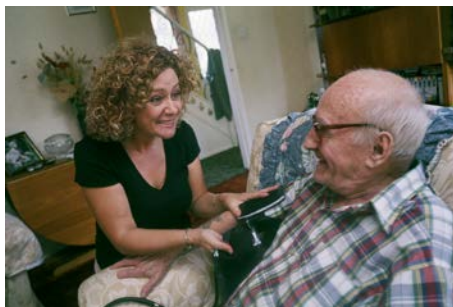


# Dementia Academic Action Group Dementia Awareness Training Executive Summary



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## Executive Summary

The following summarises the development, implementation, and evaluation of a multi-phase, two-year project undertaken by the Dementia Academic Action Group (DAAG). Initially the project scoped what dementia training was currently being delivered within the Thames Valley region at Tier 1, with a view to informing the development of a coordinated approach to on-going and future dementia training in this region. This report briefly presents the aims and objectives, the methods, key findings and outcomes of the three phases of the project.

### Background

The increase in the incidence and prevalence of dementia has resulted in the need for major improvements in dementia care, training and health and social care policy and practice in the United Kingdom (WHO, 2012, NICE, 2006, Department of Health [DH], 2009; DH, 2015).

Recent government reports such as the National Dementia Strategy (2009), the National Audit of Dementia (2010), the Prime Minister, David Cameron's, Dementia Challenge (2012) and the G8 Dementia Summit Declaration (2013) have all highlighted the need to improve the quality of dementia care provision in a manner which is cost effective yet easily accessible to all who may need it.

Developments in health and social care policy mean there is a raised expectation that the health and social care workforce will be able to rise to the challenge of providing high quality dementia care. Whilst it is appropriate and indeed necessary for the improvement of dementia care delivery, it is essential for the health and social care workforce to be educated, informed and equipped to provide high quality care at whatever stage of the disease process.

It is against this background that the Department of Health issued the Delivering High Quality, Effective, Compassionate Care Mandate to Health Education England (DH, 2014) stipulating that the NHS is

**Figure 1: Thames Valley Region – Local Authority Boundaries**



Source: Adapted from [www.bma.co.uk](http://www.bma.co.uk)

responsible for ensuring that 85% of staff undertake dementia awareness training at Tier 1 Level and more recently the Prime Minister, David Cameron's, Challenge 2020 aims to ensure that all NHS staff are trained 'on dementia appropriate to their role' (DH, p.37, 2015).

As part of Health Education England's response to the 2014 Mandate, Health Education England Thames Valley commissioned a collaboration of four Higher Education Institutions to undertake this multi-phase project. University of West London, Oxford Brookes University, University of Bedfordshire and University of

Northampton hence became partners in the Dementia Academic Action Group (DAAG).

### Methods

#### Phase 1: The Scoping Review

Phase 1 of the project, which was launched in April 2014, had five objectives, which were to:

1. Review current dementia training at Tier 1 within the Thames Valley region;
2. Identify gaps within the current training provision;
3. Identify the needs of the health sector to inform future dementia training provision;
4. Identify examples of best practice within the current training provision to inform future dementia training provision;
5. Analyse national and local policy concerning dementia awareness in order to inform training provision.

A multi-method qualitative approach was employed in order to achieve a comprehensive understanding of the range of dementia training currently being accessed in the Thames Valley region and to understand what issues healthcare organisations were facing in accessing this training. The chosen methods were:

- a literature review
- a review of Tier 1 educational resources (59 documents at Tier 1)
- individual interviews with stakeholders (n=32)
- focus groups with carers (n=2)
- an online survey with staff (n=74)
- a critical discourse analysis of policy

Each Higher Education Institution (HEI) undertook a scoping review, stakeholder interviews and policy review for an identified geographical area in order to ensure both comprehensive coverage and to minimise any risk of duplication in contacting organisations. The literature review and focus group interviews were completed by the University of Northampton. The project

team focused primarily on the health organisations, but the final data does include some input from wider social care and community-based organisations such as local authorities, police, fire brigade, and businesses. A total of 367 individual contacts were made during the course of this phase, with 353 different organisations contacted across the Region.

For the desk based scoping review, the focus was awareness training and training delivered at Tier 1, although more advanced or specialist training was also identified. A website search and requests for documentation and curriculum data was made for review by the research team from a range of different sectors and providers. The types of organisations were:

- NHS Trusts;
- Local authorities;
- Dementia charities;
- Higher/further education;
- Private training providers.

In addition, government websites and other relevant online sources were reviewed to identify training provision delivered locally and nationally. A total of 97 training resources were identified, of which 59 were identified to be at Tier 1. A matrix of training programmes against key training deliverables was mapped by each University and was input into a master matrix by the University of Northampton.

A bibliography of documentation and resources identified during this stage has been created, listing the source of the training and title (see full report).

Thirty-two stakeholder interviews (n=8 by each HEI partner) were undertaken. All were completed with Local Authorities, Community Health Care Services, Acute Hospital Trusts, GP practices, Care Homes and Domiciliary services and representations from dental practice, pharmacy and ambulance services. The interviews explored issues around types and range of dementia training, gaps in the

current provision, subject areas which should be covered by future training, personnel (type and level of role), access to training, knowledge of dementia awareness policy and areas of best practice.

An online questionnaire was developed to explore the views and experiences of staff, across a range of organisations, about their awareness of dementia issues, how their organisation may promote awareness of dementia, the dementia training they have may have accessed and what, if any, training they would like to access. Organisations (n=261) were asked to distribute the survey, and 74 respondents returned completed questionnaires. A separate online survey was developed to recruit general practice (GP) doctor participants into this phase of the project. A total of nine participants were recruited via an ex-carer group called Qualified by Experience (QBE) and the Alzheimer's Society UK Research Network who took part in focus groups, in which their lived experiences of caring for a person living with dementia, the extent of their knowledge acquisition relating to dementia care; and their perceptions of the level of knowledge and skills demonstrated by the formal carers of their loved ones was discussed.

A desk based literature search of academic and grey literature was conducted to identify current best practice in this area, obvious gaps in the provision of training, and preferred delivery methods and styles. Further to this, the literature review provided the context for training in dementia and identified future considerations for the development and delivery of Tier 1 training packages. To ensure the outputs of the search were manageable within the scope of the project searches were targeted to publications completed between 2004 and 2014 (one decade), with a focus on those published from 2009 onwards, in alignment with the National Dementia Strategy.

Finally, a critical discourse analysis of national and local dementia policy was completed to understand the implications of

dominant discourses underpinning dementia policy for dementia training. Each partner identified the local policies relevant to their region of Thames Valley. Aspects of the policy specifically related to dementia were charted and a comparative analysis was completed.

Data obtained via individual stakeholder and focus group audio-recorded interviews were transcribed verbatim and analysed thematically. A data analysis matrix was developed for the interview analysis, this was developed to identify key themes in the data and ensure the analysis process was reliable and robust. Data from the focus groups was thematically analysed using the software package NVivo and key themes identified. Data from the online questionnaire was transferred into the Statistical Package for the Social Sciences (SPSS) for analysis. Descriptive statistical analysis was conducted to identify key trends in the data and open-ended questions were analysed thematically. Data from the scoping review was entered into a matrix, to identify the key learning outcomes of the training which were then mapped against the Dementia Competency Framework as developed by South West Dementia Partnership and the Tier 1 Dementia Awareness Competencies as created by London Dementia Strategic Clinical Network. The data was entered into SPSS for descriptive analysis of the emergent themes.

The project was approved by the University of Northampton's Research Ethics Committee and this approval recorded by each HEI's Research Ethics Committee to ensure best practice ethical guidelines were adhered to. Governance approval was also sought from participating NHS Trusts, through the Research and Development teams.

This first phase of the project concluded in November 2014 with the publication of the Dementia Academic Action Group Dementia Awareness Training Report (2014) which was disseminated to key stakeholders within

the Thames Valley Region by means of a Stakeholder Event that was hosted by Health Education England Thames Valley in December 2014.

### **Phase 2: Developing and delivering the Tier 1 Training Packages**

Phase 2 of the project, the development and delivery of the training packages, began in January 2015. The objectives for this phase of the project were to:

1. Use the findings from Phase 1 to inform the planning and delivery of Tier 1 training;
2. Identify areas where there are gaps and variation in training delivery and develop a strategy in order to address these to improve quality;
3. Develop free to use Tier 1 dementia awareness training packages aligned with Skills for Health dementia curricula, providing a sustainable resource for HEE TV.

The training packages were developed and piloted prior to full scale delivery which commenced on the 11th May 2015 and was completed by the 11th December 2015. The packages were in two formats 'standard' (2 hours) and 'enhanced' (this was an additional hour, on top of the two hour standard package). The intent of the designers was to learn from the scoping undertaken in Phase 1 and from the existing training materials and packages by replicating those elements that clearly worked, whilst supplementing these with identified gaps to create a new product that was based on the current available evidence. The scoping review had suggested that despite the range of training being delivered for health and social care staff, there remained some areas where training was not focused or having an impact into practice. It identified gaps and barriers that needed to be considered in the design of the training materials, which included:

- Early diagnosis and recognition of symptoms;

- Understanding of the different types of dementia;
- Pharmacological treatments;
- Application and principles of person-centred care;
- Communication;
- Understanding ethical issues and principles;
- Young people with dementia;
- Cultural issues;
- Time to be made available for training
- All staff should receive training.

The scoping review also highlighted a wide range of existing packages already in use in the UK using many different delivery mechanisms, from formal classroom settings to complete online delivery. The main recommendation for delivery style was:

- A flexible and blended learning approach to the delivery of training would be most suitable for the health care services;
- An approach which offers short sessions, to accommodate staff availability, uses a mixture of face-to-face, eLearning, video, exercise etc. and one which can be tailored to the staff attending was identified as being suitable.

The designers therefore opted for a blended package design that included didactic components, discussions, reflection, use of videos and access to online resources. Flexibility could be achieved through the insertion of different videos to suit particular audiences. However, a SCIE video, in which people with dementia describe their experience of dementia, was chosen as a core component to represent the voice of people living with dementia, and their carers. Flexibility could be achieved through the insertion of different videos to suit particular audiences. However, in the first instance the aim was to create a generic package that would deliver Tier 1 learning outcomes, regardless of the nature of the audience: in other words, it should not appeal to a particular professional group,



but appeal to all. It was also not designed to go beyond the Tier 1 learning outcome and should be seen to be a starting point for most of the audience, whilst still functioning as a refresher and/or update for those who already had significant experience and knowledge of dementia.

A stakeholder event in January 2016 provided feedback about the delivery of the training and how to develop the current training model into a sustainable training package, accessible to health and social care organisations across Thames Valley. The final stage of the project was to then revise the training materials into this sustainable package.

The DAAG has developed evidence based and quality assured training based on recognised national standards such as Skills for Health Dementia Training Standards (2015). The content training packages which have been developed have built on the key findings from Phase 1 of the project, together with being mapped against the core skills and has been delivered face-to-face to an inter-professional audience, which included clinical and non-clinical staff. Over 1,400 health and social care staff were trained by a total of four facilitators. Challenges that were faced, including the cost of releasing staff and also meeting organisational needs have been highlighted and suggestions for the future sustainability of this training have also been identified, which together with the findings from Phase 3 of the project, will form the conclusions and recommendations at the end of this summary.

### **Phase 3: Evaluation of Tier 1 dementia awareness training packages**

Phase 3 was launched at the same time as Phase 2, in January 2015 and was completed by April 2016. The objectives of this phase were to:

1. Evaluate the pre and post knowledge of training attendees;
2. Evaluate the use of the training in practice;

3. Use the evaluation of Phase 2 of Tier 1 dementia awareness training to inform future dementia training provision.

The evaluation aimed to provide participants' feedback on the feasibility, applicability and usefulness of the programme from the perspective of participants immediately following the training activity, and again at six weeks.

Data was collected for the time period of active training delivery (May 2015- Jan 2016) to facilitate the following metrics:

1. The numbers of training sessions offered;
2. The number of training sessions delivered;
3. The numbers of staff attending sessions;
4. Participant's self-reported measures of their knowledge, attitude and confidence in caring for people living with dementia and their carers;
5. Participants' self-reported changes to practice as a result of attending training.

Evaluation data were collected via the application of a pre and post training validated questionnaire using a Likert-type scale which analysed of participants' self-reported changes in knowledge, attitude and confidence in working with people with dementia (see full report). A further post-training questionnaire was sent six weeks following the initial training to evaluate participants' application of learning in the workplace (see full report). This included the identification of participants' perceptions of organisational barriers and facilitators. The Likert scale is an ordinal psychometric measurement of attitudes, beliefs and opinions (Likert, 1932), which is commonly used in educational evaluation.

In addition, telephone interviews were conducted with participants who expressed a willingness to participate further in the evaluation to examine if there was anything that should have added or omitted from the

training content (see full report). The telephone interviews explored individual and organisational barriers and facilitators in transferring training to practice. Each participating university was scheduled to undertake up to 16 telephone interviews to include eight clinical and eight non-clinical participants. Each interview was scheduled to last approximately 15 minutes on advice from colleagues within NHS Trusts. Interviews were digitally recorded to enable reporting of verbatim comments from participants. In order to limit bias, the interviews were not conducted by the person who had delivered the training event.

Quantitative data from the questionnaires were cleaned and double entered into SPSS (version 23) for analysis. Two key outcome measures were defined as participants' knowledge about dementia before and after the training and participants' changes in attitude, skills and confidence in working with people with dementia as a result of the training. Frequencies were calculated for all measures; clinical/ non-clinical staff who did or did not have contact with people with dementia and employing organisations were cross-tabulated with knowledge, skills and attitude items. Parametric tests were used to perform analyses on responses measured by a Likert scale (Sullivan & Artino, 2013); independent t-test, chi-square test for independence and one-way ANOVA were used to assess statistical significance among variables. Qualitative data obtained via the evaluation questionnaire and semi-structured telephone interviews was analysed using predetermined thematic analysis.

The University of West London, College of Nursing Midwifery and Healthcare Research Ethics Committee approved the evaluation phase of the DAAG project. In addition, each partner university submitted the UWL documentation internally for governance purposes.

Overall participants evaluated the standard training package positively. Quantitative data provided information on who had

received the dementia training and the impact of the training on the participants; qualitative data provided further insight of participants' experiences of the training and how they had transferred knowledge into practice. Training was delivered across all staff groups and included clinical and non-clinical staff from the organisations that engaged with the DAAG project. More than 50% of participants had not received any previous dementia training and therefore the programme facilitated the achievement of nationally set targets for Tier 1 dementia training.

The quality of the training and the use of a multidisciplinary and blended learning approach were perceived positively by participants. The training materials were considered to be highly relevant, with the use of video material having a significant emotional impact on participants' insight into the impact of dementia on the lives of individuals and their carers.

The immediate impact of the training on the knowledge and skills of participants indicated that there was a self-reported increase in the level of knowledge participants gained from the programme. Our analysis identified no significant differences between clinical/ non clinical staff or professional categories or employing organisations. Over 85% of respondents reported improved skills, attitudes and confidence in working with people with dementia following the training. Of note is that healthcare assistants and participants working in care homes reported higher levels of knowledge on several aspects of dementia compared to participants with other job roles and working in other settings.

The response to the six-week follow-up questionnaire provided some insight into the intermediate impact of training. While the number of respondents returning the questionnaire was somewhat low (131 [12.4%]) of those who did respond 70.2% indicated that they had been able to transfer some of what they had learned in the training to practice. Those participants who

indicated that they were not able to apply knowledge in their job roles identified that this was because they had not had any contact with people with dementia or their carers since the training event and hence, had not had any opportunities to apply their knowledge in their job duties. This is an important issue for employers as training is known to decay over time and has greater impact when participants are able to practice what they have learned in order to embed new behaviours.

Telephone interview respondents provided examples of how and when they would use what had been learnt; in addition they were aware of the impact of the training on their job roles and their personal lives. Most participants highlighted the importance of incorporating dementia training as part of an induction programme and emphasised the need for refresher events to update new information and services available for people with dementia.

### **Conclusions: Future directions**

The central aim of this DAAG awareness (Tier 1) training project was to review what was currently being delivered in the HEE TV region with a view to informing the development of a coordinated approach to on-going and future dementia training in this area. To that end, the DAAG project team have reviewed both the availability of training resources in the region and local and national policy implications for the delivery of dementia awareness training; and based on those findings, they have developed training packages which have been evaluated as 'fit-for-purpose'.

The final phase of the project was to finalise the sustainable model for the delivery of Tier 1 dementia awareness training across the HEE TV region. Following the feedback from the stakeholder events, trainees during training sessions, the evaluation and the

Phase 1 review, the DAAG have developed the existing training into eight bite size units which could be delivered as a whole package (Units 1-6) or could be delivered individually. Each unit is approximately 30 minutes in duration and encompasses a variety of learning styles and formats, including: videos, discussion points and interactive learning. The units cover the following topics:

- Unit 1: What do you know about dementia?
- Unit 2: What dementia means?
- Unit 3: Understanding the person with dementia
- Unit 4: How does dementia affect the person and those around them?
- Unit 5: Talking and listening to the person with dementia
- Unit 6: Supporting people to stay well
- Unit 7: Living well in society
- Unit 8: How to respond to behaviours that challenge

A train the trainer programme with teaching manual and resources has been produced to enable organisations to deliver the training through peer to peer training. Units 1 and 8 have been designed to be delivered face-to-face as these units are the most interactive and learning from these units is better suited to being supported by a trainer. This also builds on the findings of the project that face-to-face learning is the preferred style and also is thought to provide opportunities for inter-disciplinary engagement across staff roles and responsibilities, enhancing learning opportunities further. However, an online version of the training has also been made available for those staff who are not able to attend a face-to-face training session but are still required to undertake Tier 1 dementia awareness training.

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