

SECTION SIX: EMBEDDING SUSTAINABLE, FLEXIBLE PRACTICES

BACKGROUND BITES

- Research shows that amongst long term care facilities with individualised care as the goal, using person-centred principles to underpin creating culture change, those developing a facility-specific social model of care had better, long term sustainable outcomes than those facilities adopting an existing model of care (such as Eden Alternative, Gentle Care, Planetree).
- The common characteristics of successful implementation include collapsing administrative hierarchies, staff education, including family members in care planning, placing the resident at the centre of care, and increasing resident autonomy.
- Implementing changes in practice and supporting staff to be person-centred in their care of people with dementia in an RAC facility is best supported by considering personhood and how evidence-based practice can be supported through organisational structures and processes.
- Educating a critical mass of staff is an essential beginning but it is only the starting point.
- The role of leaders is to communicate and empower staff with the information necessary to meet the needs of residents and promote resident well-being.
- Leadership is shared, not subject to position/title; anyone can show leadership in areas at which they excel, and mentor others, as needed.
- Leaders and champions should model and mentor person-centred principles, spend time regularly engaging with people who have dementia and encourage staff with compliments and recognition for enhancing the well-being of residents with dementia.

THE VALUE OF FACILITY-SPECIFIC MODELS OF PERSON-CENTRED DEMENTIA CARE

One of the reasons that facility-specific models of care produce better outcomes is that generally, the application of a model is never a true replication of the way it is meant to be implemented. In short, people 'cherry pick' the bits they like, have an affinity for, or think fits with the current organisational structure. This inevitably changes the nature of the model and, in turn, the quality of the outcomes.

There is mandate to reduce the use of psychotropic medications in aged care and the focus is on non-pharmacological interventions for addressing responsive behaviour. This is usually a combination of various elements such as music therapy, doll therapy, activities that support important roles/identity, pet therapy and others.

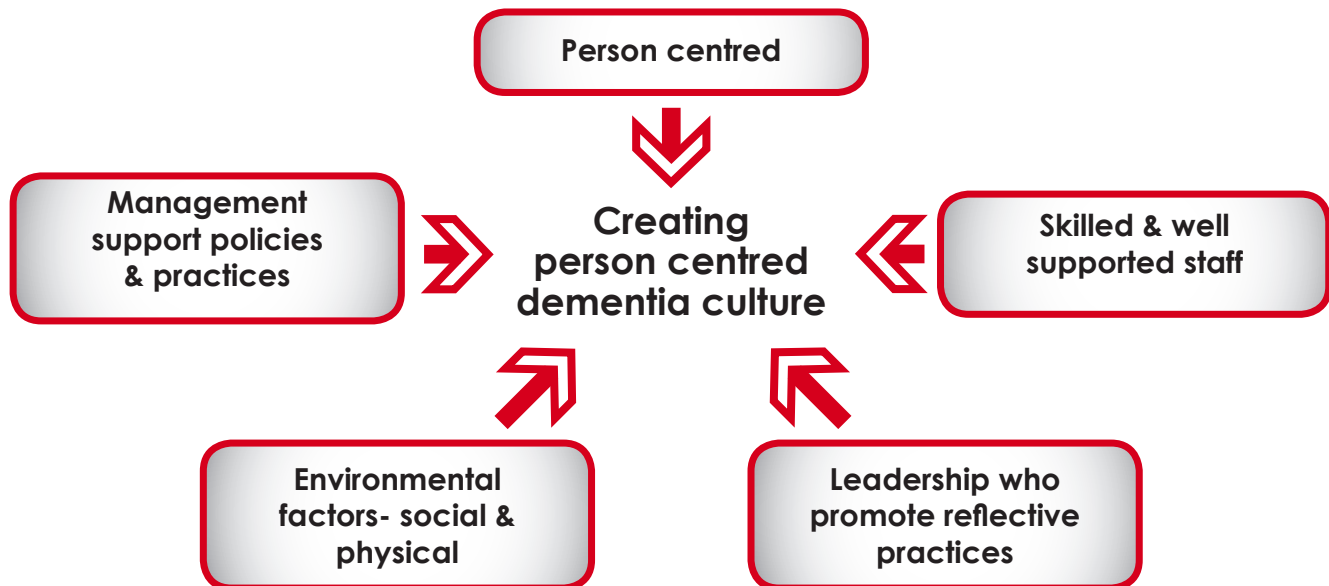
Yet, being person-centred is, in fact, an approach to caring that is well-documented for reducing the frequency of responsive behaviour.

If you think about the category of non-pharmacological interventions, in essence they reflect the elements of being person-centred and often feature support targeting the core elements of personhood that include:

- Having social relationships
- Being distinct, having identity
- Being respected and acknowledged
- Being able to act
- Having feelings acknowledged
- Having a sense of belonging.

To create a facility specific model with a goal of providing individualised care for residents, these core elements of personhood should guide how you view the way in which care is provided in the facility in which you work.

In considering what may need to change or needs to be enhanced to create an enabling environment for residents, family and staff, Figure 1 illustrates a framework for creating enabling environments in which person-centred care flourishes.



Consider the identified components of change in Figure 1 (Checin and Jarrad, 2002):

- Philosophy which dictates the outcomes of care must be built on person-centred principles.
- Management support is crucial to implementing the philosophy of care, as they are instrumental in signing off decisions and can facilitate participation of staff at all levels of the organisation;
- Leadership sharing and integrating the vision of quality who are empowered to enable creativity, commitment and co-operation;
- Skilled staff with values congruent to the philosophy of the organisation, who demonstrate initiative and intuition, and are supported by competency based training;
- Environment that is warm and friendly with the physical environment assisting the emotional (social) environment through good design features, included to enable independence of movement and ease of way finding.

Each RAC facility can determine how each dimension will be addressed in a way that will enable the organisation to achieve success. The Dementia Dynamics™ toolkit provides a number of tools and resources that will support facilities to move this process forward.

As identified in Section Four of this manual, the VIPS Framework may be of value as you consider further developing the care environment in the facility where you work (Brooker, 2007).

PROTOCOLS AND POLICY DEVELOPMENT TO SUPPORT PERSON CENTRED CARE

Policies, procedures and protocols are the language the organisation uses to define itself and set out the acceptable parameters of work practices across the entire organisation. They are critical documents which express how you plan to do business, and they will be read and understood as key documents which define the organisations focus and modus operandi.

Culture change can be challenging because it asks team members and the whole group or organisation to consider shifting or disrupting taken-for-granted assumptions about how and why the organisation functions as it does.

In order for successful culture change to work, leaders and staff have to be empowered to think and act in ways that challenge and build on traditional ways of operation while supporting the shared vision.

When talking about 'culture change', it is important to recognise that there are many 'cultural' contexts to consider (Nolan, 2008):

- The 'clinical' culture – which has seen residential aged care catering for an increasingly older and frailer resident population, often with a mix of individuals with/without cognitive frailty.
- The 'work' culture – the way in which staff are treated, the extent to which they are nurtured and supported and treated with dignity and respect at all levels, the degree to which change is promoted and endorsed.
- The 'caring' culture – concerning the nature and quality of the interpersonal relationships between staff and residents, which serve as a 'barometer' for the quality of care.
- The 'residential' culture – the extent to which aged care facilities are seen as an integral part of the wider community to which they should belong.

Policies need to ensure that person-centred principles are reflected across the organisational cultural contexts.

We suggest that you commence with considering any specific policy/policies relevant to responsive behaviour:

- Is there a specific policy guiding staff in addressing responsive behaviour?
- Does it use language that reflects person-centred principles?
- In what ways does it support staff to be person-centred in addressing responsive behaviour?
- How does it empower staff to address unmet needs expressed through responsive behaviour?

The Dementia Dynamics™ Toolkit includes the Person Centred Lens Policy Review Tool to assist organisations to review and revise policies. An electronic version is available on the Dementia Dynamics™ eLearning DVD and the support website (www.dementiadynamics.com.au).

BUILDING LEADERSHIP CAPACITY

Person-centred dementia care cannot be sustained without broad involvement, strong leadership, trusting relationships, and a clear understanding of the current realities and future goals of a group or organisation. Strong leadership is demonstrated through:

- Creating standards of excellence and then setting an example for others to follow.
- Setting interim goals so that people can achieve small wins as they work towards larger objectives.
- Unravelling bureaucracy when it impedes action and putting up signposts when people are unsure of where to go or how to get there.
- Creating opportunities for achievement.
- Looking for opportunities to change the status quo to improve current practices – this can involve risk taking and innovation.
- Encouraging and facilitating mutual respect in collaborations and teams, creating an atmosphere of trust and understanding across staff.
- Nurturing and celebrating individual contributions and small successes.

Champions across the organisation should:

- > Advocate for people with dementia's needs, ensuring adequate staffing, budget and activities.
- > Support, encourage, mentor, and empower the staff and teams to work collaboratively and be innovative in work practices that promote personhood.
- > Engage in activities and model activity participation to help staff engage comfortably in activities with individuals.
- > Role-model, teach delegation, and educate others.
- > Provide leadership and guidance in care planning and activities planning for people with dementia, and how to engage their families in the processes.
- > Lead and solicit staff, team, family, and people with dementia's input on administrative/team issues/decisions.
- > Know the families of people with dementia and encourage their help, feedback, and positive participation.
- > Perceive their role as a vital part of dementia care excellence in the organisation.
- > Encourage and model the flexibility to prioritise person-centred interactions over tasks that are not vital to care.
- > Feel empowered to do their jobs.

In Section Three, some activities for building leadership capacity in the champion model were linked to the current activities of the Dementia Dynamics™ Toolkit National Rollout such as the scholarships to study and the DTSC Fellowship program.

Organisations wanting to build leadership capacity to develop dementia champions should further invest in workplace support that could include:

- > Opportunities for organisational or external programs targeting leadership and/or advanced knowledge in dementia care;
- > Support for attending dementia specific conferences and seminars.
- > Study leave for dementia specific study or related leadership study.
- > Support to apply for discipline-specific or philanthropic scholarships or project funding.

Leadership itself can be inclusive. Broad involvement across the facility using a champion model can build leadership capacity and provide the leadership for the different elements of person-centred care. Involvement as a champion can in itself build leadership capacity, with learning experiences generated from engaging with other champions and supporting staff.

In Section Three in this manual (Creating a Learning Culture), the four fundamental elements of person-centred care (V.I.P.S.) were discussed in the context of linking them to leadership required across the organisation.

The practical responsibilities at each level of leadership should be clarified to champions so they can work as a group to support all staff. Box 4 provides a guide to those roles and responsibilities based on the VIPS tool (Brooker, 2007).

BOX 4: ROLES AND RESPONSIBILITIES FOR LEVELS OF LEADERSHIP FOR CHAMPIONS

A senior management level champion should play a primary role to see that person-centred care is supported through:

- An appropriate vision/mission statement
- Systems that ensure staff feel valued by the organisation
- Management practices empower staff to be person-centred in care delivery
- Practices are in place to support the development of a skilled person-centred workforce
- The development/maintenance of supportive and inclusive physical and social environments
- Continuous quality improvement mechanisms in place which are driven by knowing and acting on the needs and concerns of the residents.

From leadership responsible for setting care standards and procedures, the champion would support person-centred dementia care by ensuring the functional presence of:

- Individualised care plans that reflect a wide range of strengths and needs and which are reviewed regularly.
- Personal possessions of residents that have meaning to them are available and part of everyday life.
- Individual resident likes and dislikes, preferences and daily routines are known by direct care staff and acted on.
- Life histories and key stories of proud times are developed, maintained and used regularly in care planning and every day care provision.
- A variety of activities are available to meet the needs and abilities of all residents.

Leadership from those responsible for the day to day management and hands on provision of care requires champions that support and empower care staff to:

- Engage with residents on a day to day basis about their preferences, consent and opinions.
- Put themselves in the position of the person they are caring for and think about decision from the resident's point of view.
- Use the physical environment features available to help people with dementia feel comfortable and at ease.
- Give due attention to the physical, psychological and social needs of the person with dementia.
- Understand the underlying reasons for responsive behaviour and contribute to addressing the unmet needs expressed in responsive behaviour.
- Include people with dementia in conversations, help them to relate to others and not engage in 'talking across' residents.
- Treat people with dementia with respect and use appropriate tone and language in interactions.
- Demonstrate warmth and acceptance that encourages both staff and residents to be relaxed and have confidence to communicate with others.
- Take people's fears seriously and demonstrate sensitivity to validate resident's distress.
- Help people with dementia to be active in their own care and activity and recognise the individual's feelings.

DEVELOPING ENABLING ENVIRONMENTS FOR PEOPLE WITH DEMENTIA

Quality dementia care in a facility will follow the principles of person-centred care. This approach aims to see the person with dementia as an individual, rather than focusing on their illness or on abilities they may have lost. Instead of treating the person as a collection of symptoms and behaviours to be controlled, person-centred care considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs.

Person-centred care means treating residents with dementia and staff with dignity and respect. Supporting residents in preserving their personal routines, making decisions about how their day unfolds and maintaining control and autonomy in their lives is fundamental to a less institutional experience across the long-term care continuum.

- Routines once scheduled around institutional routines are re-visited to first and foremost accommodate the patterns of a resident.
- Rigid, staffing patterns become more flexible and fluid to maximise opportunities for teamwork, productivity and, ultimately, the ability to serve the resident.
- Expectations around the primary responsibilities of staff are re-aligned to prioritise relationship-building over a task list.

A shift of this magnitude necessitates more than a philosophical commitment and good intentions. It requires a system and team process for evaluating and identifying what is important and meaningful to each resident in their living environment and daily activities. One of the main barriers to implementing and sustaining person-centred dementia care in practice is the tendency for organisations to be risk-averse.

WORKING WITH RISK

Life is a risky business. We face risks almost every day. Risk is central to professional practice, assessment and decision-making and this is reflected in a growing emphasis on risk in Government regulations. As a result, as practitioners, we are often reluctant to engage in risk in daily practices, which prevents positive risk taking.

The risk management standard AS/NZS 4360:1995 defines risk management as:

A logical and systematic method of identifying, analysing, evaluating, treating, monitoring and communicating risk associated with any activity, function or process in a way that will enable organisations to minimise losses and maximise opportunities.
*Risk management is as much about **identifying opportunities** as avoiding or mitigating losses.*

Core principles which foster person-centred, positive risk taking while maintaining safety are:

- Working from a strengths-based approach to the person and looks at creative ways for people to be able to do things rather than ruling them out.
- The time and effort spent on managing a risk should match the severity of that risk. The approach should also explore the consequence of not taking the risk in question, such as loss of autonomy or restriction of choice.
- Knowing about the person's history and social environment, their previous experience of risk, what has and has not worked in previous situations will enable you to contextualise the risk.
- Record a clear rationale for all the decisions made and the discussions that led to the decisions, including reference to relevant legislation to ensure that decision-making is defensible.
- The development of a learning culture in which the use of reflective practice for people working at the frontline is an essential component.
- Negotiating and balancing issues of risk and safety to identify what is acceptable for everyone concerned (the person with dementia, other residents, family and staff) on a case by case basis.

It is important to:

- Make explicit encouragement of staff to explore what's important to the people they are paid to support, and to take managed risks to make progress;
- Make it clear in risk management policies that staff engaged in reasonable risk taking are acting under their employer's instructions;
- Provide sincere, swift and whole-hearted support for staff when positive risk taking results in injury or harm.

Finally, any positive approach to risk must include the basic principles of person-centred approaches:

- keeping the person as the focus,
- treating the family and friends as partners,
- focusing on what is important to the person,
- an intent to build connections with the community,
- being prepared to go beyond conventional service options,
- continuing to listen and learn with the person.

Risk enablement is based on the idea that the process of measuring risk involves balancing the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Staff should identify less restrictive alternatives – that cause less disruption and which maximise a resident's independence and freedom, with due attention to the safety of others.

A more person-centred approach to risk and dementia concentrates upon identifying risky situations for individuals with dementia rather than viewing every person with dementia as being at equal risk. One of the keys to appropriate risk management is clear communication and the development of better connections between staff across the facility.

FOSTERING BETTER TEAMWORK AND COMMUNICATION

Champions at all levels should consider a range of strategies and encourage a range of actions that will form stronger connections across the diverse range of people working in an aged care facility so that information about residents can be more readily shared and used more effectively. Colón-Emeric and colleagues (2014) have consolidated many of the ideas presented throughout this manual and have identified strategies in three categories, as set out in Box 5 that may be useful.

BOX 5: STRATEGIES TO ENCOURAGE RESPECT AND BETTER COMMUNICATION

CONNECTION STRATEGIES	INFORMATION EXCHANGE STRATEGIES	“SEEING” STRATEGIES
<p>Be approachable Be open, listen, and respond to what people say</p> <p>Pitch In Go beyond regular duties and help others</p> <p>Seek Assistance Request help</p> <p>Reciprocate Give and take with others in a way that generates goodwill</p> <p>Show Appreciation Express a positive opinion of other people's opinions</p> <p>Give Respect Let others know you value them and their opinions</p> <p>Say Thank You Express gratitude, pleasures and satisfaction</p> <p>Give Praise Let others know when you admire the work they do</p> <p>Coach/mentor Guide, instruct, train and share information with others; form trusting relationships</p>	<p>Listen Hear with thoughtful attention</p> <p>Give Information Share information, give a report (informal or formal)</p> <p>Receive Information Graciously accept information from others</p> <p>Explain Give more details to clarify what you mean</p> <p>Verify Meaning Make sure you understand information shared by others. Say back to the person, “Did I understand you to say....” Or “This is what I heard you say, am I right?”</p>	<p>Pay Attention Make a conscious effort to stop, watch, and act</p> <p>Ask Questions Ask for explanation when you feel uneasy about something and when you feel you're not heard</p> <p>Give Feedback Provide others with useful opinions or reactions to their work</p> <p>Receive Feedback Graciously accept others' opinions or reactions to your work</p> <p>Suggest Alternatives Give different options for others to consider before taking action</p>
Adapted from Colón-Emeric et al (2014, p 449)		

Considerable emphasis has been placed on communication in this manual.

- At the very beginning in Section One, the significance of language was highlighted and how it not only reflects our attitudes and beliefs, but can impact on the actions and practices of those around us;
- The micro-training in the Personalising Our Practice DVD identified in Section Two as an important part of the Dementia Dynamics™ Toolkit is a practical tool to encourage communication between staff relevant to person-centred practice principles.
- Section Three emphasized the importance of communication to reflective practice and mentoring and supporting other staff in their efforts to be person-centred. The way in which we communicate with those we work with is important in fostering a learning culture.
- The importance of communication is not overlooked in Section Four with the Individualised Care Inventory offering two sub-scales to assess and monitor communication between staff and residents and, communication between staff.
- Section Five revisits the use of language and in particular, how influential it can be in guiding everyday practice. In viewing care plans as communication it is easy to see how inappropriate language can undermine person-centred practice.

In each case, it is quite clear that good communication is not going to happen by itself – it will require leadership.

To advance personhood-focused policies, leaders must advocate for change within and across the organisation in which you work, gaining knowledge and the requisite skills and abilities needed to enact change. But it is not your challenge alone – it requires a strong team – one in which staff and management respect each other, ensure open communication and support each other to use the best available evidence to provide quality person-centred dementia care.

The nature of dementia is such that traditional hierarchies of management structure are mismatched with current best practice in dementia. Leadership conducive to person-centred dementia care is not top down management but rather multilevel leadership which results in empowerment across levels of staff and confidence to implement new strategies, adapt communication methods and determine the reasons for changes in behaviour.

There are clear benefits to teamwork, in that a team can:

- Achieve goals more quickly and effectively than individuals working alone
- Support each other to improve skills
- Become more confident and develop interpersonal skills
- Be more creative
- Take more risks
- Be more flexible
- Show commitment to the task and each other
- Share information, knowledge and feelings
- Be self-motivated
- Enjoy their work by being with other people
- Be easier to lead

Reflecting on how teams work, and in particular the teams in your workplace, will assist in being able to support the team and the members and build team cohesion. You also need to be aware of roles which may negatively impact on the team dynamics. Box 6 may help you reflect on how your team functions.

BOX 6: TEAM ROLES AND MEMBER TYPES

TEAM BUILDER/SUPPORTIVE ROLE	TEAM MEMBERS SERVING THEIR OWN NEEDS
Encourager: accepts and praises all contributions with warmth and understanding	Aggressor: expresses disapproval of others values or feelings through verbal attacks
Harmoniser: resolves any conflict	Blocker: persists in expressing negative points of view and keeps resurrecting old issues
Compromiser: gives up his/her position in order to resolve conflict	Recognition Seeker: works hard to be the centre of attention
Gatekeeper: facilitates participation by all members of the team	Self Confessor: uses the team for personal expression
Standard Setter: evaluates team process to ensure maintenance of standards	Playboy: seems to be uninvolved, disinterested, full of cynicism, and nonchalant. Tends to use horse play unnecessarily
Team Commentator: records team achievements and provides feedback to the team	Dominator: attempts to control and manipulate the team, 'control freak'.
Follower: listens to and accepts team decisions	Help Seeker: attempts to manipulate team in order to receive sympathy from the members.
	Special Interest Pleader: continually speaks for others while hiding personal prejudices and biases.

Adapted from Marquis B, Huston C. 2009. Leadership roles and management functions in nursing: Theory and application. Lippincott Williams & Wilkins.

THE IMPORTANCE OF FAMILY FOR AN ENABLING ENVIRONMENT

Family members are those who know of the past person who happens to have dementia and interprets their future in relation to that knowledge, seeking to value the individual and minimise the intrusiveness of the dementia. A move into a residential setting should not mean that their life together should be relinquished.

Organisational systems and management practices can either inhibit or cultivate productive staff-family relationships (Bauer, 2006). Cooperative staff-family activities that facilitate learning and understanding are beneficial to the development of positive relationships that can only enhance the quality of life for the resident.

To encourage family involvement it is appropriate to target activities in relation to the maintenance of family stability (family structure and behaviour patterns) and connectedness (family system attuned to its environment) (Haesler, Bauer and Nay, 2006).

- Staff need to ensure that family members are invited, encouraged and supported in being involved and engaged in the life of the person with dementia.
- Staff in a person-centred care home value and include family and friends, involving them actively in the support network and seeking them out, including them as valued members of the care team.

- Family and friends play an integral role in helping the person with dementia to have a “good day” by maintaining normalcy and a sense of continuity for the person with dementia and familiarising staff with the person’s likes and dislikes and prior ways of being.
- It is critical for staff to receive training around working collaboratively with families and recognising what a move to a long term care home represents for families.
- When sharing information with family members and friends about a resident, staff have an opportunity to engage in a collaborative process of positive problem solving in an effort to understand the meaning of responsive behaviour.
- By inviting family and friends to share their experience of the person’s life long values, wishes and personality, creative approaches to improving the person’s day to day life are more likely to happen.
- Staff need to be trained to work with families in various stages of grief.
- Family members should have access to training and education which will help them understand dementia, assist them in their role and better understand the care provided to them in the facility.

As identified in Section Four of this manual, a tool is provided that will enable you to explore the importance and levels of involvement of family in your aged care facility.

WHAT DOES PERSON-CENTRED DEMENTIA CARE IN AGED CARE LOOK LIKE?

The Alzheimer’s Society of Canada presents a set of characteristics that reflect a person-centred organisation which you may find useful in exploring the extent to which person-centred care is embedded in your facility and which generates an enabling environment for people with dementia and the people who care for them.

- Upholds the value of the person regardless of the level of functioning.
- Works with staff to help them connect emotionally with people with dementia.
- Places a high value on continuing staff education by providing staff with regular training opportunities.
- Ensures adequate staffing levels necessary for person-centred care and organises shifts to best respond to resident needs.
- Recognises that dementia does not diminish a person, but changes a person’s capacity to interact with his/her physical and social environment.
- Places importance on the individual’s life history and uses it to plan their care and support, at the same time respecting that the person’s preferences may have changed.
- Supports the person throughout the continuum of the disease including through end of life where a palliative approach is adopted.
- Focuses efforts and resources to optimise the person’s self worth and personal strengths.
- Provides services and support in such a way as to maintain or enhance autonomy.
- Recognises and respects the right to privacy, dignity and confidentiality.
- Values and fosters individual interests, customs, beliefs, as well as cultural, spiritual and ethnic backgrounds.

- Focuses on an individual's holistic well-being.
- Provides meaningful occupation and opportunities to help people with dementia remain engaged and active.
- Provides comfort, a sense of belonging and a feeling of safety and emotional security.
- Promotes the need for people to feel free and not controlled.
- Values people who are living with dementia and is inclusive of the family and friends who care and support them.
- Ensures that staff understand the hazards of using physical and chemical restraints and has in place a process for individualized assessment and care planning to meet each resident's needs.
- Promotes and supports the appropriate expression of sexuality of persons living with dementia.
- Has a physical environment that is adapted to make sense to the person.
- Values, supports, integrates, includes and informs family members.
- Provides a safe and comfortable environment consistent with the resident's care needs.
- Reflects diversity at all organizational levels, considers cultural appropriateness and endeavours to provide accessible materials and resources.
- Ensures staff and contractors (maintenance services, domestic, drivers, etc.) understand their role in delivering good care and increasing the quality of life of residents. Ideally, contractors should receive a basic training on person-centred dementia care.

To help you ascertain whether an understanding of the principles of person-centred dementia care is permeating practice, 'on the job' behaviours that highlight a person-centred approach to care can include:

- **Nonverbal initiation of person-centred interactions:**
Using nonverbal behaviours when initiating an interaction with a resident that demonstrates respect for the resident's individuality.
- **Assistance with independence-oriented tasks:**
Using both verbal and nonverbal behaviours that are designed to initiate residents' performance of tasks that may be completed independently once begun.
- **Conversation:**
Using verbal statement designed to enhance residents' feelings of belonging and self-worth and avoiding statements that dehumanise, disrespect or threaten.
- **Interacting with residents using unique details of their lives:**
Using residents' preferred name and refers to unique details of their lives when referring to them.
- **Initiating lifestyle activities:**
Organising lifestyle activities that meet resident's individual needs.
- **Meeting unmet needs as expressed in responsive behaviour:**
Using strategies such as making reassuring statements to meet residents' immediate needs.
- **Person-centred interaction with family:**
Requesting family member's input about resident's care, restates their feelings to convey understanding, and communicates with them as individuals.

WHAT NEXT?

This is the end of the Dementia Dynamics™ manual but only the beginning of a new stage in your ongoing journey into the dynamics of caring for people with dementia. So here is a quick checklist to start you on your way:

- Talk to executive management about selecting champions and implementing the Dementia Dynamics™ eLearning and POP DVDs as part of the education program in the RAC home;
- Think about starting an 'advertising campaign' in the facility to let staff know about the education (use posters, existing structures like shift change handovers, leaflet with payslips etc);
- Put up a poster telling everyone in your facility about the Dementia Dynamics™ support website (see appendix) and encourage them to register.
- Make a big deal out of identifying champions selected – let everyone know that they will be the people who will support them in putting new ideas and useful information from the education into everyday work routines and practices.
- Have selected champions complete the eLearning DVD and do a complete run of the POP messages during that time before starting other staff.
- When starting to educate the critical mass of staff, begin with those who are most interested first – they will be more enthusiastic and are more likely to complete. Have a special morning tea or short presentation ceremony that includes residents and staff for those first completers to recognise their accomplishment. This also provides encouragement for others to participate.
- Once the first group has completed, start tapping people on the shoulder to be next to complete. Make sure you have copied DVDs and instructions ready for individual learners.
- Talk to staff about your ideas for commencing the microtraining using the POP DVD. What is the best time? How often? Who will facilitate initial sessions? How can this be a shared responsibility? How will you monitor who is participating? They will be more accepting of it if they have had a say.
- Check out the Dementia Dynamics™ website regularly – there will be a dedicated 'champions' section. Don't forget you too have support and can "Ask the Experts" anytime.

These are just some ideas to get your education program started. Check back to the relevant sections of the manual for more ideas and information and don't forget to check the website as well.

Remember – many aged care staff participated in the development of this toolkit. In using the toolkit, you too may have ideas and tips you want to share that could help others. Please do share those ideas with others in aged care across the country through the Dementia Dynamics™ website.

We look forward to meeting many of you in the workshops and, we hope that you find the Dementia Dynamics™ Toolkit of value to you in caring for people with dementia.

KEY MESSAGES

- ★ A person-centred philosophy considers the whole person, rather than just a series of tasks to be completed.
- ★ It is important that staff have an opportunity to discuss their experiences and share their feelings with their leadership.
- ★ Effective leadership in a person-centred care organisation will reduce resistance, produce opportunities for staff to obtain and use new skills and knowledge, and provide clarity of the concepts and values underpinning the organisation's model of dementia care.
- ★ A more person-centred approach to risk and dementia concentrates upon identifying risky situations for individuals with dementia rather than viewing every person with dementia as being at equal risk.
- ★ Shared agreement about risk will not always be possible but it is important that everyone involved in reaching decisions about risk reaches a shared understanding of the viewpoints of all those who are affected by decisions involving risk.
- ★ What happens next is up to you – you have education and resource tools and support to tap into –the Dementia Dynamics team look forward to hearing from you.

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