping.

## Dementia

Dementia is a mental health condition that some older people get. People said that people with dementia often did not get treated with dignity. This was because dementia makes people confused and sometimes angry. People with dementia did not want to go out of their homes because they thought they would get confused or upset people. Often people's carers and health and social care staff did not know enough about dementia to help them properly.

People said things could be made better if:

- People who were over 75 were checked to see if they were getting dementia.
- Staff and carers got better training to help them to know when someone was getting dementia and how to look after them with dignity
- Health and social care staff found out as much as they could about the person with dementia from family and carers so that the person with dementia was being treated properly when they were being looked after. Ways of doing this might include:
  - Having a box of things that the person with dementia remembered (called a memory box)
  - Finding out what caused the person with dementia to get confused or angry (called triggers) so that they could make sure these did not happen
  - Having the same staff look after the person with dementia all the time so that the person feels less confused



### Action

People at the Dignity Champions Network meeting said staff and carers needed more training on how to look after people with dementia with dignity. Some good work had already been done. Dementia care staff at Woodward Court had got 500 people to sign up to a dignity in care group on the computer website called Facebook.

## Palliative Care

Palliative care means the care people get from health and social care staff when they were getting to the end of their lives. People said that, to be treated with dignity, people getting to the end of their lives should be looked after where they wanted to be and to live as normally as they could. They should also be looked after as people, not as the disease(s) that they were dying from.

One person talked about what happened when things really went wrong. The person getting to the end of their life was not treated with dignity and “gave up” living.

People said that things could be made better if:

- People getting towards the end of their lives felt valued and loved. At the very end of life, some people need close physical contact to understand that there is someone with them. People from different cultures sometimes need to be looked after in different ways to make them feel comfortable.
- Health and social care staff got more training to help treat people who are getting towards the end of their lives with dignity. People said that a work placement at a funeral director, where dignity of the person is very strong, might be useful for medical students.
- Health and social care staff, carers, families and the person getting to the end of their life, understood what was going to happen and had written a plan so that things would happen as they wanted them to:
  - For the plan to work, the person getting to the end of their life must be listened to and their wants and needs must be respected
  - It is also important that this plan can be changed, with everyone’s agreement, should the person need more help.
  - Health and social care staff could use standards to help write the plan in time. The register for people who are in the last 2 years of their life could help with that.



### **Action**

People at the Dignity Champions Network meeting said staff and carers needed more training on how to look after people getting to the end of their lives. People also said that everyone getting to the end of their lives should help in writing a plan for their care, together with their relatives and carers, so that they felt safer about their future care.

For more information about this meeting, please contact Marcella Celli or Becky Mears on 01535 665258 or email on [info@bradfordlink.org.uk](mailto:info@bradfordlink.org.uk)