ACH GROUP
Good Lives for Older People

Engagement Matters
Implementation Guide

Embedding sustainable training for frontline workers to engage effectively with residents living with dementia.

ariia Aged Care Research & Industry Innovation Australia
Australian Government Department of Health and Aged Care
Flinders University
dta Dementia Training Australia

The 'Engagement Matters' Implementation Guide (Guide) aims to equip Residential Aged Care Providers with the knowledge and tools to implement a dementia education and coaching model to inform frontline staff in engagement approaches to care.

The aim of the model is to provide education and coaching to build capability in recognising triggers to changed behaviour and promote effective engagement, communication and person-centred care practice.

Insights from the 'Engagement Matters' project inform this Guide. ACH Group acknowledges the collaboration and support of ARIIA, Dementia Training Australia Queensland (DTA Qld) and Flinders University.

We thank Project Team Teresa Moran, Professor Lily Xiao, A/Professor Margaret Mac Andrew, Sandra Jeavons, Ivy Diegmann and the Highercombe Residential Home leadership team Anne Cross, Madison Nothrop and Julie Mettyear for designing, piloting and evaluating the 'Engagement Matters' Project.

Prepared by
ACH Group

Prepared for
Aged Care Research and Industry Innovation Australia (ARIIA)

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Content

Context

As the disease progresses, people living with dementia find it extremely difficult to initiate and participate in activities they once enjoyed, and this limits opportunities for self-realisation which can lead to changes in behaviour including boredom, frustration, and distress (1). They can also find it more difficult to communicate verbally, their needs and preferences.

Frontline workers spend a significant proportion of their daily routine interacting with people with dementia with more than two thirds of aged care residents having moderate to severe cognitive impairment (2). Over 4 in 5 people with dementia (84%) require high levels of care relating to their cognition and behaviour (3). While staff are well versed in providing clinical and personal care, they often lack specific capability to understand and manage changed behaviour which can often stem from lack of engagement, ineffective communication or not recognizing and responding to other unmet needs.

Developing the right skills and empowering workers to use these skills in everyday care practice is critical in maintaining and strengthening the workforce to provide best practice person-centred dementia care. There is a need to invest in understanding how to translate into practice, knowledge and understanding of dealing with changed behaviour from the perspective of unmet need. This includes the ability to recognize and respond to behaviour triggers using effective communication and engagement strategies.

Aged care providers experience logistical and financial stress in organising and delivering training for frontline workers who need to be backfilled to attend training sessions. This was demonstrated in 2020 through only 47% of personal care assistants who spend most time with residents living with dementia receiving dementia training (4).

Off-floor training is expensive, unsustainable, and difficult to embed due to backfill logistics and low uptake can be an issue if it is not deemed compulsory. On-floor training with ongoing opportunities for coaching and mentoring is important for service providers to explore but needs significant background development and evaluation to be implemented effectively and efficiently for it to be sustained as best practice.

Context (Continued)

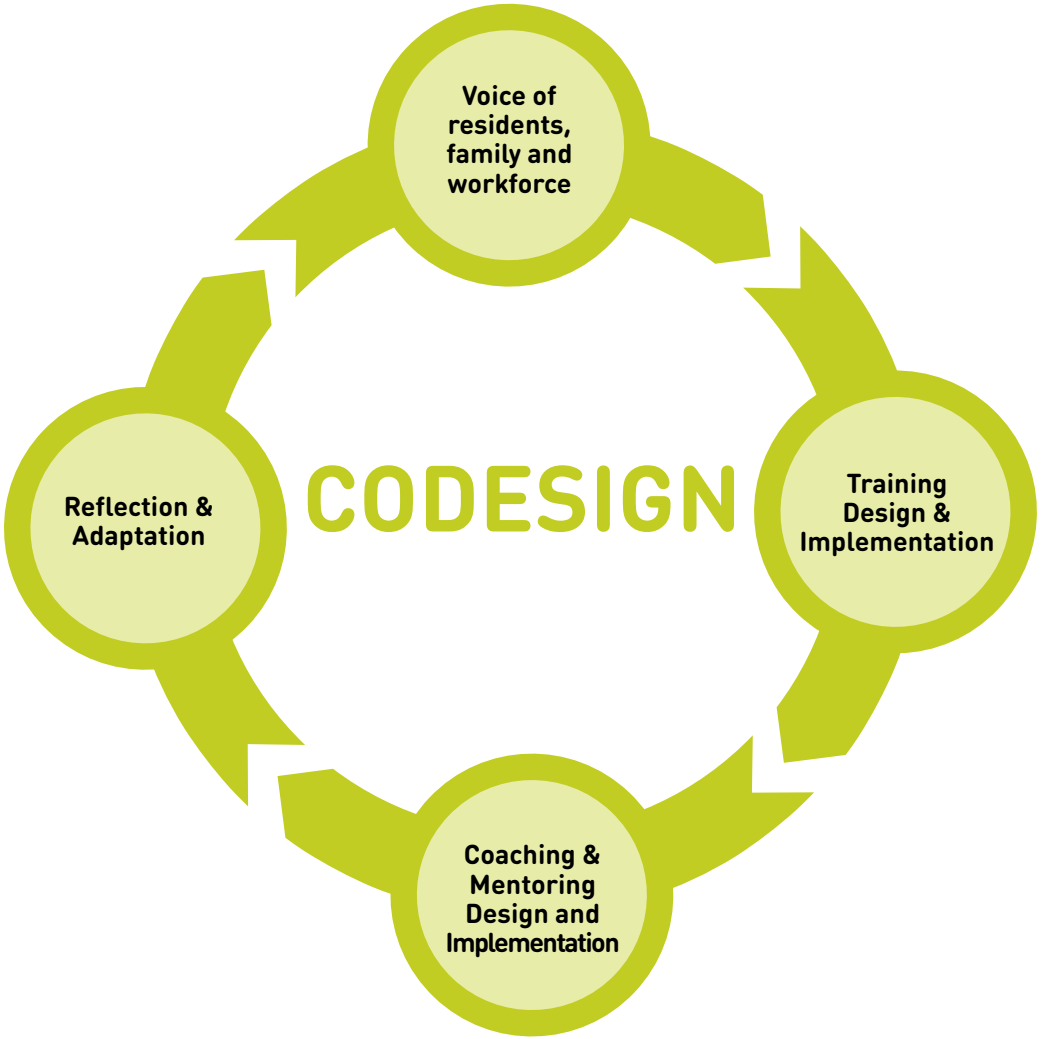
The Royal Commission into Aged Care Quality and Safety Final Report (March 2021) recommendations include the need to fast-track both accredited short courses and micro credentialling to upgrade the skills, knowledge and capability of the existing workforce while acknowledging that all frontline workers should undertake regular training in dementia (Recommendations 80 and 81) (5).

Promoting effective and sustainable training and ongoing support to frontline workers in engaging with people with dementia also has the potential to improve skills and confidence, which can assist with staff turnover. High staff turnover can lead to inconsistencies in training application, resulting in a significant impact on delivery of quality care (and on compliance with the Age Care Quality Standards). A positive and supportive workplace environment underpins high-quality person-centred care with a more consistent team driven approach.

Well designed, sustainable, and effective professional development has been identified as a practical measure that providers can take to support workers in the shorter term to be equipped with the skills and knowledge required to do their job effectively. What needs to be avoided is the risk that training will neither be "maximized nor known", with it being rolled out purely to meet a compliance driven tick box approach (Ella Lawson Greenhouse Project) (6).

Engagement Matters

A codesign model of dementia learning and coaching



Purpose

This Guide has been informed by a codesign implementation study in a residential aged care home. Tools and lesson learnt are intended to be used as a guide only and contextualized to place.

Audience

Senior leadership, designers of learning and development programs and project managers/sponsors.

When to use

Prior to implementation and for reference throughout the implementation of a dementia training and coaching program.

Voice of residents, family and workforce

Building a team approach to sustain benefits of training

To identify potential facilitators and barriers to overcome when rolling out training and inform the development of strategies to assist with knowledge transfer, early engagement with the target audience is recommended.

Frontline staff and managers insights from the perspective of facilitators and barriers to learning as well as approaches to learning that have worked well in the past, resources required to implement training and workplace adjustments required to embed learnings through a coaching model to facilitate practice change.

Senior managers insights to approaches to learning that were sustainable from a workforce structure, change management and budget perspective.

Residents and family members insights regarding workforce knowledge gaps and strategies to assist with implementing learnings in daily practice.

See appendix: Co-design discussion guides

Training Design and Implementation

Upskilling frontline leaders

Upskilling in Changed Behaviour

Facilitators (Care Managers, Clinical Leaders and Team Leaders) completed a 3.5 hr. Dementia Training Australia DTA online module on 'Understanding Changed Behaviours' (7) to upskill in knowledge regarding changed behaviour, person- centred care and dementia.

Train the trainer

Facilitators completed an online 1 hr. facilitator training session using a 'train the trainer' approach with a Dementia Training Australia trainer. This provided an opportunity to check in on knowledge learnt and provide facilitator training in use of the DTA Toolkit. An additional online session provided by a DTA trainer provided an assessment of trainer competency

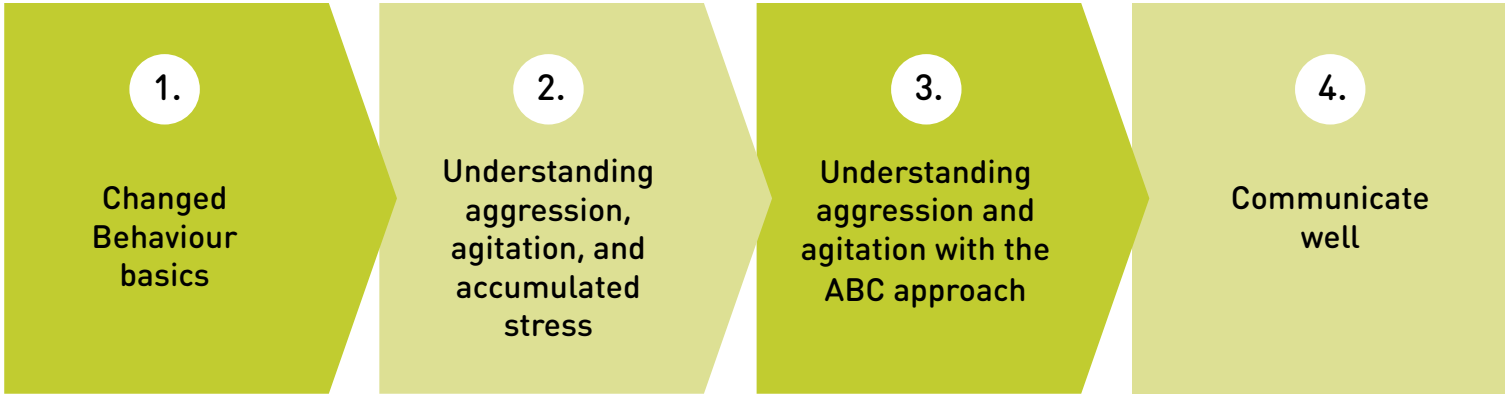
Coaching skills

Facilitators completed a 1-day external training course to upskill in coaching skills to equip leaders with the skills to apply knowledge in everyday practice. (Australian Institute of Management course - Coaching for High Performance)

Training Design and Implementation

Frontline Workforce Training

DTA Changed Behaviours toolkit contains 4 micro-learning modules ideal for on the floor learning (15-20 minute interactive modules) with an accompanying facilitator guide. The guide for each module outlines the content, activities, key points, take home messages and related resources.



The focus of the toolkit is to equip frontline workers with the knowledge and skills to understand and respond to potential triggers to changed behaviour which can often stem from lack of engagement, ineffective communication or not recognizing and responding to other unmet needs.

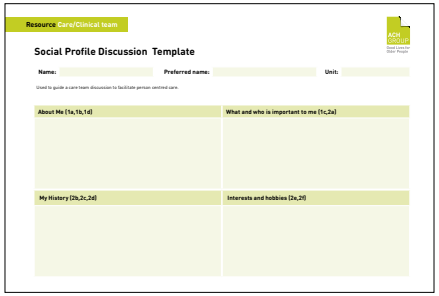
It is recommended to deploy one module at a time, led by Clinical Leader and /or Workforce Team Leader in small huddles of up to 6 workers – a mix of clinical and care. Consider 'protected time' where possible to allow focussed time for frontline workers to engage.

Changed Behaviours Toolkit, developed by Dementia Training Australia (7)

Coaching and Mentoring Implementation

Leader Coaching Tools

Recommend introducing tools post training as part of on floor handover or huddles.

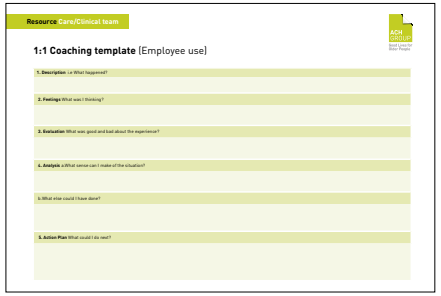

Resource: Care/Clinical team

Social Profile Discussion Template

Name: Preferred name: Unit:

Used to guide a care team discussion to facilitate person centred care.

About Me (1a,1b,1d)	What and who is important to me (1c,2a)
My History (2b,2c,2d)	Interests and hobbies (2a,2f)


Resource: Care/Clinical team

1:1 Coaching template (Employee use)

1. Description i.e What happened?

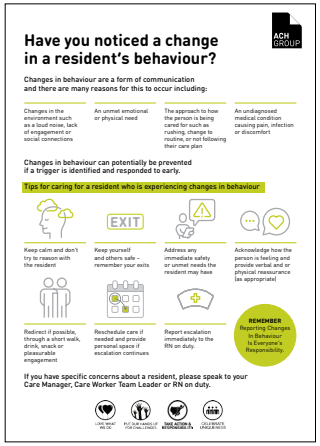
2. Feelings What was I thinking?

3. Evaluation What was good and bad about the experience?

4. Analysis a.What sense can I make of the situation?

b. What else could I have done?

5. Action Plan What could I do next?


Have you noticed a change in a resident's behaviour?

Changes in behaviour are a form of communication and there are many reasons for this to occur including:

- Changes in the environment such as a loud noise, lack of engagement or social connections
- An unmet emotional or physical need
- The approach to how the person is being cared for such as rushing, change to routine, or not following their care plan
- An undiagnosed medical condition causing pain, infection or discomfort

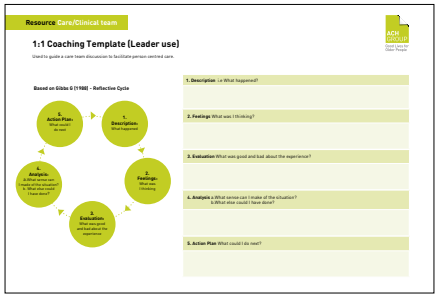
Changes in behaviour can potentially be prevented if a trigger is identified and responded to early.

Tips for caring for a resident who is experiencing changes in behaviour

- Keep calm and don't try to reason with the resident
- Keep yourself and others safe – remember your exits
- Address any immediate safety or unmet needs the resident may have
- Acknowledge how the person is feeling and provide verbal and or physical reassurance (as appropriate)
- Redirect if possible, through a short walk, drink, snack or pleasurable engagement
- Reschedule care if needed and provide personal space if escalation continues
- Report escalation immediately to the RN on duty.

REMEMBER Reporting Changes in Behaviour is Everyone's Responsibility.

If you have specific concerns about a resident, please speak to your Care Manager, Care Worker Team Leader or RN on duty.


Resource: Care/Clinical team

1:1 Coaching Template (Leader use)

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Based on Gibbs G (1988) - Reflective Cycle

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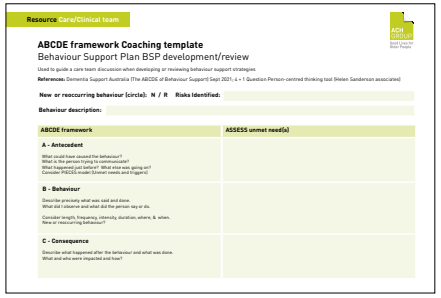

Resource: Care/Clinical team

ABCDE framework Coaching template

Behaviour Support Plan BSP development/review

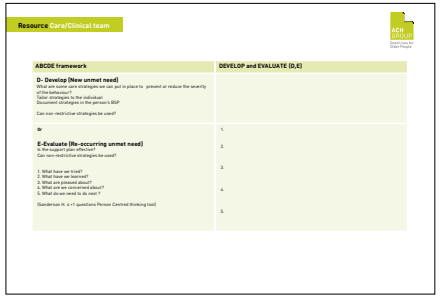
Used to guide a care team discussion when developing or reviewing behaviour support strategies

References: Dementia Support Australia (The ABCDE of Behaviour Support) Sept 2021, a + 1 Question Person-centred thinking tool (Helen Sanderson associates)

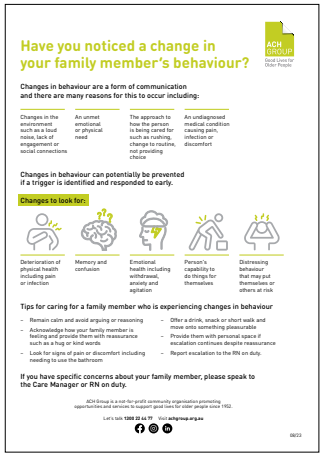
New or reoccurring behaviour (circle): N / R Risks Identified:

Behaviour description:

ABCDE framework	ASSESS unmet need(s)
A - Antecedent What could have caused the behaviour? What is the person trying to communicate? What happened just before? What else was going on? Consider PIECES model (Unmet needs and triggers)	
B - Behaviour Describe precisely what was said and done. What did I observe and what did the person say or do. Consider length, frequency, intensity, duration, where, & when. New or reoccurring behaviour?	
C - Consequence Describe what happened after the behaviour and what was done. What and who were impacted and how?	


Resource: Care/Clinical team

ABCDE framework	DEVELOP and EVALUATE (D,E)
D- Develop (New unmet need) What are some care strategies we can put in place to prevent or reduce the severity of behaviour? Tailor strategies to the individual. Document strategies in the person's BSP Can non-restrictive strategies be used?	
Or	
E-Evaluate (Re-occurring unmet need) Is the support plan effective? Can non-restrictive strategies be used? 1. What have we tried? 2. What is working well? 3. What are pleased about? 4. What are we concerned about? 5. What do we need to do next ? (Sanderson H. & +1 questions Person Centred thinking tool)	1. 2. 3. 4. 5.


Have you noticed a change in your family member's behaviour?

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- An undiagnosed medical condition causing pain, infection or discomfort

Changes in behaviour can potentially be prevented if a trigger is identified and responded to early.

Changes to look for:

- Deterioration of physical health including pain or infection
- Memory and confusion
- Emotional health including withdrawal, anxiety and agitation
- Person's capability to do things for themselves
- Distressing behaviour that may put themselves or others at risk

Tips for caring for a family member who is experiencing changes in behaviour

- Remain calm and avoid arguing or reasoning
- Acknowledge how your family member is feeling and provide them with reassurance such as a hug or kind words
- Look for signs of pain or discomfort including needing to use the bathroom
- Offer a drink, snack or short walk and move onto something pleasurable
- Provide them with personal space if escalation continues despite reassurance
- Report escalation to the RN on duty.

If you have specific concerns about your family member, please speak to the Care Manager or RN on duty.

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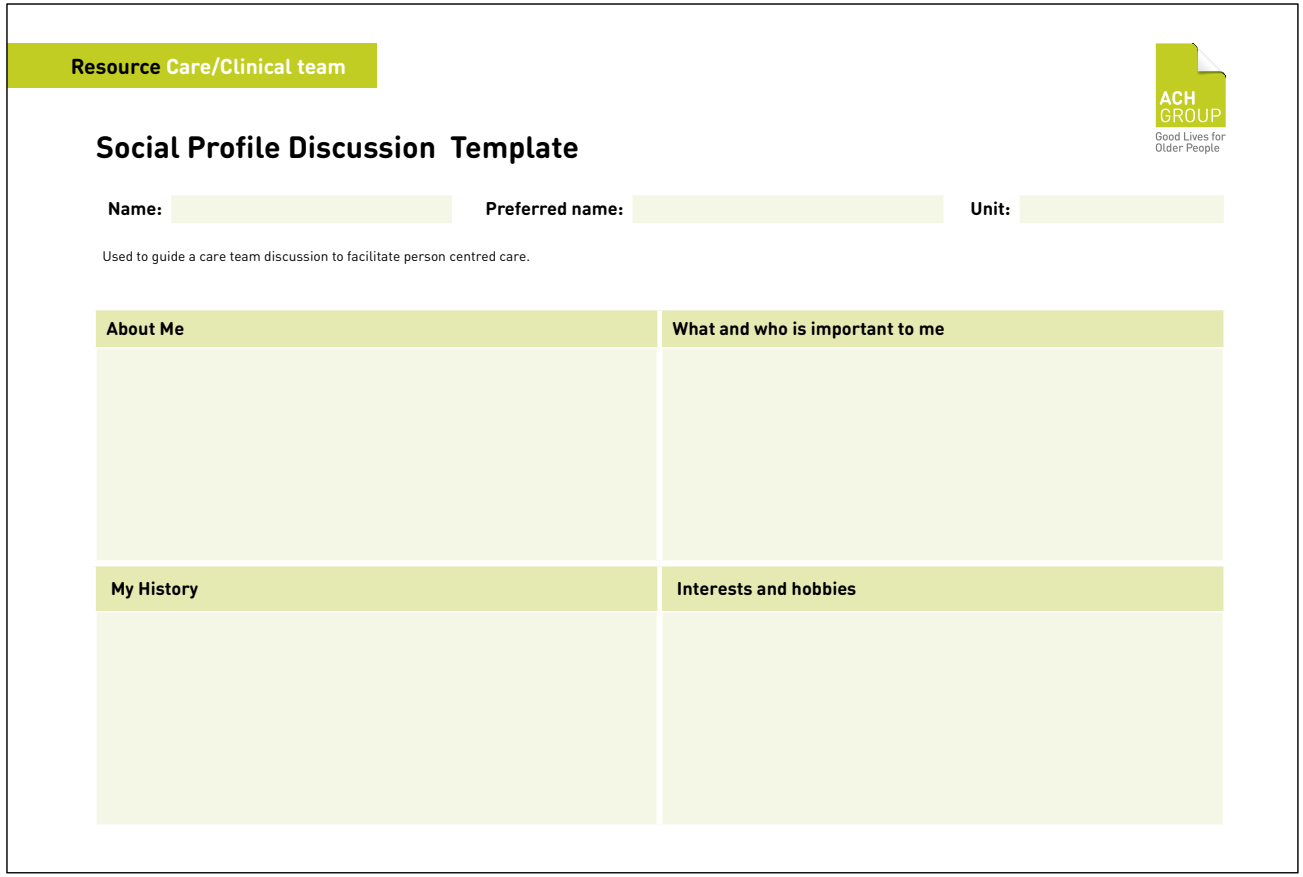
Social Profile Discussion Template

Designed as a team discussion guide to facilitate deeper knowing of resident



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Social Profile Discussion Template

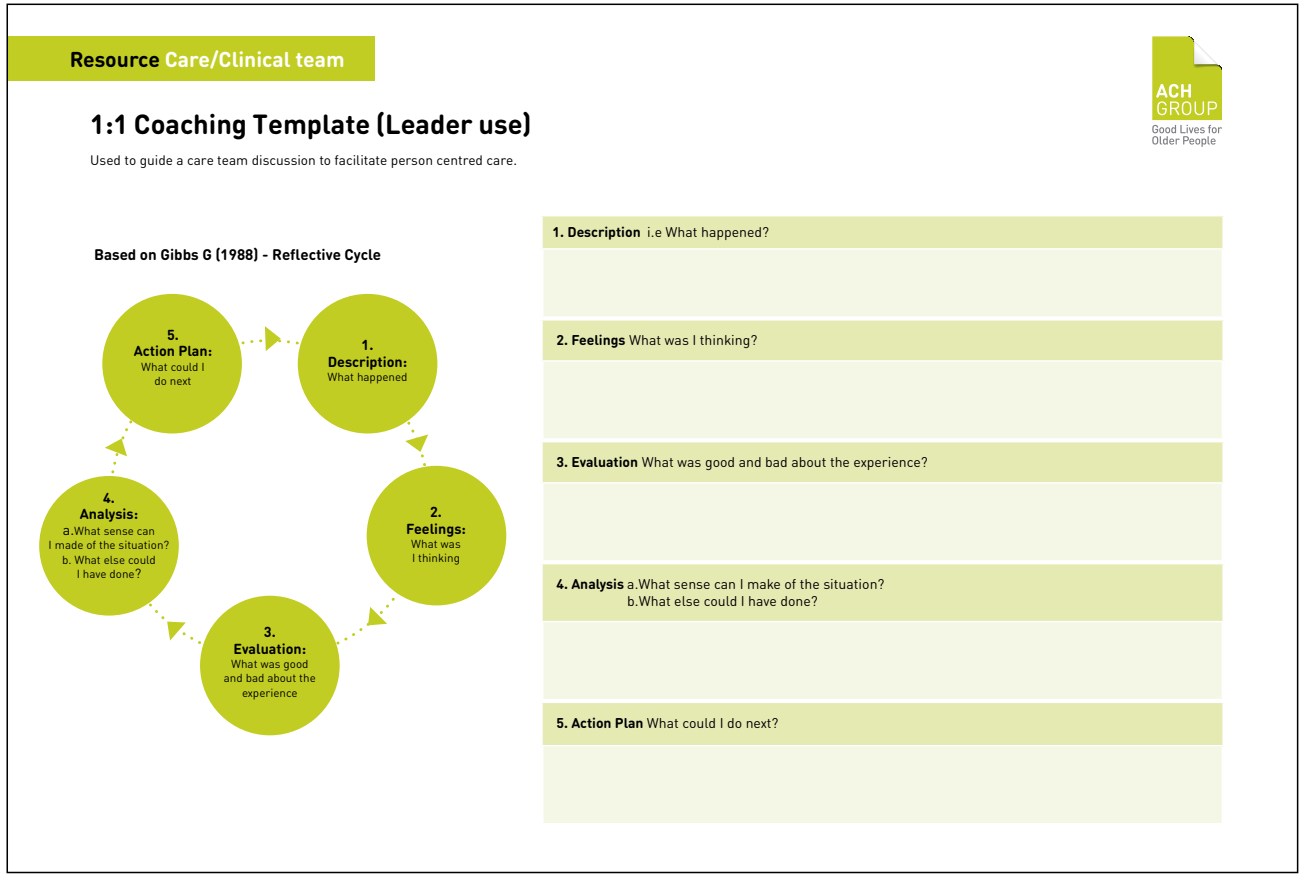
Name: **Preferred name:** **Unit:**

Used to guide a care team discussion to facilitate person centred care.

About Me	What and who is important to me
My History	**Interests and hobbies**

1:1 Coaching Template (Leader use)

Designed as a 1:1 discussion guide to aid incident debriefing (Leader use)



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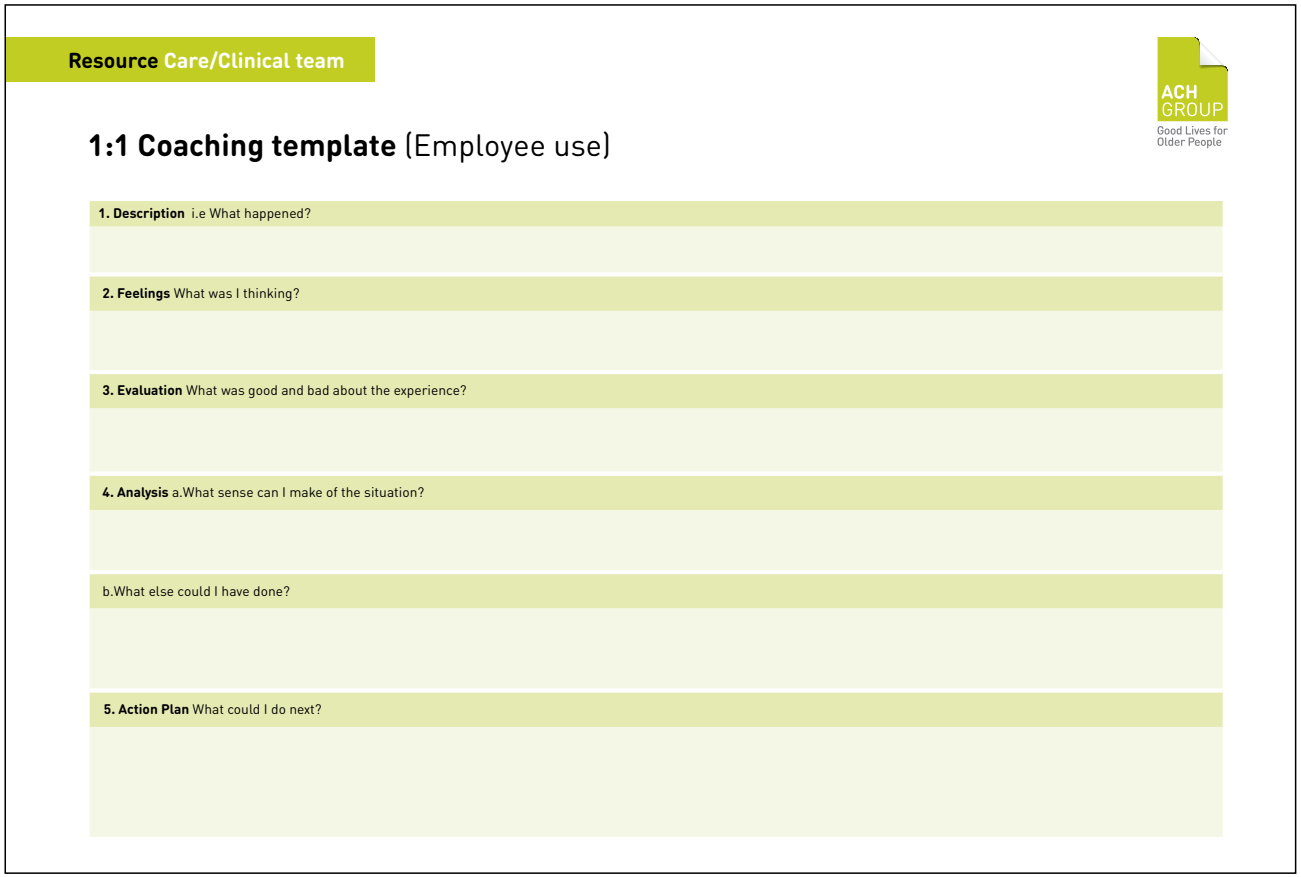

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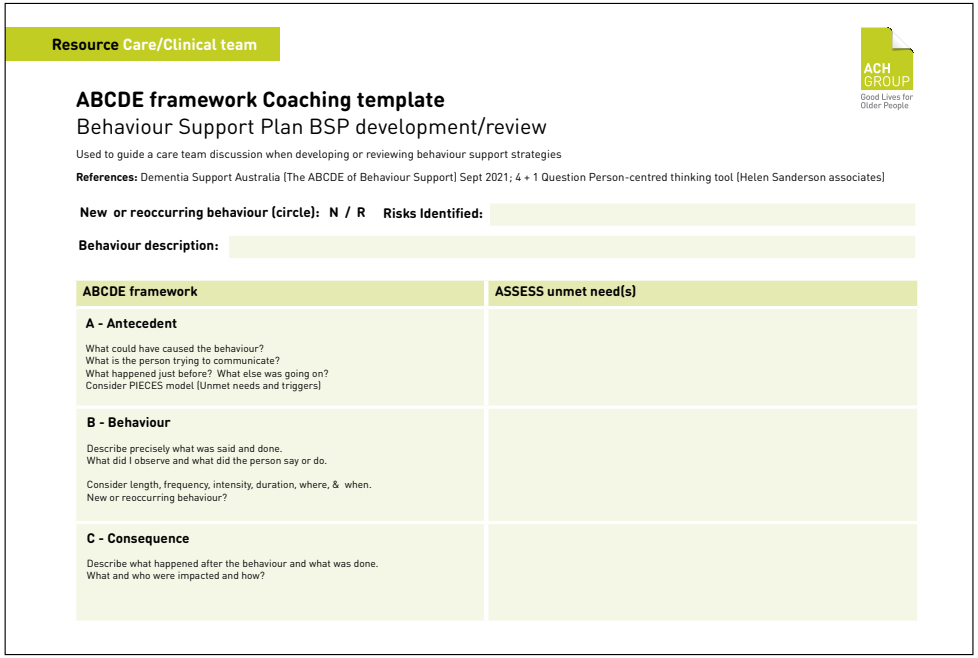
Gibbs G (1988) Learning by Doing: A guide to teaching and learning methods - Gibbs Reflective Cycle

ABCDE framework coaching template

Designed as a team discussion guide when devising and evaluating residents Behaviour Support Plan in response to unmet need (Leader use)



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References: Dementia Support Australia (The ABCDE of Behaviour Support) Sept 2021; 4 + 1 Question Person-centred thinking tool (Helen Sanderson associates)

New or reoccurring behaviour (circle): N / R **Risks Identified:**

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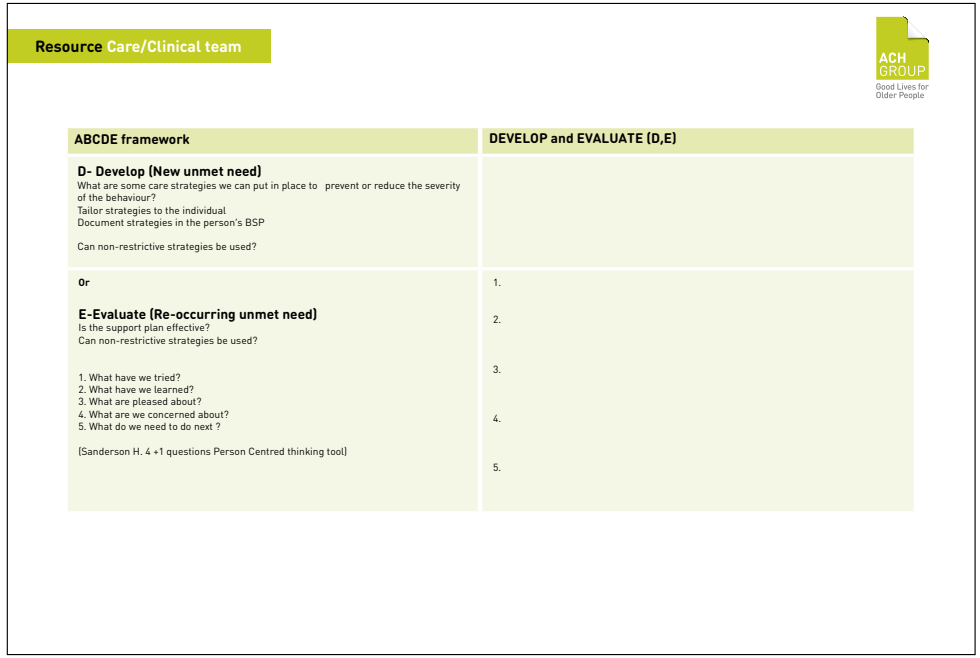

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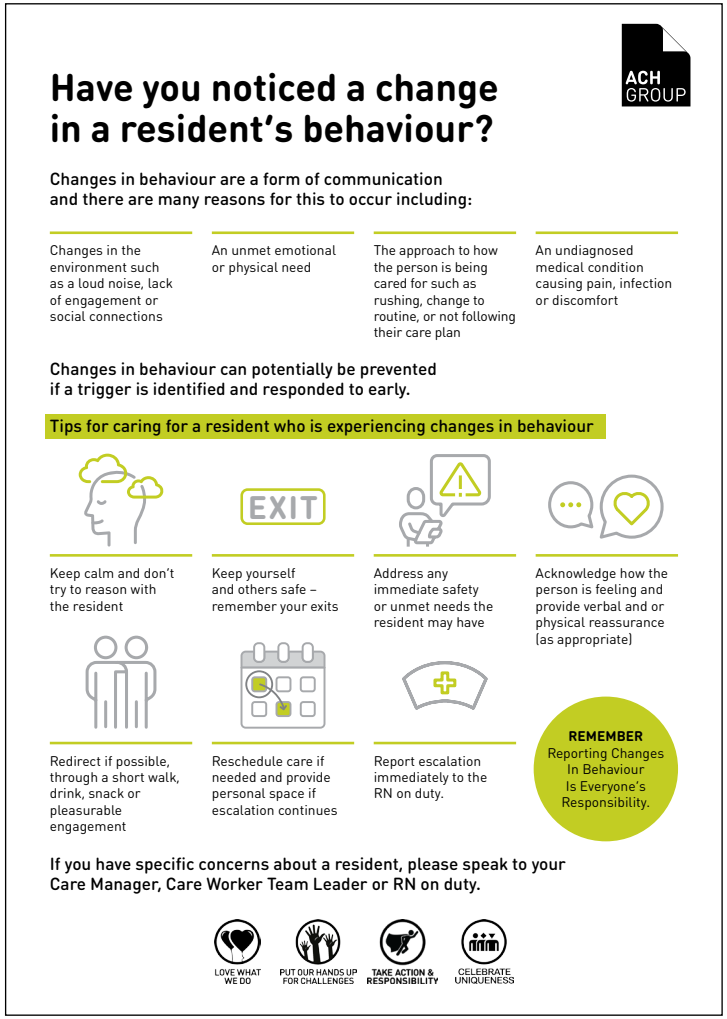
Dementia Support Australia Resource Hub (9)
Sanderson H., 4 + 1 Questions Person-Centred thinking tool (10)

A3 Poster Changes in Behaviour

Workforce

Designed to reinforce staff knowledge about changes in behaviour (to be displayed in non-public areas)



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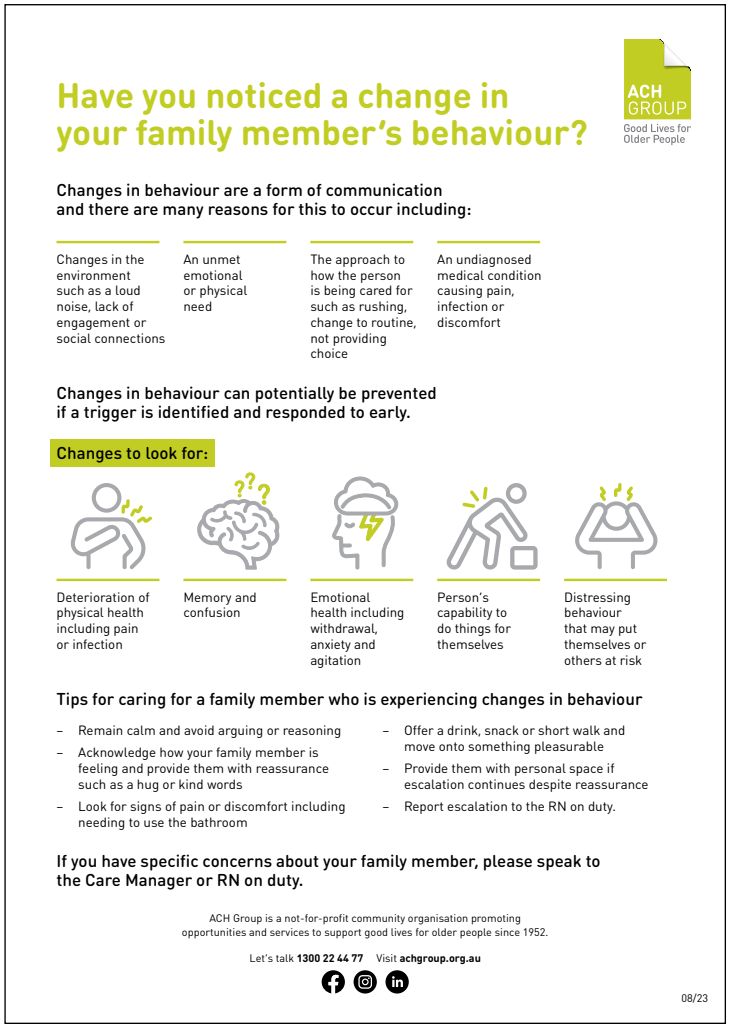
LOVE WHAT WE DO · PUT OUR HANDS UP FOR CHALLENGES · **TAKE ACTION & RESPONSIBILITY** · CELEBRATE UNIQUENESS

A4 Flyer Changes in Behaviour

Families

Designed to educate and encourage families to advise when they notice changes in behaviour



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Reflection and adaptation

Flinders University Evaluation Report recommended the following considerations when implementing 'Engagement Matters'

- Using a micro-learning approach to rollout the DTA toolkit.
- Ensuring consideration for staff from Culturally and Linguistically Diverse backgrounds due to language and cultural barriers faced.
- Delivering flexible and adult learning principle-based on on-floor training with in-person, group and individual learning activities that assist staff to reflect on their experiences.
- Creating opportunities to reinforce best practice such as coaching and use of written materials to reinforce learning.
- Motivating frontline staff to engage in practice change including on-floor training to reinforce learning and intrinsic motivation as well as management recognition for those who demonstrate practice change.
- Engaging residents' relatives in practice change processes including innovative communication methods to aid information sharing.
- Psychosocial support for frontline staff needs to be identified and accessible due to psychological and emotional stressors encountered when working with residents with changed behaviour.
- Establishing a suitable workforce model to embed and sustain meaningful engagement including access to mentoring support.
- Addressing organizational approaches to policies, procedures, resourcing, leadership, education and on-boarding programs to enable practice change.

Appendix

Resource Care/Clinical team

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Social Profile Discussion Template (Leader use)

Name: **Preferred name:** **Unit:**

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Designed as a 1:1 discussion guide to aid incident debriefing

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Based on Gibbs G (1988) - Reflective Cycle

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Discussion guides for co-design workshops

Co-design workshop: Training Design & Implementation (Staff & Managers)

The 'Changed Behaviours Toolkit' includes four small modules with short videos, relevant toolkits and resources. It will take 15-20 minutes for staff to complete each module (Show the online program to participants prior to the discussion).

1.	What would be the best approach to deliver the program to frontline staff? Why do you think so?
2.	What would be the best approach to engage frontline staff in the program? Why do you think so?
3.	What are foreseen barriers to the delivery of the program? What can be done to overcome these barriers?
4.	What strategies can be used to enhance staff's learning outcomes in the program?
5.	What kinds of resources are needed when delivering the program to frontline staff?
6.	What strategies need to be used to enable frontline staff to apply knowledge they have learned from the program into day-to-day practice?
7.	What kinds of organisational support are needed when delivering the program to frontline staff?
8.	What kinds of work environment adjustments need to be made in order to deliver the program to frontline staff?
9.	Do you have any further comments on the delivery strategy for the study?

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Discussion guides for co-design workshops

Co-design workshop: Coaching & Mentoring Design & Implementation (Staff & Managers)

1.	What approaches/activities can help frontline staff apply knowledge they have learned from the program into daily care activities for residents with dementia?
2.	Which staff would be in an ideal position to lead frontline staff to apply knowledge gained from participating in the 'Changed Behaviours' Toolkit sessions into daily care activities for residents with dementia?
3.	What are your expectations of the role of leaders in the workplace to implement practice change?
4.	What resources or skills would help leaders to implement practice change strategies?
5.	What resources or strategies (e.g., demonstration, role play) would help frontline workers to apply knowledge gained from the tool box activities into dementia care practice?
6.	What strategies need to be used to engage frontline staff in coaching/mentoring to promote practice change?
7.	What can be done to prepare staff to accept and join practice change activities?
8.	What are foreseen barriers to practice change in the workplace? What can be done to overcome these the barriers?
9.	What kinds of organisational support are needed to implement a coaching/mentoring approach to practice change in the workplace?
10.	What kinds of work environment adjustments need to be made to support a coaching and mentoring approach to practice change?
11.	Do you have any further comments on how the organisation can move toward practice change related to Changed Behaviours?

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Discussion guides for co-design workshops

Co-design workshop: Voice of Residents & Families

The 'Changed Behaviours Toolkit' includes four small modules with short videos, relevant toolkits and resources. It will take 15-20 minutes for staff to complete each module (Show the online program to participants prior to the discussion).

1.	Based on your experience, can you please describe which care activities/practices frontline staff do well regarding your (family members) care? Please give some examples.
2.	Can you please describe which care activities/practices need to be improved? Please give some examples.
3.	What do you want the staff to learn to improve on regarding your (family member's) care?
4.	What barriers to staff learning would you expect? What could be done to overcome these?
5.	How could staff learning be improved or enhanced?
6.	How do you think staff could apply their knowledge day-to-day?
7.	How might the organisation support staff to participate in the training?
8.	Do you have any further comments on training needs of staff?

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ACH Group is a not-for-profit community organisation promoting opportunities and services to support good lives for older people since 1952.

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