# **Dementia care and support learning and development implementation toolkit: self-evaluation questions**

# **1. Values and principles**

NS – not started

1 – getting started

2 – nearly there

3 – fully in place and continuously improving

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| **Questions**  | **Evidence and score**  | **Next steps** |
| Dementia learning and development is based on locally co-produced values and principles for person-centred care. **Evidence**The local values and principles are:* in place and areco-produced with people with dementia and their families.
* in line with person-centred support as defined by Kitwood (1997) and Brooker (2006)
* published and all dementia learning and development decisions take them into account.
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| Dementia learning and development activities are based on local person-centred values and principles. **Evidence*** Local values and principles are embedded in local communities and across all care and support activities.
* Feedback from staff, supervisors and customers describe the values and principles used in day to day working.
* Examples of learning and development resources.
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| All staff and managers use person-centred principles as the basis for all dementia related work and activities.**Evidence*** Plans, policies, standards, service reviews and outcomes relevant to dementia care and support are based on person-centred principles.
* Stories from people with dementia, their families and staff show the culture is based on the principles of person-centred care.
* Minutes of senior team meetings show decisions are based on person-centred principles.
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| **Overall and average score** |  |  |

# **2. Leadership and governance**

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| **Questions** | **Evidence and score** | **Next steps** |
| **Regional workforce leads work together** across health and social care in the region and are part of a nationwide network of workforce leads. **Evidence*** The region has identified at least one workforce lead officer to take part in national networks for dementia learning and development.
* The workforce lead has support from all partners and clearly defined responsibility and authority to act for the region.
* The region has a strategic group to listen to and act on feedback from the national network. It makes sure links are made to other regional dementia standards workstreams.
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| **There is a regional shared purpose, vision and beliefs statement for dementia care learning and development**. It was co-produced with people with dementia their families and staff.**Evidence*** The statement:
	+ refers to learning and development for all staff who have contact with people with dementia and their families
	+ commits to a foundation level of learning and development in core values-based dementia care for all staff who have contact with people with dementia and their families
	+ is consistent with your local values and principles.
* Joint governance arrangements are in place (such as a regional workforce leaders’ group) with a pooled budget and power to develop plans to realise the local vision.
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| Regional communication and engagement plans are co-produced with people with dementia, their families and staff. These share information about and involve staff in developing learning and development plans. This will link to Workstream 1 of the Dementia Standards for community engagement.**Evidence*** The plans exist and are co-produced.
* You know from random sampling exercises that staff from across partners can describe:
	+ the principles and vision for dementia learning and development
	+ how they and their organisation engage in the learning and development programme.
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| The organisation values and can show its commitment to equality and diversity in dementia care.**Evidence*** You use the cultural competency toolkit when planning learning and development.
* There are links to the organisation’s *Race Equality Action Plan*, if it’s in place.
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| Local care and support contracts are flexible enough to allow person-centred care. They include learning and development requirements. Commissioners and providers agree contracts are achievable. **Evidence*** You provide evidence in meetings of commissioning that’s focused on relationships and the collective ownership of commissioners and providers.
* You build flexibility into contracts to provide person-centred care (for example, block or outcomes based, **not** task and time).
* You build resource to fund learning and development into contracts.
* You use person-centred performance measures to monitor the impact of learning and development, as part of your annual commissioning cycle.
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| Measures for how well services are performing and outcomes for person-centred dementia care are co-produced with people with dementia and families (see Evaluation of impact).**Evidence*** Partners in the region use agreed measures and outcomes to report how well services are doing.
* You use outcomes for person-centred care to develop regional workforce strategies.
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| You’ve identified which staff in your organisation and in partner organisations can best influence change. The ability to influence is affected by role, position, knowledge, experience, motivation and charisma. **Evidence*** The region has identified potential influencers at a strategic level.
* Influencers come together in a forum to discuss current issues and peer support is available.
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| **Overall and average score** |  |  |

# **3. Structure and planning**

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| **Questions** | **Evidence and score** | **Next steps** |
| A workforce group leads the planning of learning and development for dementia care and support.**Evidence** * Health and social care leaders have given the group permission to plan and put learning and development on behalf of partner organisations in place.
* Health and social care leaders have given the group staff, funding or other resources
 |  |  |
| A learning and development plan based on the region’s values, principles and vision sets out **what’s needed** to meet the learning and development needs of staff.**Evidence** Your plan:* is based on an assessment of the learning and development needs of the population of people living with dementia. This includes the population’s diversity and the *Good Work framework* learning topics
* separately sets out the learning and development needs of informed, skilled and influencer staff groups
* is strengths based, so it understands local strengths, opportunities, abilities, aspirations and results
* aims that all staff who have contact with people with dementia and their families on a day-to-day basis achieves at least a foundation standard in person-centred values-based car
* includes a review process to identify what works well and to continually improve learning and development opportunities.
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| There is a plan (often called a framework) **for how** learning and development in dementia care will be provided.**Evidence**Your plan: * sets out how you will meet the learning and development needs of informed, skilled and influencer people
* is informed by the *Good Work framework’s* learning topics and outcomes
* offers a diverse range of learning and development opportunities and lots of ways to access them.
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| You have identified which staff are well placed due to their role, position, knowledge or experience to be influencers. **Evidence*** You know who the potential influencers are at a strategic and operational level, and among frontline staff and people with dementia.
* You have specific learning and development plans for influencers.
* You’re monitoring the impact of influencer roles.
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| **Overall and average score** |  |  |

# **4. Delivery: providing learning and development in dementia care**

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| **Questions**  | **Evidence and score** | **Next steps** |
| Your organisations delivery of learning and development in dementia care is co-produced and based on the local vision for person-centred care.**Evidence*** People with dementia and their families help to deliver training by running sessions and sharing stories.
* Person-centred care training is based on experiences. It uses real world experience where staff talk and learn together (case studies are helpful).
* Staff feed back that they are confident in:
	+ dealing with complex situations using a person-centred approach
	+ supporting others who are different to them in terms of culture or diversity.
 |  |  |
| Learning and development in dementia care methods are based on listening to staff and offering choice.**Evidence** * Staff feedback, about things such as shift patterns, inform the development of the learning and development options available.
* There are different ways to learn and develop. Examples include videos, bite-size training, online training, face-to-face training, as well as semi-formal approaches to learning and development, such as supervision and coaching, are built into day-to-day work. Staff have time for informal options such as reflection with peers.
 |  |  |
| Influencers from your senior teams, managers and frontline staff help other staff learn and develop.**Evidence*** Influencer training is offered.
* Influencers from all levels take up learning and development opportunities.
* Experienced carers who have regular contact with people living with dementia are recognised as influencers and are used to train other staff.
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| The content for local person-centred dementia care learning and development activities includes: * understanding the early signs of dementia
* providing active listening support in a sensitive and thoughtful manner
* promoting dignity, respect and independence
* asking about and understanding people’s individual experiences, concerns and anxieties
* providing advice and care to access preventative, community and specialist services
* having enough time to listen and care
* having the right attitudes, knowledge and understanding to put in place a person-centred care approach that works across different organisations and sectors.

**Evidence*** A content review should emphasise working in a flexible way to understand the experiences of people living with dementia and their families.
* Feedback from those taking part confirms person-centred training is taking place.
* Feedback from people with dementia and families will show the quality of care and support is improving over time.
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| **Overall and average score** |  |  |

# **5. Evaluating impact**

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| **Questions**  | **Evidence and score**  | **Next steps** |
| The evaluation of the impact of learning and development in dementia care is co-produced with people with dementia and their families and regional partners. **Evidence*** Leaders support and encourage the workforce, volunteers and people with dementia to give feedback about learning and development activities.
* Quality improvement and transformation teams in the region feed the results into evaluation processes.
* The regional outcome statements, methods and templates, as well as the processes to feed back to the regional dementia board, were co-produced.
* You record the learning and development needs that emerge in organisations and across partners in your region.
* Organisations and the regional partnership board can say with confidence that everyone “will experience consistent core value-based care no matter who provides their care” and have evidence to support that statement.
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| The evaluation of the impact of learning and development focuses on the well-being of people with dementia, their families and staff. **Evidence*** The voice of lived experience is central to the evaluation.
* data collected around service performance indicates whether training programmes are having the intended impact on well-being outcomes and on people’s experience of care and support
* You know about any differences in the training’s impact on people with dementia from diverse backgrounds.
* Approaches, such as storytelling, which recognise relationships are central to the evaluation.

You include more than one type of evidence and measure, as well as pre- and post-training performance and impact. |  |  |
| Staff report they have the time and space they need to learn, develop, and grow.**Evidence**You’ve asked staff what’s worked well and what else could help, and have taken account of: * feedback, such as staff stories and staff surveys
* feedback from staff supervision and appraisals
* reviews of incidents and safeguarding reports.
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| **Overall and average score** |  |  |