

<b>Institution: Leeds Beckett University</b>		
<b>Unit of Assessment: 3</b>		
<b>Title of case study: Changing policy and practice in dementia workforce education and training</b>		
<b>Period when the underpinning research was undertaken: April 2015 – Sept 2017</b>		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Professor Claire Surr	Professor	2015 – present
Dr Sarah Jane Smith	Reader	2017 - present
Dr Sarah Burden	Reader	2001 – present
<b>Period when the claimed impact occurred: 2015 – 2020</b>		
<b>Is this case study continued from a case study submitted in 2014? N</b>		
<p><b>1. Summary of the impact</b> (indicative maximum 100 words)  Leeds Beckett research has changed national and international policy and practices and set benchmark quality standards in the design, delivery and implementation of dementia education and training. It has <b>changed policy</b> through making a key contribution to defining national quality criteria for training as evidenced in Health Education England's Dementia Training Standards Framework and the UK Minister for Care's 2019 Call to Action on dementia education and training. <b>Set benchmark standards for and changed the practice of education, training, health and social care providers</b> through adoption and implementation of the dementia education and training design and delivery (DeTDAT) audit tool, developed from the research programme, alongside pursuit of optimal setting conditions for successful implementation predicated on the research recommendations. Impacted the <b>knowledge, skills and confidence of thousands of health and social care staff</b> across the UK and internationally, who have undertaken training developed to align with research findings.</p>		
<p><b>2. Underpinning research</b> (indicative maximum 500 words)  <b>The problem being addressed:</b> Dementia is an international public health priority, which affects over 850,000 people in the UK and over 50 million people worldwide. Ensuring the health and social care workforce have the right knowledge, attitudes and skills is crucial for the delivery of good quality, compassionate dementia care, which has been the UK Governments' priority for over a decade. While numbers of staff receiving dementia training have grown, following mandated (2015-17) targets from Government, concerns about training quality and successful design, delivery and implementation have consistently been raised in literature and practice, with little understood about these issues.</p> <p><b>Research overview:</b> During 2015-17 a team led by Professor Surr with Drs Smith, and Burden from Leeds Beckett, in collaboration with partners from the Universities of Bradford (Oyebode, Parveen, Capstick, Dennison) and Leeds (Meads) delivered a national study to inform this knowledge gap. The 'What Works in dementia education and training?' study was commissioned by the NIHR Policy Research Programme on behalf of Health Education England (HEE) [G1] as part of its commitment to national dementia workforce development within the Prime Minister's Challenge on Dementia 2020 implementation plan.</p> <p>The implementation plan states <i>"The study will identify the types of training programmes, approaches and setting conditions, which lead to the best outcomes for people with dementia and their families, helping to share good practice and ensure that funding is invested in effective training that supports better care for people with dementia."</i></p>		

The 'What Works? study' considered training delivery and implementation across the broad spectrum of health and social care. This was achieved through a rigorous process of systematic reviews of international literature [R1], auditing current practice and staff experiences of training nationally [R2] and conducting in-depth, mixed methods case studies in ten care provider organisations who demonstrated features of good training practice [R3-5].

**Research programme findings:** The study identified that in 2016 there were over 380 separate dementia training programmes available in the UK, reported by 241 survey respondents, with high variability in the content and delivery methods of this training; and content frequently failing to align with national recommendations, particularly for those in specialist dementia roles. Overall, the findings indicated that the workforce receive inadequate training to enable delivery of good dementia care. A core contribution of the research was to **synthesise this evidence to determine key features of effective dementia training**, which were: face-to-face delivery; interactive teaching methods with content tailored to the learner's service setting and role; in-depth, focussed content on key subjects; use of discussion, case example-based exercises and opportunities to apply learning in practice-related scenarios; delivery by an experienced training facilitator; and training length of at least half a day, with individual sessions of at least 90-120 mins.

The study also **identified optimal conditions for and key barriers and facilitators to embedding dementia training in practice** across health (primary, mental health and acute) and social care services, which must be addressed in considering efficacy of workforce development in dementia care. These were: features of the training design and delivery; skills and qualities of staff tasked with implementation; allocation of resources to training; staffing (turnover, vacancies etc); degree of management support for training attendance and implementation; dedicated leadership for dementia training delivery and oversight; and the presence of an organisational ethos that values training.

### 3. References to the research (indicative maximum of six references)

[R1] **Surr, C.**, Gates, C., Irving, D., Oyebode, J., **Smith, S.J.**, Parveen, S., Drury-Payne, M. and Dennison, A. (2017) Effective dementia education and training for the health and social care workforce: A systematic review of the literature. *Review of Educational Research*. 87(5): 966-1002 <https://doi.org/10.3102%2F0034654317723305>.

[R2] **Smith, S.J.**, Parveen, S., Sass, C., Drury, M., Oyebode, J. and **Surr, C.** (2019) An audit of dementia education and training in UK health and social care: a comparison with national benchmark standards. *BMC Health Services Research*. 19, 711 <https://doi.org/10.1186/s12913-019-4510-6> IF 1.987.

[R3] **Surr, C.**, Sass, C., Burnley, N., Drury, M., **Smith, S.**, Parveen, S., **Burden, S.** and Oyebode, J. (2020) Components of impactful dementia training for general hospital staff: a collective case study *Aging and Mental Health*. 24(3):511-521 <https://doi.org/10.1080/13607863.2018.1531382> (epub 29.12.18).

[R4] Sass, C., Burnley, N., Oyebode, J., Drury, M. and **Surr, C.** (2019) Factors associated with successful dementia education for Practitioners in Primary Care: An in-depth case study *BMC Medical Education*. 19: 393 doi: 10.1186/s12909-019-1833-2.

[R5] **Surr, C.A.**, Sass, C., Drury, M., Burnley, N., Dennison, A., **Burden, S.**, and Oyebode, J. (2019) A collective case study of the features of impactful dementia training for care home staff *BMC Geriatrics* 19:175 doi: 10.1186/s12877-019-1186-z.

#### Grants associated with this case study

**G1: Surr, C.**, Oyebode, J., Parveen, S., **Smith, S.** Capstick, A. Dennison, A., and Meads, D. (2015-2017) Understanding effective dementia workforce education and training: A formative

evaluation. National Institute for Health Research Policy Research Programme. (NIHR PRP) commissioned on behalf of Health Education England £462,750

#### 4. Details of the impact (indicative maximum 750 words)

The What Works study has shaped national policy and practice around the design, delivery and quality assurance of dementia education and training for the health and social care workforce at governmental, provider and practitioner levels.

##### **Changing governmental perspectives of and policy on dementia training**

In England, at a governmental level, the findings of the What Works study have shaped governmental and arms-length body perspectives of and policy and guidance on dementia training, moving this from a position prioritising numbers trained (in Governmental mandates to HEE 2013-16) to one also actively promoting the importance of training quality, as evidenced through subsequent policy and guidance issued. For example, the revised 'Dementia Training Standards Framework' published in 2018, (authors Skills for Health, HEE and Skills for Care), which sets the national standards for dementia training for all health and social care services and staff in England [IM1], cites the components of effective training identified in the What Works study, as setting the national quality standards for training design and delivery. "*The outcomes of the research include the key components of effective dementia education training.*" Prior to this revision, no national standards for dementia training quality were identified or recommended by HEE.

What Works Research programme outputs include translation of key features of effective dementia education and training into an audit tool (The Dementia Training Design and Delivery Audit Tool (DeTDAT)) for use by training commissioners and providers to inform design, delivery, review and commissioning of training, and to audit their provision against indicators of good practice identified in the study.

The 'Dementia Care Pathway' (2018) and benchmark guidance for dementia diagnosis and post-diagnostic support were developed by the Royal College of Psychiatrists on behalf of NHS England, as part of the Five-Year plan for Mental Health. The pathway incorporates the 'What Works? Study' findings, in the context of their inclusion within the Dementia Training Standards Framework "*The right workforce, with the right capacity and skill mix, is essential for ensuring the delivery of NICE-recommended care... The Dementia Training Standards Framework ... sets out standards needed in dementia education and training.*". Evidence underpinning the guidance [IM2] states "*Quality assurance [of dementia training] can be delivered with the help of the Dementia Training Design and Delivery Audit Tool (DeTDAT) and Auditor's Manual*"; key outputs of the What Works study.

In 2019 the Minister of State for Care with HEE and Skills for Care issued a dementia training call to action to all health and social care service providers [IM3], recommending not only that training remains a priority but stating "*We would encourage those designing or commissioning training to quality assure their products against the findings of the 'What Works' Study (Leeds Beckett University) to help to reduce variability in training quality.*"

##### **National and wider adoption as a quality standard for dementia training design and commissioning**

This recognition of the need for quality on training has led to uptake and recommendation of the components of effective dementia training identified in the research programme.

This has been adopted by providers across health and social care:

**Nationally** HEE [IM4] states the research provides **core insight into the components required for delivery of effective dementia education and training in England**. It has adopted the research programme's DeTDAT audit tool, as the mechanism for the development and quality assurance of all its commissioned or recommended dementia training programmes. "*This audit tool has been adopted by HEE as its standard method for*

*assessing dementia education and training materials and packages that it recommends via its dementia training website.”*

Surr was commissioned to undertake audits of 40 dementia training programmes, using the DeTDAT, with those meeting audit standards then listed as recommended by HEE on the web-site.

The study also features in national clinical and practice guidance in the UK and the USA. In the UK The Society and College of Radiographers cite the study findings as evidence of training factors most likely to lead to positive outcomes, in their clinical practice guideline for the radiography workforce [IM5].

**Internationally**, the research findings on features of effective dementia training underpin **guidance for employers and educators of direct care workers** outlined in the ‘Competency Guide for Dementia Care’ written by Georgia Alzheimer’s and Dementia Related Collaborative [IM6] as part of the Georgia, USA, State Plan for Dementia. The guidance draws directly on our systematic review findings in its recommendations around training design to maximise application of learning into practice: *“Use minimal lecture-only or reading-only strategies for content delivery”, “Use role play, scenarios, discussion, and peer learning strategies to get content across that can help them to figure out their own answers through practicing behaviors.”* and *“Deliver shorter (90 minutes is recommended) and more frequent sessions. A combined total of eight hours of training on a specific dimension appears to be most effective.”*

### **Changing the way dementia training is designed and delivered, impacting staff knowledge and practice**

The prominence of the study’s findings in national policy and guidance on dementia training quality assurance has facilitated **widespread adoption** by training and health and care service providers across the spectrum of provision, changing the way training is designed, delivered and implemented training nationally, with evidence of wider interest beyond the UK. Thus, the results have reach across training provided across NHS acute and mental health services and within care homes, impacting the training received by thousands of staff. This has led to impacts for health and social care staff attending training including, increased, knowledge, skills and confidence to deliver dementia care and changes to behaviours in practice.

In NHS acute hospital settings, the ‘DEALTS 2’ dementia simulation training programme developed by Bournemouth University and commissioned by HEE [IM7], is designed around the features of good training identified in the What Works study. It is recommended for use by HEE to train acute hospital staff on person-centred dementia care. DEALTS 2, was recognised for its innovation and quality as a finalist in the National Dementia Care Awards 2018. In 2017-18 the DEALTS 2 train-the-trainer programme was delivered to 199 staff of whom 137 were employed in acute hospital settings across all England regions, who have since disseminated the training to staff across their employing organisation. The train-the-trainer programme demonstrated significant improvements in dementia knowledge in the trainers and produced high levels of reported satisfaction with the programme and confidence to onward deliver.

In Mental Health services for example, Garrod et al [IM8] drew on the What Works findings to develop a new dementia training programme, delivered to over 160 staff. The training was found to have a statistically significant positive impact on learners’ attitudes towards people with dementia, led to a significance increase in their knowledge and confidence and impacted on how they cared for people with dementia in their day-to-day practice.

In Care home services Barchester Healthcare commissioned Leeds Beckett University to co-develop a range of new dementia e-learning modules and other educational materials for staff members, underpinned by the What Works study results. This training modules are



## Impact case study (REF3)

mandatory for its c.17,000 staff, providing care for over 11,000 residents, in their 200+ care homes. Impacts [IM9] are evident through high completion rates/reach. As of 31.12.20 87-95% of all staff had completed each module, and over 131,000 total training instances had been recorded, with over 22,600 staff completing at least one module (Figures are higher than total staff due to turnover rates). The training has also produced high staff satisfaction and positive impacts on confidence to care for residents with dementia (93%+ of staff completing module evaluations stated they felt more confident and were satisfied with the training) and has been noted in Care Quality Commission inspections of services in reports of homes rated as 'Outstanding'.

Examples of staff member evaluation comments include *"I really enjoyed this module and feels it has genuinely prepared me to support people with dementia in conducted meaningful activities."* *"I learned much knowledge which I could apply in my work."* *"The e-learning has empowered me with knowledge and has reinforced my understanding of Person centred approach whilst I will be providing dignity, compassion and respect to all the residents"*

Following presentation of the findings of the research by Surr at a dementia strategy development event in Alberta, Canada, the study findings have been adopted by Calgary care home group AgeCare to underpin transformation of their dementia training provision, with 375 of their staff trained on the new programme by July 2020 [IM10]

#### 5. Sources to corroborate the impact (indicative maximum of 10 references)

**IM1:** Skills for Health, Health Education England, Skills for Care (2018) *Dementia Training Standards Framework*. <http://bit.ly/322NYvk> (see p83-84)

**IM2:** National Collaborating Centre for Mental Health (2018) *The Dementia Care Pathway; Appendices and helpful resources* London: Royal College of Psychiatrists. <http://bit.ly/2SRpn8E> (See Appendix C3 p9)

**IM3:** Department of Health and Social Care, Health Education England, Skills for Care (2019) *Call to Action on Dementia Training*. <http://bit.ly/2SB0yPi>

**IM4:** Health Education England (nd) *Developing the dementia workforce* <http://bit.ly/3bKH8iB>

**IM5:** The Society and College of Radiographers (2020) *Caring for people with dementia: a clinical practice guideline for the radiography workforce (imaging and radiotherapy)*. London: The Society and College of Radiographers. <https://bit.ly/2QUuog5> (References 35 and 55 cited on p32, 44, 47, 48, 50, 51 provide guidance on the training needs of staff)

**IM6:** Georgia Alzheimer's and Related Dementias Collaborative (2016) *Competency Guide for Dementia Care. Direct Care Worker Workforce Development*. GARD. Georgia, USA. <http://bit.ly/325eggg> (See p19-21)

**IM7:** Heward, M., Board, M., Spriggs, A., Emerson, L. and Murphy, J. (2021) Impact of 'DEALTS 2' education intervention on dementia trainer knowledge and confidence to utilise innovative training approaches: a national pre-test – post-test survey *Nurse Education Today*. E-pub <https://doi.org/10.1016/j.nedt.2020.104694> (See section 2.2)

**IM8:** Garrod, L., Fossey, J. Henshall, C. Williamson, S., Coates, A. and Green, H. (2019) Evaluating dementia training for healthcare staff *The Journal of Mental Health Training, Education and Practice*, <https://doi.org/10.1108/JMHTEP-10-2018-0062> (See p279 section 'Programme Design')

**IM9:** Testimony from Barchester Healthcare

**IM10:** AgeCare (2020) Shifting the Culture of Care. *Dementia Connections*. (July) <https://www.dementiaconnections.ca/blog/2020/7/1/level-up>