



1st Steps in Dementia

Continuing Professional Development
for physical activity and exercise
instructors, teachers and leaders working
with people living with dementia

Make Today Count - an impact assessment

March 2019



<http://www.laterlifetraining.co.uk>

Participant statements - headlines

“Think more about how I can build trusting relationships”

“I was looking for help to provide an improved and best possible service”

“I really need to understand what person-centered means in delivering exercise”.

“I have come to understand that getting to know individual clients is much more important than I thought”

“I’m now going to review my screening and assessment tools and take a fresh look at our induction procedures and one to one time with clients”.

“Understanding the facility experience from the understanding of PLWD and better histories of PLWD to improve communication”

“I’m now planning to include either volunteer or caregiver support with all my groups”.

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NB Terminology used.

People Living With Dementia (PLWD) - is the term used within this resource in that it is inclusive of people with dementia, their families or informal caregivers. PLWD can apply to both people living with dementia and a person living with dementia

Planning for I Can © (PFIC) - is a tool designed by Later Life Training to provide the exercise or physical activity instructor with a person-centred approach to assessment of people living with dementia.

Having the Conversation © - (HTC) - refers to a Later Life Training tool designed to assist an exercise or physical activity professional to have conversations with people living with dementia.

Executive summary

This document provides an impact assessment of the Later Life Training 1st Steps in Dementia CPD programme and is a summary of the learning from 160 participants who attended the 1st Steps in Dementia Study Days throughout 2018.

From the participant feedback from Make Today Count, some key themes have emerged that will inform LLT's approach to future activity to support those exercise and other professionals working with PLWD. These highlight the need for exercise and physical activity professionals to:

Reach PLWD - to promote programmes and opportunities.

This can be achieved either through direct marketing and promotion or by working with local dementia and other services and partner agencies and in both cases, providing information about the potential of exercise and physical activity and the benefits for PLWD.

Increase effectiveness – and the quality of the participant experience.

This can be achieved by improving communication and instruction skills and also being clear about the goals and outcomes required to ensure success for both the individual and the programme.

Provide support – to PLWD that will enhance and improve the participant experience.

This can be achieved by either the increased contribution of the caregiver (known to be important motivators and facilitators towards participation) and/or through the support of volunteers who are in a position to offer one to one and social support.

Adopt appropriate principles – moving from Dementia Friendly to being Person Centred.

Much recent work has focused upon the importance of Dementia Friendly environments (Communities, spaces and places), but this is only part of what is required to be successful when working with PLWD. Consistent with other work in exercise programming delivery is the dementia care sector principle of Person Centeredness where adaptation, tailoring and application to the individual's needs are required.

As a result of this activity, further tutor and stakeholder conversations, Later Life Training will look to build upon this learning for these and future participants. **Future activities could include additional** on-line learning modules, briefing papers and additional face-to-face training.

Introduction to 1st Steps in Dementia CPD programme

There is an increasing interest in ensuring that people living with dementia (PLWD) are able to take up and/or continue activities of their own choosing, including physical activity, sports and recreation participation, movement and dance. These activities can result in a wide range of benefits, including health and well-being, functional, cognitive and social gains and are based on a continuum of movement ranging from nothing to something to achieving recommended physical activity guidelines; but knowing that 'something' is better than nothing, is not enough.

Any gathering of people where activities are involved is likely to provide social interaction. But what we should be aiming for is meaningful interaction and activity, the result of a conversation when we have listened, heard and discussed what is important to the PLWD. From our experiences, observations and insight from across the UK, the "meaning" or intention behind these activities are not considered or planned. Ensuring that our programmes, facilities and personnel are Dementia Friendly seems to be the current focus, but being person centred in our approach is the more important step required.

There is an emerging body of evidence that provides a clear rationale for the inclusion of PLWD in structured physical activity and exercise participation and programmes, designed to achieve the maintenance of independence and mobility and the reduction in falls risk as well as the other physical and psychological benefits described above. Such programmes need planning and consideration. For this reason Planning for I Can® is the model developed by LLT within the 1st steps CPD that enables instructors, teachers and leaders to undertake a person centred assessment to inform the planning, monitoring and evaluation of programmes and experiences.

Later Life Training provides specialist, evidence based, effective exercise training for health and exercise professionals working with older people, frailer older people and stroke survivors. In response to training needs, the inclusion of PLWD has become a key feature of training and support for health and exercise professionals.

1st Steps in Dementia was introduced in 2013 as a part of the Later Life Training Continuing Professional Development programme as a response to these needs. To-date 37 courses have taken place reaching 500+ participants. 1st Steps is not a qualification but CPD for those already trained or qualified in exercise, physical activity, sport and recreation. Later Life Training also provides similar CPD training in Osteoporosis, Parkinson's Disease, motivation, functional fitness as well as updates for Postural Stability Instructors.

Course details

The 1st Steps in Dementia course aims to provide the course participant with:

- An understanding of the dementia journey and the potential of exercise and physical activity experiences of PLWD.
- The opportunity to develop skills required to plan, monitor and evaluate their programmes for PLWD and their caregivers.
- Information on the impact of exercise and physical activity participation on the dementia journey
- The knowledge and skills to “raise the bar” on the quality of provision for PLWD
- The opportunity to reflect upon their current practice, take action and seek further information.

Format and programme

Enrolment onto a private and secure e-learning platform, with an assigned tutor for a 4 week learning period, provides a forum and Q and A function prior to the face to face contact day. Participants are expected to complete 4 hours of directed learning covering:

- Video clips on dementia and the brain
- The Alzheimer’s Society This is Me tool
- Principles of Dementia Friendly environments
- The selection of a case study.

Face to face contact - a programme is provided in Appendix 1 but the one-day face to face contact time covers:

- Planning for I Can @ a person-centred assessment
- Having the Conversation @
- Exercise, physical activity and dementia – evidence and recommendations
- Communication and instruction strategies
- Risk enablement and safety
- Reflective learning and action planning

Post course, participants are provided with 3 months individual email support with guidance towards further learning and advice.

Assessment and endorsement

1st Steps in Dementia is a CPD programme and participants undertake self- assessment throughout the day through the completion of the Make Today Count reflective tool. There is no summative assessment for this CPD. The 1st Steps in Dementia course is worth 6 CPD points on the Register for Exercise Professionals and 7 CPD Points through CIMSPA Developmental CPD for those holding pre-requisites as outlined by the endorsing bodies.

The 2018 course programme

During 2018, Later Life Training provided 11 such CPD programmes across the UK. Five were locally hosted and six were open courses reaching a total of 163 participants. Of those participating 122 can be described as professionals from LLT’s core business, (physiotherapists, REPs L4, L3 and L2 exercise instructors), 26 from what are described as a smaller, secondary audience, (Re-ablement, complementary therapy, Otago (a falls prevention leadership award) and Chair Based Exercise leaders, Rehabilitation and technical assistants and physical activity and sport development officers) and 15 others, (including activity officers, care workers, Age UK and well being coordinators).

Further details of courses and participants can be found in Appendix 1.

Make Today Count

The collection of information for this impact assessment is undertaken by the use of Make Today Count, completed at the start, during and completion of each training day. (for a copy of Make Today Count see Appendix 3). Participants are asked to record their

- Expectations of the day
- Significant and important new learning
- Intended actions post training
- Implications/actions for the services where they work.

This is used as a means of encouraging participants to be Reflective Practitioners, using the opportunities provided by the course to think about what they will be taking with them (knowledge and intentions) for their own professional development and intended actions and the potential for local service improvement post training.

Copies of this information are recorded by the Later Life Training administration and returned to participants post course for their own use. In addition to this summary, Later Life Training then undertakes a follow up survey 3 - 4 months post training to investigate progress made and as a means of providing further support and information.

149 responses from a total of 162 participants were collected and are summarized here. The first part of the follow up has already started (Courses from March – July 2018) and the second part August to November 2018) will begin in February 2019.

Information provided by participants

Responding to the Make Today Count format, (using open ended questions) course participants returned the following information. The responses to each question have been summarised as those with 25 or more responses or comments, those with between 25 and 10 and those with fewer than 10 responses. This provides an indication of the volume of different responses.

1. What were participants hoping to gain from their attendance at the CPD course?

RESPONSE RATE	DETAILS
25 or more	<p>Improved knowledge and understanding (separately for participants, services and support, knowledge about dementia, its' pathology and impact)</p> <p>Improved communications skills (personal skills, interaction, techniques)</p> <p>How to promote to the target audience (PLWD) (expand offers and choices, increase access, new groups /organisations)</p> <p>Increase effectiveness of their work (Planning for I Can ©, best practice, engage, make things better)</p> <p>Application to programming (assessment, class design, other settings including care, those with mild cognitive impairment, community)</p>
Between 25 and 10	<p>How to adapt activities (Planning for I Can ©, appropriateness)</p> <p>How to become person-centred (identify needs, understand/unpick concept)</p> <p>How to work with caregivers (engage, support and extend)</p> <p>To acquire new skills (goal setting, communication, motivation)</p> <p>To understand Dementia Friendly (environment, people)</p>
Less than 10	<p>Motivation</p> <p>Ideas on inclusion</p> <p>Safety considerations</p> <p>Protocols for classes/groups</p>

Participant intentions - Individual responses

“Should I attempt to integrate PLWD or run separate classes/ groups?”

“To develop protocols for a programme for PLWD”

“To learn more about dementia and how it affects people in different way”

“What local support is available to PLWD?”

“Strategies to adapt both my sessions and for teaching different exercises”

“Improve my confidence in interaction with participants”

“Understand what person-centered means”

“Help on what outcomes to use”

“Help to provide an improved and best possible service”

2. What I have heard today that is important to me?

RESPONSE RATE	DETAILS
25 or more	<p>Potential impact of environment (signage, route finding, contrasts, assessment/audit)</p> <p>Communication challenges (concise/simplify, non-verbal, body language, information overload)</p> <p>Physical activity recommendations (challenge, cognitive improvement, progression, intensity, multimodal)</p> <p>Being person-centred (Having the Conversation ©, histories and background, needs and interests, individual differences)</p>
Between 25 and 10	<p>Promotional strategies (reaching participants, other services, commissioners)</p> <p>The customer journey (making adjustments, route finding, psychological safety)</p> <p>Specific knowledge (comorbidities, recall of experiences, memory)</p> <p>Non-verbal behaviours (group management, emotions, safety)</p> <p>The potential of caregiver involvement (support, involvement, influence)</p> <p>Vision impairment and dementia (confusion, adjustment, approaches)</p>
Less than 10	<p>Simplifying language and teaching</p> <p>Understanding information processing</p> <p>Local context and supportive networks</p> <p>Dual tasking and cognition</p> <p>The use of health assessments</p> <p>Support strategies</p>

Significant learning - Individual responses

“Feelings, positive and negative experiences will be remembered”

“Understanding the facility experience of PLWD and better histories of individuals to improve our communication”

“Explore my local Dementia Action Alliance”

“I need to increase volunteer support”

“I need to simplify my instructions and teaching”

“I need more time, increase classes to 2 hours to include social activity”

“Getting to know individual clients is much more important than I thought”

“It takes time, I need to be more patient”

“Understanding the ‘customer journey’ by route finding around my facilities”

3. After today, what are my own intended actions?

RESPONSE RATE	DETAILS
25 or more	<p>Adapt communication skills, build relationships, and share my learning with others (Dementia Champions, ward managers, my team, volunteers)</p> <p>Look at adapting environments (undertake audits, review units, temporary changes)</p> <p>Undertake more research and learning (outcomes, non-verbal behaviours, different dementias, functional movement)</p> <p>Develop support strategies with caregivers and volunteers (guidance, protocols and procedures in place, training)</p> <p>Implement and use Planning For I Can © strategy (inclusion of Having the Conversation ©, best practice)</p> <p>Increase programme and activity challenge (multimodal, cognition, strength and balance, dual tasking)</p>
Between 25 and 10	<p>Revise group teaching skills (observation, class management, 1 – 1)</p> <p>Implement Having the Conversation © (inclusion of key topics, increase knowledge of participants)</p> <p>Revise approaches to goal setting and evaluation (behavioural goals, care giver goals, guidance)</p>
Less than 10	<p>Increase own knowledge</p> <p>Link with local services/providers</p>

Intended individual actions at the end of the training – individual responses

“Look at realistic and achievable goal setting”

“Review everything I do with PLWD to improve my offer”

“Fewer words, more images and pictures”

Build into our own “Patient Passport”

“Increase the time I take to monitor and evaluate”

“Going to review all the information I provide to people and services”

“Plan to integrate PLWD into my mainstream classes”

“Think more about how I can build trusting relationships”

“Plan to include either volunteer or caregiver support with all my groups”

“Investigate local dementia services and pathways”

4. What actions need to be taken by the services that I work with or manage?

NB This question not always applicable to many of the independent freelance instructors who attend.

RESPONSE RATE	DETAILS
25 or more	<p>Improve services through... (new training for colleagues, procedures and protocols, environmental audits, improving our offer, support for instructors, promotion, dementia training for all staff)</p> <p>Develop links with local partner organisations (dementia and memory services/clinics, GP surgeries, libraries, care homes, day care)</p> <p>Develop volunteer and support strategies (recruit, train and support, potential for activity buddies)</p> <p>Increase family caregiver involvement (raise awareness, support to participate)</p>
Less than 10	<p>Planning For I Can ©</p> <p>Safety and assessment</p>

Actions for services - Individual comments

“I’m now going to review my screening and assessment tools and take a fresh look at our induction procedures and one to one time with clients”.

“Discuss the attitudes of other staff and look at what our centre provides”

“Ensure that facilities and rooms are better prepared for my groups”

“How we can all go closer to being person centred in what we do”

“Make sure we have a standardized approach to training and support across our organization”

“Develop closer partnership working with our referral partners”

“Think about how we can maximize support for family caregivers”

Future direction – 1st Steps to next steps?

As previously described, the 1st Steps CPD training was designed to enhance the skills and understanding of those already qualified instructors, teachers and leaders who are working with PLWD.

The executive summary highlights the need for exercise and physical activity professionals to:

Reach PLWD - to promote programmes and opportunities.

Increase effectiveness – and the quality of the participant experience.

Provide support – to PLWD that will enhance and improve the participant experience.

Adopt appropriate principles – moving from Dementia Friendly to being Person Centred.

Learning from practice

As a result of this impact assessment, working key themes have emerged which will assist Later Life Training to further support these professionals. Further discussion is required, but this support might include:

- **Best practice models in programme design**
- **Working with local dementia care pathways**
- **Outcomes and evaluation**
- **Supporting participants and care givers**
- **Working with volunteers**
- **Motivation**

Learning from research

As this important topic receives more and more research, Later Life Training will also look at how this new learning from research can be used to further support exercise and physical activity professionals in working with PLWD.

Later Life Training would like to hear from professionals on these and other potential areas of development.

Appendix 1 - Sample Programme



1ST STEPS IN DEMENTIA – CPD DAY - SAMPLE PROGRAMME

Session 1 **Understanding people living with dementia and physical activity**

9.30 – 11.15

Review of pre-course tasks and activities
Programme planning – key principles of working with PLWD
Planning for I Can (1) – What do I need to know?

Session 2 **Programme planning – physical activity**

11.30 – 12.45

Planning for I can (2) Person centred planning and Having the Conversation
Physical activity and exercise, evidence and priorities

12.45 – 1.30 - LUNCH

Session 3 **Practical - leadership skills**

1.30 – 3.00

Introduction to communication skills - guidelines and activities
Adaptations to teaching and instruction for individuals and groups

Session 4 Behaviours that challenge us and management

3.15 – 4.00

Dementia friendly physical activity services and programmes – how?

Session 5 Make today Count – personal reflection on practice and action planning

4.00 – 4.15

Resources and further information

Appendix 2 - Participant Breakdown

LLT Core Audience (total 122)

Physiotherapists	23
Level 4 Instructors	35
Level 3 Instructors	47
Level 2 Instructors	13
NERS (Wales) Coordinators	4

LLT Secondary Audience (total 26)

Tai chi, movement dance teachers	5
Enablement, rehabilitation officers/assistants	7
Physiotherapy assistants	4
Fitness service managers	3
HE Lecturers	2
Physical activity, sport and well-being coordinators	5

Other (total 15)

Falls coordinators	3
Care workers	3
Age UK Coordinators	2
GP Referral managers	3
Community activity officers	2
Arts and culture officers	2

Bespoke course attendances (total 15)

Locally commissioned and hosted courses were held in Wrexham (North Wales), Crawley (East Sussex), Porthmadoc (Gwynedd North Wales), Bolton (Lancashire), Chepstow (South East Wales).

Open courses (total 75 participants) Organised and hosted by LLT .

Were held in Totnes (South Devon), Coventry (West Midlands), Huntingdon (Cambridgeshire), Edinburgh (Scotland), Romsey (Hampshire), York (North Yorkshire).

Appendix 3 – Make Today Count



1st Steps in Dementia - Make Today Count

The attached form is entitled *Make Today Count* and relates to your own responses and learning related to today's CPD training.

These may relate to your own specific role as an instructor, leader, facility or service manager as well as to the service(s) in which you work (including your colleagues) and how the learning could be put into practice after the event.

You will be prompted to use this form to record your learning at different times during the training event. It should relate to your individual learning needs.

Later Life Training would like to use this evaluation to follow up with yourself at an agreed date in the future.

Please write clearly.

Name:

Role:

Email:

Intended learning outcomes (e.g. By the end of this event I will be able to):

Key learning relevant to your practice (what did I learn?):

Application to my practice (What am I going to do with this learning?):


What are the applications for others in our service(s):

For more information on 1st Steps in Dementia

 <https://www.laterlifetraining.co.uk/courses/dementia-1st-steps/about-dementia-1st-steps/>

 <https://www.facebook.com/groups/LaterLifeTraining/>

 <https://twitter.com/LaterLifeTrain>




LLT are sector leading experts in the delivery of evidence based exercise programmes for older people, stroke survivors and people living with dementia.

STUDY DAYS

1ST STEPS IN DEMENTIA

Developed for exercise, physical activity, health and other professionals working with people living with dementia.

Providing an opportunity to learn and develop their skills and understanding of person centred approaches to programme planning.



TUTORS:


Bob Laventure
Consultant, physical activity and ageing


Emma Cameron
Exercise specialist & Leader of Dementia in the community

Karen Gug
Exercise Specialist working with older adults & people living with dementia

COST:

LLT Members	£99 + VAT
Non-members	£110 + VAT

 **NB:** To qualify for allocated REPs CPD points you should be a member of REPs and hold their required pre-requisites (i.e. older adult qualification)

 This training has been endorsed by CIMSPA and receives 7 Developmental CPD points

DO YOU WANT TO LEARN...

- ✓ How to adopt a person centred approach to your programme planning for people living with dementia?
- ✓ How dementia friendly your customer journey and programmes are?
- ✓ How to support people living with dementia taking part in physical activity and exercise programmes?
- ✓ What evidence and research you can use to improve the effectiveness of your programmes?
- ✓ How to improve your communication and organisational skills for working with people living with dementia?

OVERVIEW OF 1ST STEPS IN DEMENTIA

This study day provides physical activity and exercise Instructors, teachers and leaders with underpinning evidence and practical applications to increase access and participation for people living with dementia.


It includes:

- The principles of person centered programme planning
- The evidence behind physical activity recommendations
- The potential impact of physical activity and exercise environments
- Motivation and the supportive role of informal care givers, and volunteers
- Communication skills and problem solving

WHO IS THE DAY SUITABLE FOR?

This day is designed for a wide range of people with an interest in physical activity, exercise and people living with dementia including:

- ✓ Exercise instructors (PSI), teachers and leaders including Otago and Chair Based Exercise
- ✓ Physiotherapists, Occupational Therapists, rehabilitation and re-ablement professionals
- ✓ Movement teachers and leaders including those involved in dance, walking and walking sport programmes
- ✓ Health, adult and social care and dementia services professionals
- ✓ Active Ageing, physical activity, recreation and sports development officers.

 **NB:** To qualify for allocated REPs CPD points you should be a member of REPs and hold their required pre-requisites (i.e. older adult qualification)

WHAT TO EXPECT

- Four hours of online and tutor supported pre-course learning, using a case study to apply your learning in practice
- Practical activities involving communication strategies, problem solving and group planning
- A day of discussion based activities and practical work (loose clothing required), supported by short information sharing presentations
- An opportunity to reflect upon your current practice and use the learning from this day to plan future actions
...and after the course, access to the Planning for I Can © resource, to support conversations
- 3 months on-line support to assist implementation

IMPACT

In our 2019 impact report, those attending 1st Steps in Dementia in 2018 reported their key learning as:

- Using conversations, including histories and interests, as starting points to person centred planning and understanding individual differences
- Looking at the participant journey to assess the potential impact of the physical activity environment
- Adapting and modifying verbal and non-verbal communication strategies
- Providing programmes that are progressive and that challenge participants
- Identifying the potential of informal care givers and volunteers to support participation

CONTINUAL PROFESSIONAL DEVELOPMENT

