

# 2005 Summary Report

## A Dementia Focus Project to Provide Training in Dementia Care Mapping in Norfolk, Suffolk and Cambridge



*"Learning more about person-centred care and how to evaluate wellbeing through dementia care mapping (DCM)"*

Project Overview  
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# Delivering training in Dementia Care Mapping (DCM) to three counties and across all organisational boundaries

This overview and evaluation will provide some background to the training, the role of Dementia Focus, funding sources and costs and a summary of the evaluation of the courses by the participants.

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## The Role of Dementia Focus:

Dementia Focus is an initiative to promote excellence in all aspects of dementia care within the region of Norfolk, Suffolk and Cambridge.

The aims of the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority (SHA) are to improve the health of people living in the three counties, reduce inequalities in healthcare and improve the quality of local services. A specific aim of the SHA is empowering and supporting people with long-term conditions and improving the quality of the environment in which they live.

Members of Dementia Focus are strategically placed within the lead health and social care organisations within the SHA and regularly share information about their respective agencies.

Dementia Focus aims to:

- to raise the profile of work with people with dementia and their carers
- to maintain communication and involvement across agencies with an interest in the needs of people with dementia and their carers and
- to promote research into good practice in dementia care, with an emphasis on qualitative methods, and the participation of people with dementia, and their carers.

In the last few years the group has collectively identified the need for several key pieces of work in this region. One of these is for a programme of Dementia Care Mapping training in each of the 3 counties for staff working in dementia care.

Dementia Focus is chaired by Dyllis Faife of Norfolk Social Services Department, this group is currently based in the School of Social Work and Psychosocial Studies at the University of East Anglia in Norwich ([www.uea.ac.uk/swk/research/dementia/welcome.htm](http://www.uea.ac.uk/swk/research/dementia/welcome.htm)).

## 2. Background to the training

Prior to this project training in DCM had taken place within the 3 counties but had been delivered largely to the staff within separate organisations. Two care providing organisations in particular have invested in DCM training; Suffolk Social Services and Norfolk and Waveney Mental Health Partnership and both reported improvements in the quality of care to people with dementia following the courses.

Suffolk Social Services trained 30 senior staff in 2003, some health care colleagues also attended. Norfolk and Waveney have trained over 100 staff in the last 4 years with the majority working within the Trust. Feedback from all the DCM courses locally has been extremely positive with much support from care practitioners for further courses to be made available.

DCM is relevant and accessible to all staff working with people with dementia regardless of grade, discipline or academic background. It is a course of training created specifically to improve the quality of psychosocial care for people with dementia by increasing the skills and competencies of the people caring for them. The aim is to resource and train staff to meet the needs of people with dementia thus avoiding, whenever possible, the unnecessary movement of people to another care environment as their condition and needs change.

Staff also reported through the key members of Dementia Focus that there was a shortfall in training in person-centred care in the region and many services had found it difficult to provide such training due to budget restrictions and the availability of appropriate courses.

One of the aims of this project was to increase the opportunities to attend a DCM course to staff in all care organisations. The project aimed to attract staff working in the 3 mental health care trusts, 3 social services departments, PCT's in the 3 counties, the independent and voluntary sector.

### 3. Funding and the Workforce Development Directorate

Funding for this project was secured by an application from Dementia Focus to the Norfolk, Suffolk and Cambridge Workforce Development Confederation to provide 3 DCM courses in 2005 for a total of 90 staff. The project consisted of three courses, which were located in each of the three counties. The participants for each course came from across the three counties, and this was a deliberate aim to achieve cross-fertilisation of ideas and networking, in addition to the actual content of the training. A link person was nominated locally to facilitate promotion of the courses and application pathway in their particular area.

The project benefited from a co-ordinator to organise training venues, catering, application forms and all administration duties.

The funding was for the courses to run in 2004/2005 with the first course held in March in Diss, Suffolk; the course for Cambridgeshire was held in Cambridge in April and the Norfolk course was held in Norwich in May.

The total costs for the project including all administration, training venues, DCM manuals for all participants, refreshments, trainers fees and this evaluation: £24, 894.00

#### 4. Dementia Care Mapping:

DCM is a popular method of learning more about dementia care from a person-centred perspective and how to improve the quality of care for this vulnerable client group.

DCM was developed by the late Professor Tom Kitwood, and Kathleen Bredin in the late 1980s and was designed to assess quality of care from the perspective of the person with dementia. In 1992 the Bradford Dementia Group began delivering training courses in the use of DCM and since then training in the method has become increasingly popular with those working with people with dementia from many professional backgrounds. DCM is now the most widely used observational tool in UK dementia care settings and is increasingly popular worldwide.

#### What is Dementia Care Mapping?

Dementia Care Mapping is a set of observational tools that have been used in formal dementia care settings such as hospital wards, care homes and day care facilities in the UK since 1991. In his book, *Dementia Reconsidered*, Tom Kitwood describes DCM as:

**“a serious attempt to take the standpoint of the person with dementia, using a combination of empathy and observational skill”**

(Kitwood, 1997: page 4)

DCM is grounded in the philosophy of person centred care, which promotes the personhood of people with dementia and a holistic approach to their care.

The Dementia Care Mapping process involves briefing staff who work in the area to be 'mapped' about the method, observation of participants with dementia within the setting for at least 6 hours, processing the analysed data, feeding back this information to staff, and using this to action plan change in the setting. Therefore it is a means for bringing about change and improvements based on direct observations of the care being delivered. Continuous and regular cycles of mapping can promote long-term changes in the quality of care.

#### What is taught on the basic course?

The basic course covers the philosophy of the person centred approach to care, the four coding frames used during observation, rules governing coding, processing of the data, and practical issues around conducting briefing and feedback sessions with care staff. It is an intensive course over 3 days, with a formal assessment, which equips students to be able to use the method in their own care settings.

Because Dementia Care Mapping is a powerful and complex tool, embedded in a process of feedback and change, training is only available from Bradford Dementia Group approved trainers, who adhere to strict standards of quality

assurance in the delivery of courses. This ensures that as far as possible those trained in the method are able to use it to a high standard.

## 5. The Course Participants:

A total of 88 staff attended the 3 three courses with one person unable to complete the course due to a crisis at work. The participants came from a range of backgrounds:

Chart One: Course Participants and Professional Backgrounds

Course	Mental Health (NHS)	Social Services	Independent	Voluntary/Charitable	Other
Norfolk	9	16	2	2	
Suffolk	8	13	4	3	2
Cambridge	6	9	12	1	1
Total (%)	23 <b>(26%)</b>	38 <b>(43%)</b>	18 <b>(20%)</b>	6 <b>(7%)</b>	3 <b>(3%)</b>

Each course was designed to have 15 places allocated to the staff of the host county and the remaining places to be distributed between the other two counties.

Each course was successful in attracting a good representative mix of staff from each organisation in each county with the only exception being Cambridgeshire Social Services who were unrepresented. At the Cambridgeshire course Suffolk and Norfolk Social Services made up the 9 places shown in the above chart (Chart 1). Staff attending ranged across disciplines and grades including for example Home Managers, Nursing Assistants, Team Leaders, Care Co-ordinators, and Support Workers from all types of dementia care services including home care, day care, and outreach support services.

The training aims to enable the majority of participants to pass the assessment of the learning on the 3<sup>rd</sup> day of the course and overall 97% of staff were successful in the assessment. Two people resubmitted and passed on their resubmission.

## 6. The Trainers

Dementia Care Mapping is a complex and powerful tool, embedded in observation, feedback and change, and users require certain skills in order to use the method well. Training in the method and its ethical framework therefore is available only from Bradford Dementia Group approved trainers, who have undergone a rigorous preparation for the courses they deliver.

Every DCM course has at least two trainers, approved by Bradford Dementia Group and for this project the two trainers were consistent for each course: Caroline Baker and Judith Farmer.

Caroline Baker RMN is a Clinical Specialist in Dementia Care for Walsall Teaching Primary Care Trust and has been seconded to work for Bradford Dementia Group as a DCM Consultant Trainer on a part-time basis. Caroline currently works across all care sectors (health, social services, independent sector, voluntary sector, acute health) within the Borough of Walsall to improve the well-being of people with dementia and their carers. More recently Caroline has moved to work in the independent sector as Care Services Director with Four Seasons Health Care.

Judith Farmer RMN works for Norfolk and Waveney Mental Health Care Partnership as a Clinical Educational Facilitator with particular responsibility for person-centred training and DCM.

## 7. How did we evaluate the participants' experience?

The overall evaluation is based on information gathered at 3 separate points:

- (i) Questionnaires given on the 3<sup>rd</sup> day of the course
- (ii) Questionnaires posted 4-6 months after the course
- (iii) One to one interviews of small sample of 15 people.

### 7(i) Questionnaires given on the 3<sup>rd</sup> day of the course

On the last day of each course, before people leave, a formal standardised questionnaire designed by Bradford University is completed by all course participants: 87 people completed the full course. 85 evaluations were collected. The focus of this questionnaire is for an overview of general information (eg. how did you hear about the event), the training venue, organisation of the course, course content and presentation and inviting people to give their opinions and comments.

### Summary of questionnaires completed on Day 3 of the course:

85 returned. Bradford Dementia Group send out a summary of the evaluation from each course to the two trainers; some information was not relevant to this report so has been left out (eg quality of accommodation as very few people needed this).

This is a condensed summary of the 3 evaluation reports.

General:

#### How did you hear of the event?

The majority of people had heard through their manager (54) or a colleague who had attended a previous mapping event (19).

#### What did you expect to gain from the event?

Many respondents were seeking to gain the experience, knowledge and skills required to become a confident mapper.

**To what extent were your expectations met?**

The majority felt that their expectations were met (59) with some (9) feeling that the course exceeded their expectations.

	Excellent	Good	Satisfactory	Unsatisfactory	Poor	No Answer
Pre-event Information	31	31	14	6	1	2
Organisation on the day	56	24	4	1		
Learning environment	30	32	15	5	4	1
Other facilities	37	28	15	1	4	
Catering	18	27	19	9	6	

The feedback from the course held in Suffolk at a local hotel reflected a less satisfactory learning environment from an organisation not geared to providing an acceptable standard. The two venues in Norwich (UEA) and Cambridge (Lady Cavendish College) are designed for adult learners and this was reflected in the feedback. The priority for the Suffolk course was to have an affordable local training venue and there was a limited choice available.

Some of the pre-course information unavoidably did not reach participants in time due to late cancellations and the drive to fill places.

**Overall, how would you rate the quality of presentation and content of the event?**

Excellent	Good	Satisfactory	Unsatisfactory	Poor	No Answer
52	29		1		3

**How would you rate  
- the balance between the practical and theoretical?**

Excellent	Good	Satisfactory	Unsatisfactory	Poor	No Answer
34	42	8			1

**- the pace of the training?**

Excellent	Good	Satisfactory	Unsatisfactory	Poor	No Answer
23	45	11	5		1

**- usefulness and relevance of the handouts?**

Excellent	Good	Satisfactory	Unsatisfactory	Poor	No Answer
50	29	4	1		

- the length of the course?

Excellent	Good	Satisfactory	Unsatisfactory	Poor	No Answer
15	32	27	8	1	2

- trainer's style to aid learning?

Excellent	Good	Satisfactory	Unsatisfactory	Poor	No Answer
60	16	5		1	4

- the format of the training?

Excellent	Good	Satisfactory	Unsatisfactory	Poor	No Answer
52	29	2			2

Other Information:

Is this the first time you have attended one of our training events?

The majority relied yes (82)

Would you consider attending one of our training courses in the future?

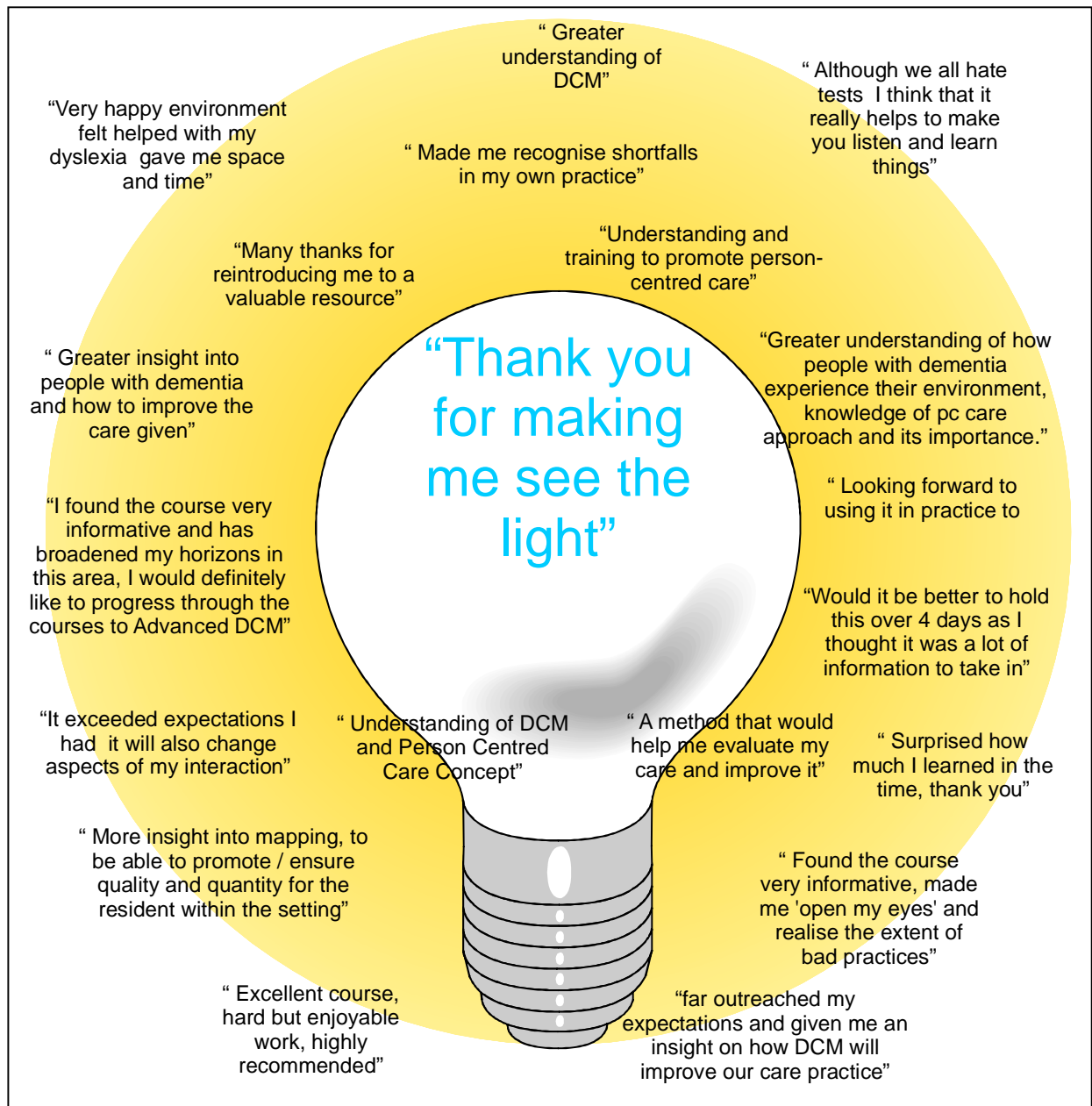
The majority replied yes (79)

Are there any particular topics, which you would like to see us covering in future courses?

Person-centred care; Assessing special needs residents at meal times; More insight into the long-term benefits of changing the way we work to provide a better quality of life for both service user and staff.

The last part of the questionnaire invites comments and opinions. A selection of the comments are listed overleaf and are taken as a representative sample from many comments (40):

# Comments & Opinions .....



## 7(ii) Questionnaires posted 4-6 months after the course

Approximately 4-6 months after course ending (August 2005) 87 questionnaires were distributed to all participants who had successfully completed the course. 49% were returned (43 questionnaires). The main focus of this questionnaire was 3-fold: -

- a. to ask for details of the potential support for the member of staff returning to the care environment in terms of other staff's knowledge of DCM, eg. Are any other staff trained in DCM in the care setting? And is the direct line manager trained in DCM?
- b. to ask if the person had been able to use DCM in the workplace.
- c. to ask if and how this had resulted in changes to their own care practice.

### Summary of posted questionnaires:

Out of the 87 questionnaires sent out the following were returned:

21 (49%) came from Social Services staff  
10 (23%) came from NHS Mental Health staff  
4 (9%) came from Independent Care Organisation staff  
4 (9%) came from Voluntary/Charitable Organisation  
3 (7%) came from 'Other'

### Attendance

- 58% came to the course with a colleague and
- 72% knew there were delegates from the same organisation

### Staff knowledge of Dementia Care Mapping

- **58%** said their line manager was **not** DCM trained.
- **42%** said there were Dementia Care Mappers working in their immediate area, most estimated the number of staff at 1-3.
- **70%** said there were Dementia Care Mappers working within their organisation, estimating the number of staff from 1 – 70.

## Experience of Dementia Care Mapping at work

- **19%** said regular maps take place at work
- **26%** said they had been at work when mappers observed participants
- **23%** said they had attended DCM briefing before DCM took place
- **33%** said they had attended feedback after DCM took place
- **37%** had carried out DCM as a mapper
- **100%** said the course had influenced their care practice

The last part of the questionnaire invited comments and feedback on any changes in practice and attitudes influenced by the training and any identified further training needs. Below is a selection of the comments received as a representative sample.

## Attitudinal Changes

- Increased awareness of the difference we can make to people's lives – through positive contact
- Aware of the constant need for stimulation and the need for in-depth support for some
- Increased awareness of clients' relative well-being or ill-being
- More aware of own detrimental comments
- More focused on person-centred approach
- Am more empathetic
- Constant observation & improved listening – more aware of patients' attitudes/actions
- Am more aware of observing carers unobtrusively
- Much more focused on how people respond to outside influences
- Try to give more time/be patient
- Look at the whole person & not their behaviour/person with dementia
- Sharing knowledge and benefits with colleagues inc. voluntary & family carers
- Observations of residents and staff should be an integral and regular part of inspections
- Don't make assumptions about anything

## Examples of changes to care practice

- More precise hand-over sessions
- An interest in DCM from staff therefore an awareness of procedures
- Procedure for staff breaks
- Appropriate activity less likely to cause anxiety
- Clients more stimulated through activities, socialisation
- Carers more aware of practices
- Positive changes to patient – awareness of well and ill-being
- Staff aware of own actions' impact
- Always try to stop and talk now
- Series of training sessions to staff based on well-being, ill-being, personalised approach inc. in-depth life histories
- Increased number of staff
- More sociable times, less TV watching and more labour tasks, carers having less task orientated jobs
- Referring to previous map results and endeavouring to address items in care plans
- Change in documentation – care plan
- More one-to-one sessions
- Change in contact between staff and clients producing more fulfilling day – clients more in control of their abilities to achieve results
- Validation filtering through to other carers
- Tailor made routines to suit person's needs
- Greater knowledge of how to deal with challenging behaviour

## Did course identify any further training needs?

- More intense training for all staff on dementia care / reminiscence courses / person centred care
- Briefing and feedback sessions
- Encouraging colleagues to attend the course
- Workloads call for more than one mapper
- Could newly trained DCMs be allowed some time by managers for mapping at least initially to use & retain knowledge gained
- Plan to attend dementia course Feb 2006 in Ipswich
- Organisations need to agree DCM is good practice and back with training and reviews
- Booked a 'Bespoke' validation in-house training course
- Will keep abreast of current trends and update knowledge
- Support staff need to develop more
- An awareness of the depth of poor provisions of service for dementia related care
- An awareness of the lack of understanding in care homes for social stimulation



### Optional Comments

- Gained very useful knowledge but cannot practice mapping – restraints of workload
- Very informative, well presented and enjoyable course
- Training should be mandatory for all new employees to the NHS
- A lot to take in – handbook prior to course would help
- Has completely changed my way of thinking
- Thank you for the excellent training course – I find myself constantly mapping informally!
- The whole of Norfolk should come together to share knowledge, resources & training.

### 7(iii) Informal Interviews with a small representative sample of participants;

A small sample of (12) participants was selected as representative of the mix of people attending the courses and they were asked to take part in an informal face-to-face interview of about half an hour. The interview was held in their workplace or somewhere convenient for them. A total of fifteen people were interviewed including three managers (two who had been trained at an earlier date in DCM) who were able to give their perspective of the effects of the course for their staff.

Chart Two: Informal interviews with participants and managers

Suffolk Social Services	3 (20%)
Norfolk Social Services	5 + 1 manager (40%)
Cambs & Peterborough Mental Health partnership	2 + 2 managers (27%)
Norfolk & Waveney mental Health Partnership	1 (6%)
Independent Care Providers	1 (6%)

The focus of these interviews was to invite staff's opinion about the effectiveness and relevance of the training in an informal unstructured manner. The interviewer also encouraged reflection about what had helped or hindered the actual practice of mapping.

Dementia Focus is particularly interested in the qualitative effect of training and so great care was taken to record this aspect of people opinions.

Chart 3: one to one interviews with staff and job titles:

Suffolk Social Services	3: Team Leader (2) & Nurse
Norfolk Social Services	6: Care Co-ordinator (3); Senior Care Assistant (2); + 1 manager (non-mapper)
Cambs & Peterborough Mental Health Partnership	4: RMN (2) + 2 managers (one non-mapper and 1 mapper)
Norfolk & Waveney Mental Health Partnership	1 (Nursing Assistant)
Independent Care Providers	1 (Senior Care Assistant)

All the interviews bar one were held at participants' place of work. The exception was due to a more mutually convenient site being agreed between interviewer and member of staff.

A special thank you to everyone who agreed to being interviewed or who covered for that person to attend an interview. People were extremely generous with their time.

Apologies were extended to one area in the region that had experienced great difficulties in accessing the training and this highlighted a role for coordinating access to any future regional courses.

The very general format was for the interviewer to encourage the participant to explore how the course had affected their care practice, any particular encouragers that were in place in the work place and any hindrances that may have impeded DCM practice. The interviewer was particularly interested in any examples of changes to care practice that had come about because of the training.

Listed below are the unedited comments that people made, that have been grouped into 3 main themes:

### The actual practice of mapping

- Informal/ facilitated buddy systems are in place in some areas and they enable staff to practice DCM
- Managers input was extremely helpful in facilitating and enabling mapping to take place
- Staff need to be extra to the usual complement of staff to ensure mapping will take place
- If the manager doesn't understand what the course was about it will not happen
- A more experienced mapper helped me to get going by sitting and just watching what people were doing and talking it through. This gave me a kick-start.
- Staffing problems keep getting in the way of mapping
- Staff are tired and morale is quite low
- Need lots more training
- No one has asked me about the course or has helped me map

### Examples of changes to care practice

- Speaking to people from the same height as they are
- On a daily basis I observe and watch people using the structure of DCM
- Doing it informally in my head all the time
- Even if it is only for a few minutes I make a point of talking to people
- I go in and make a point of speaking to people more and using touch more when I speak to people
- Someone who is deaf I signal to and ask how he is doing
- Mentally I have mapped and it has helped me to think through someone's condition – one person was worrying me so I went home after an evening shift checked the manual and the next morning I phoned the doctor. He was prescribed some new medication (antibiotics).
- Especially if someone is sleeping a lot I want to know why
- Stress to other staff about the need to talk to people

- Staff that have been on the course are far more confident & volunteered for further training
- Helped me to explain someone's behaviour to their family carer
- Helped me to understand someone's purposive activity – that it was not aimless...she was cleaning as she went round
- We are more focused on people histories and lives now
- Mealtimes are slower after our map
- Through the DCM training we have contacts for advice and support
- When someone is talking about their Mum it helps you to ask questions about their life
- Staff can model different types of intervention to family carer
- When we were mapping it highlighted that care staff were intervening too early and that we could let people be more independent – that is happening now
- "There are people who I thought were not communicating and now I notice how they are following everything with their eyes and responding non-verbally
- Stopping and asking people how they are and not breezing through
- Creating life stories with the help of families and that helps us to see them as a person
- It has given me more confidence to approach people who are withdrawn
- No worries about saying to other staff about the effect that their behaviour is having on residents
- The biggest change is to note writing – we have words to describe people that we didn't have before. We are not using medicalised jargon now

### Attitudinal Changes

- Good to be out of the office and seeing what is really happening
- More aware of peoples feelings. Made me think more and see the person not the dementia
- Made me want to make a difference and improve where I work
- Gives you a different "set of eyes" so that you are more aware of peoples' need to be independent
- The manager was thrilled with the report that we did
- More people could benefit from the course
- More confident about what people need
- Helped us to appreciate the good standard of care that we are giving
- Realised how skilled our staff are
- Opened my eyes to what was going on
- We need some more training to translate it to basic care work
- Started to question the use of nick names
- It is all about helping staff to introduce change themselves
- You don't just see the person in the chair you see you see the real them
- I wanted to go on the course to dispel some of the negativity I have heard about DCM

- More in-depth awareness of peoples needs
- It was good to be around people who are positive about dementia care

### Conclusions:

At the end of the 3-day course the majority of comments reflected that it had been a valuable, relevant and enjoyable experience. Many people commented on feeling that they had experienced a change of attitude. The comparison was made about 'the light bulb being switched on' and this type of reference was echoed in many comments. A few participants also commented that it had been a hard course and that the amount of information given over 3 days was at times overwhelming. Overall people were enthusiastic and keen to practice this new skill.

The second evaluation of the course in the form of a postal questionnaire took place after a 4-6 months return to work and was interested in how people thought about the course after this period back at work, whether DCM had been used and how their care practice had been affected as a result of the training. Only 19% of people worked in an environment where regular DCM maps took place. 37% of people returning questionnaires had been able to practice DCM. The majority of the people who had been able to practice using DCM formally had attended the course with other people from their organisation and had mappers already working in their immediate care environment.

The commonest remark returned in the postal questionnaires reflected changes in thinking and attitudes towards the person with dementia and their behaviour and needs. Many comments reflected a change of perception or view of the person with dementia and as a result of this being able to recognise individual needs over and above the condition of dementia.

Examples of changes to care practice were significant and related to an increased awareness of the psychological needs of people with dementia. The specific examples given by respondents included talking to people in their care more, interpreting behaviour in a less judgemental and restrictive way and recognising the value of engaging in short interactions throughout a shift collectively form helpful indicators of the value of the course.

The questionnaire also asked if further training needs had been identified through the course and the practice of mapping. The training needs specified person-centred training and further DCM courses. Additional suggestions focused on the need for resources to be allocated to enable and facilitate mappers to use DCM, the release of staff from usual duties and the ongoing support and development of mappers was requested.

The informal face-to-face interviews were extremely helpful to complement the information gathered in the two questionnaires. Staff appeared genuinely delighted to be given the opportunity to reflect and discuss the

DCM course. The discussions examined the benefits of the course and the realities of using DCM. The comments reflected the challenges of introducing this new method of evaluation into many workplaces alongside the constraints of care work. The obstacles to practicing DCM as a tool included the difficulties of implementing a new skill when faced with staff shortages and low morale. Several areas had a 'buddy' system, organised or informal which helped some novices to actually start to map alongside a more experienced mapper.

The role of a supportive and informed manager was quoted frequently as being the most important and influential factor in helping people to implement DCM. The feedback in interview was similar to the information gathered by questionnaire but staff had the opportunity to explore their feelings and beliefs about the course at a deeper level. These interviews contained many references to changes in attitude towards the person with dementia and feeling more skilled and confident as a result of the training. The views expressed by managers echoed and supported the increased confidence felt and demonstrated by the staff who had attended.

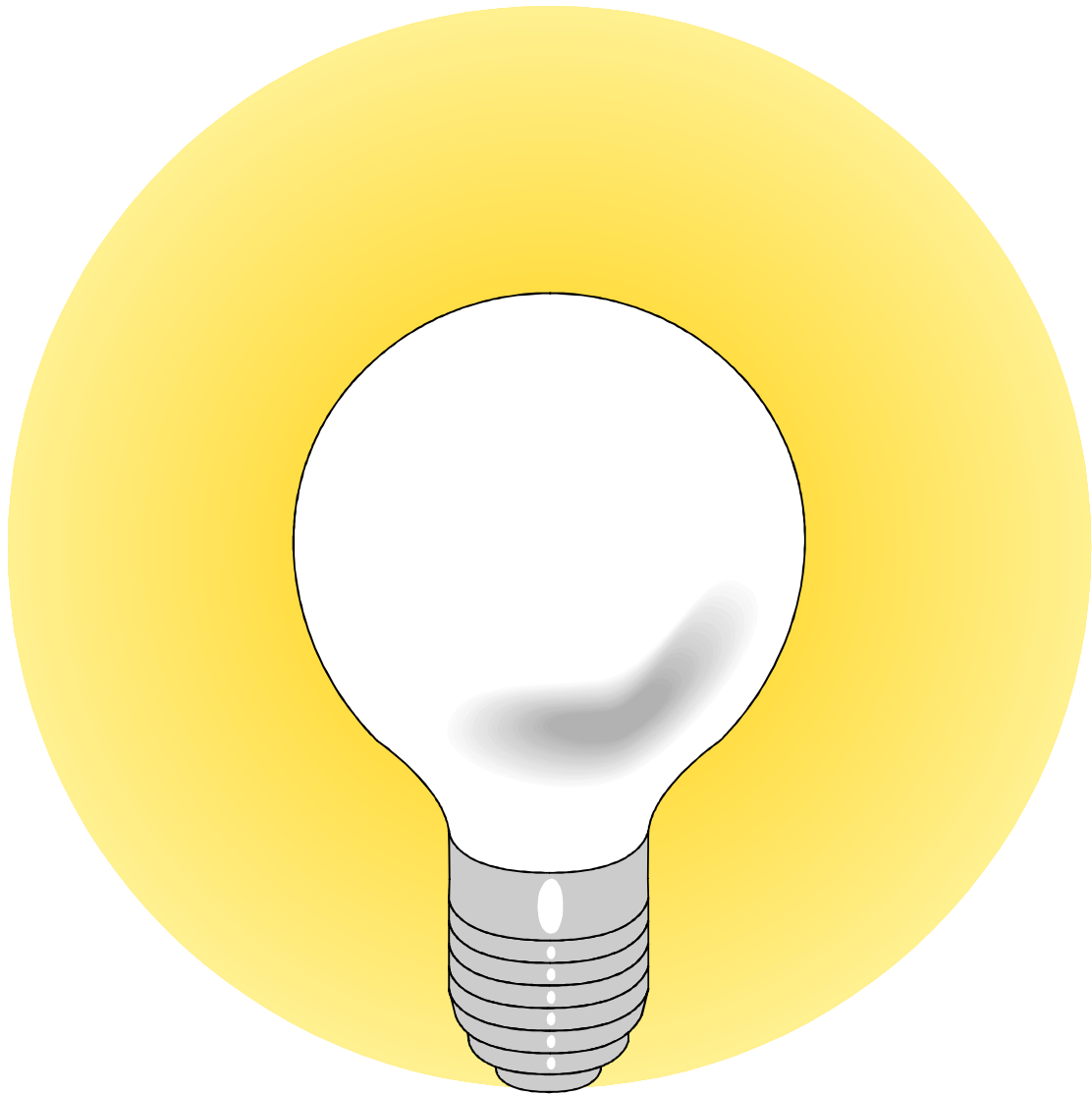
During the interviews people reflected a sense of pride and achievement on completing the course and feeling that their skills had been acknowledged and validated. The language of DCM appears to have great relevance across all sections of care provision.

### Recommendations:

- A copy of this evaluation to go to all course members due to the high level of participation required compiling a full evaluation.
- Mappers to be encouraged and facilitated by managers and their organisation to make the best use of the resources in each organisation e.g. Seeking out fellow mappers, joining local and regional forums wherever possible.
- Organisations to invest in further person-centred care training.
- Organisations to invest in dementia care mapping training *in conjunction* with developing support and information networks for existing mappers, e.g. Regular forums, buddy systems, information about who and where mappers are working.
- Organisations to make the expectations about the role and function of DCM clear in policy and procedures. The successful implementation of DCM can be planned at a local level, for example within a small unit and at an organisational level in the policies and procedures that help to shape the service delivery.
- Organisations to ensure DCM is given adequate resource allocation. Mappers will need time to plan the whole cycle of mapping; this will include the briefing of staff, the map itself, the analysis of data, feedback

to the care teams and time spent forming an action plan. Further regular maps will ensure the developmental role of DCM is achieved.

- Organisations to consider the best use of the investment in DCM training. DCM can be used to help people with dementia at an individual care-plan level, at a group level in the organisation of care within a ward or care home and in the planning and delivery of staff development programmes.
- The region has benefited from this course of training; further training in both person-centred care and DCM would help to consolidate the use of DCM in all care settings. Further training needs to be coordinated and planned to ensure equity of access.



### **Acknowledgements and Thank You's:**

Special thanks go to all course participants who generously gave their time returning questionnaires and for those who were interviewed.

Thank you to Caroline Baker, Consultant Trainer for Bradford Dementia Group for making the valuable commitment to training on each course.

A particular thank you to Moira Clare, Manager of Glastonbury Court, Suffolk Social Care Services for acting as the local link in Suffolk and also attending and supporting the first course in Diss.  
Sue Duff, Community Nurse acted as the Cambridgeshire local link.

Sarah Howes, Norfolk Social Services helped with the completion and final presentation of this report.